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DOCUMENT: DEPARTMENTAL OPERATIONAL POLICIES AND PROCEDURES-CENTRALSTERILE SUPPLY SERVICE (CSSS)	
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DOCUMENT: Departmental Operational Policies & Procedures – Central Sterile Supply Service

OBJECTIVE :

1. Ensuring That Hospital Received Adequate Sterile Supplies.
2. Providing Sterilization Services to Peripheral Clinic.

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**CENTRAL STERILE
SUPPLY SERVICE UNIT
OPERATIONAL POLICY
KANOWIT HOSPITAL.**

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OPERATIONAL POLICY
CENTRAL STERILE SUPPLY SERVICE
HOSPITAL KANOWIT

1. Location

The Central Sterile Supply Service is located next to the operation theatre.

2. Objectives

- 2.1 Ensuring that hospital receive adequate sterile supplies.
- 2.2 Providing sterilization services to peripheral clinic.

3. Mission

- 3.1 Creating an efficient & capable staff through training and course programme.
- 3.2 Providing quality sterile equipment for more effective service.

4. Vission

- 4.1 CSSS will always provide quality, safe and effective service.
- 4.2 CSSS will ensure that all equipment is always in a sterile and safe way to use.

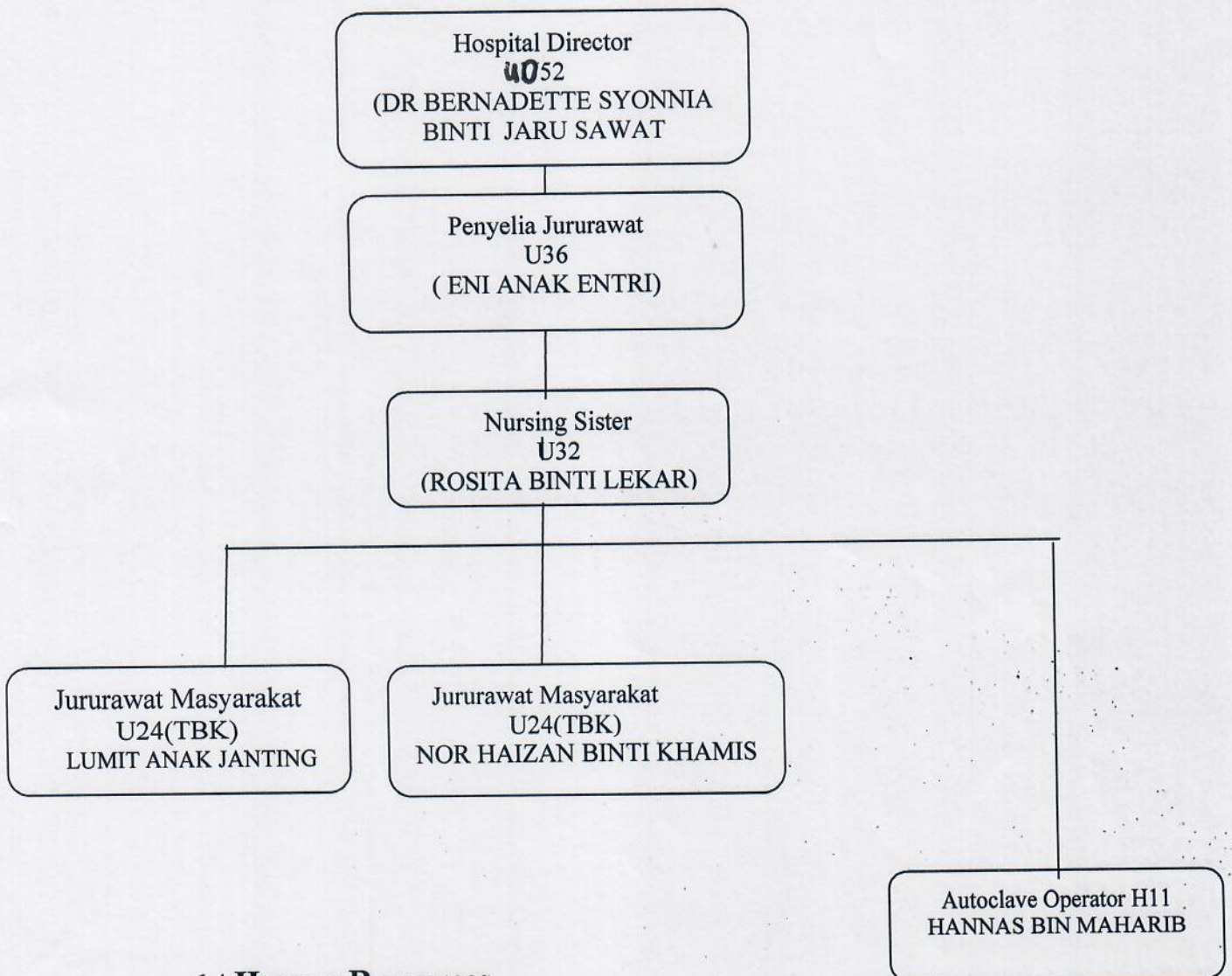
5. Scope of service

- 5.1 Collecting and cleaning dirty instrument from all ward and unit.
- 5.2 Packing and sterilizing the following items used in the hospital
 - ❖ All surgical instruments
 - ❖ All soft dressing and drapes
 - ❖ All the linens used in the operating theatre, wards, units and clinics.Provision of sterilizing services to the following health facilities:-
 - ❖ All peripheral health clinics in Kanowit district

6. Organization.

- 6.1 The Hospital Director shall be responsible for the overall operation of the unit. He / She shall be assisted by the Sister in charge who oversees the day – to – day operation of the unit.
- 6.2 The CSSS Sister / staff nurse shall maintain and updates inventory of all the equipments and assets

6.3 The organization Chart of CSSS is as follows:-



6.4 Human Resources

- ❖ 1 Nursing Sister U32 (1)
- ❖ 1 JM U24 (TBK) (2)
- ❖ 1 Autoclave Operator H11 (1)

7. Operational Policies

7.1 Working hours

CSSS shall operate at its full strength during office hours.

DAYS	WORKING HOURS
Monday – Thursday	8.00 am – 1.00 pm 2.00 pm – 5.00 pm
Friday	8.00 am – 11.45 am 2.15 pm – 5.00 pm
Saturday, Sunday and Public Holiday	OFF OR On request basis

7.2 The CSSS Counters

7.2.1 The CSSS has 2 service counters : The Issuing counter at The Clean Area and The Receiving counter at The Dirty area.

7.2.2 The issuing counter is used to issue out the entire sterile items for the Peripheral clinic after sterilization process and to accept all the expired items from the wards and all the items from peripheral clinic for sterilization. While the receiving counter is used to accept dirty sets and instruments from the wards for cleaning, disinfect and sterilization.

7.2.3 The issuing counters are opened daily at the following time:

Day	Time
Monday to Friday	11.00 am to 12.30 pm
Monday to Friday	8.00 am – 8.30 am (for expired items)

7.3 Traffic control

7.3.1 Only CSSS personnel are allowed to enter the unit.

7.3.2 Other personnel that require entry to CSSS must apply Personal Protective Equipment being allowed to enter the unit. Limited entry by staff and visitors.

7.3.3 All doors opening into the main corridor are to remain closed at all times.

7.3.4 The door at the main entrance is the only door used to enter the CSSS.

7.3.5 The CSSS lay out is planned according to a “zoning concept”. The lay out is clearly defined for specific work activities and to ensure sensible traffic flow in order to avoid cross contamination.

7.3.6 Zoning concept in CSSS

7.3.6.1 Zone 1 : Dirty Area

i) Function

- To render instrument safe for handling

ii) Activities

- To collect dirty / clean instruments sets / loose items from all wards and units.
- To received dirty / clean instruments sets / loose items from all wards and units.
- To wash and disinfected dirty instruments.
- To dry the instruments after cleaning process.

7.3.6.2 Zone 2 : Clean Area

i) Function

- Ready sets for packing and sterilizing

ii) Activities

- Received clean and dry instrument
- To check the cleanliness and the function of instruments
- To check the set to ensure all sets is complete
- To pack sets and loose instruments
- To label the sets

7.3.6.3 Zone 3 : Sterilizing Area

i) Function

- Sterilizing process

ii) Activities

- Daily maintenance of sterilizer
- Maintain cleanliness of sterilizer
- Monitor the sterilizer
- Load and sterilized the sets/instrument, soft dressing and linen.
- To check the sterility of the packaging.

7.6.3.4 Zone 4 : Sterile area

i) Function

- Storage of sterile items

ii) Activities

- To keep stock sterile items
- To check all the sets/instrument in the sterile cupboard
- To prepare the sterile items for distribution to all wad / unit.

7.4 Food and smoking

- 7.4.1 Food and baverage are only allowed at the pantry and shall be restricted from all other areas.
- 7.4.2 Cooking shall not be allowed.
- 7.4.3 NO SMOKING in CSSS

7.5 Health and Personal hygiene

- 7.5.1 Personal hygiene shall be adhered to and communicated to all staff
- i) Hair, body and nails shall be cleaned at all times
 - ii) Neither nail polish nor artificial nails or artificial eyelashes shall be worn.
 - iii) Fingernails shall be kept short and clean.
- 7.5.2 All personnel working in CSSS shall be free from skin diseases, infectious diseases, mental illness and physical indicaps.
- 7.5.3 CSSS clinical attire or other garment that become soiled or wet shall be changed immediately.
- 7.5.4 Hair and goatee/beard except eyebrows and eyelashed shall be completely covered.
- 7.5.5 Jewellery and wrist watches shall not be worn.

7.6 Dress Code

- 7.6.1 All personnel working in CSSS shall wear the CSSS Clinical Attire and change upon leaving.
- 7.6.2 Shoes / clogs worn in the unit shall be cleaned, non skid soles and sturdy.
- 7.6.3 Visitors entering CSSS shall adhere to CSSS Clinical attire.
- 7.6.4 Attire shall be changed daily or as needed.
- 7.6.5 Dress code for personnel working in CSSS

7.6.5.1 Collection

- i) Personnel handling contaminated medical devices during collection shall wear
- Head covers / surgical cap
 - Mask
 - Long sleeved apron
 - Rubber gloves
 - Shoes

7.6.5.2 Decontamination Zone

- i) Appropriate PPE should be worn:
- Long sleeved gowns which shall be impervious and disposable
 - Elbow length latex glove
 - Mask
 - Protective eye covering / visor shield

- Boots
- ii) The attire shall be removed and disposed off in the proper receptacle before leaving.
- iii) Head covers / surgical cap and boots to be changed daily and as needed.
- iv) Boots shall be removed when leaving the zone.
- v) Cover gown shall be backless and non-permeable.

7.6.5.3 Packaging Zone

- i) Personnel working in the packaging zone shall wear CSSU clinical attire.
- ii) Personnel working with soft dressing and linen preparation shall wear mask.

7.6.5.4 Sterilization Zone

- i) PPE shall be worn by personnel handling 'HOT' medical devices from the autoclave.
- ii) Elbow length leather gloves shall be used during loading and unloading.
- iii) Sweater / cardigan shall not be used.

7.6.5.5 Distribution of sterile products

- i) Personnel handling sterile products during distribution shall wear CSSU clinical attire.

7.7 CSSS Space and environment

7.7.1 All work surfaces in the CSSU shall be cleaned with approved germicidal disinfectant every morning and at the end of the day.

7.7.2 Temperature within CSSU shall not be more than 23°C. Temperature in the sterile store shall be maintain between 20°C - 22°C and the humidity shall be kept at 50% to 60%. Record of temperature and humidity in CSSS daily.

7.7.3 Each sterilizer processing area shall have exhaust ventilation to remove heat, moisture and odor.

7.7.4 Exterior shipments cartons shall not be brought into sterile supply storage or processing area.

7.7.5 Exhaust fan shall be provided in soft dressing and linen preparation area. Use of fans is not allowed.

7.8 Safety

7.8.1 All new equipments/machine for the unit shall be properly tested and commissioned.

7.8.2 All CSSS employees shall report of any defective equipment, unsafe condition or hazard to the CSSS manager.

7.8.3 Scissors, knives, pin, razor blades and other sharp instruments shall be safety stored for use.

7.8.4 Only authorized personnel shall operate autoclaves.

7.8.5 First Aid Kit shall be readily available and checked at all times.

7.9 Maintenance

7.9.1 Maintenance activities of equipment shall be performed by certified personnel.

7.9.2 Only new original parts shall be used to replace any broken / faulty components. Reused parts from other machines shall not be permitted .

7.10. Work process in CSSS.

7.10.1. Collection of used/dirty set from the wards.

7.10.1.1 Collection of instrument sets shall be carried out from 7.45 am to 8.30 am every Monday, Wednesday and Friday . If the following day is Public Holiday the collection of instruments shall be carried out on Tuesday or Thursday depend on schedule. The CSSS staffs shall collect dirty set from every ward at the entrance of the sluice room. Workflow collection of dirty sets (Appendix A)

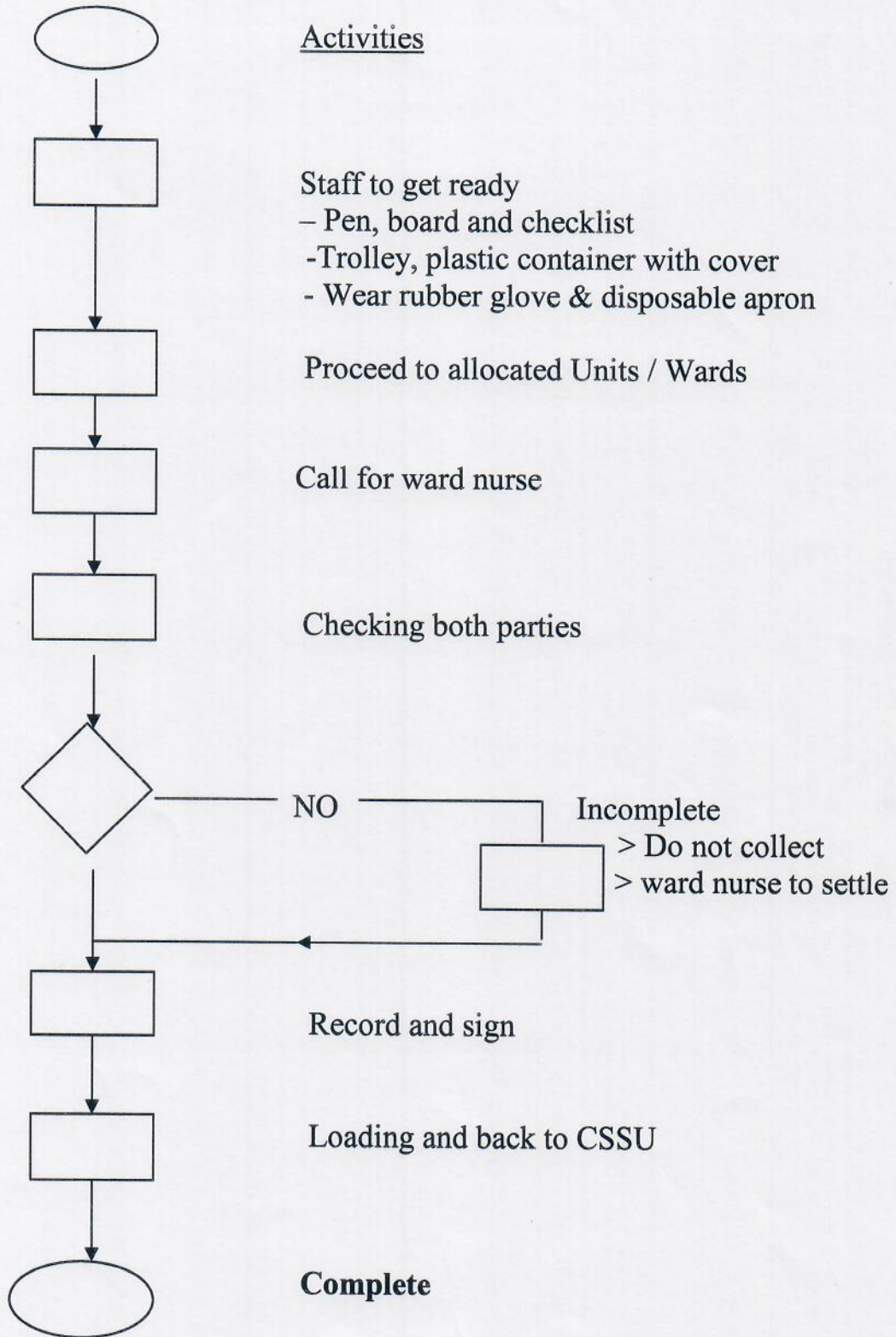
7.10.1.2 The CSSS staff may also receive dirty sets from the wards at the receiving counter at the dirty area. Guidelines – sending a contaminated reproceassable items/sets to CSSS dirty area (Appendix B)

7.10.1.3 The CSSS staffs shall check all the sets received according the standard checklist.

7.10.1.4 The ward nurse shall ensure all the used instrument are rinsed thoroughly with running tap water immediately after the procedure and wipe dry to prevent instrument stain and rusty or spray the instrument with prestop (pre cleaning solution). Instruments that found stained by iodine or blood shall not be collected.

7.10.1.5 The ward nurses shall strictly follow the Guidelines for Handling of Biohazard Instruments – Ward (Appendix C & Appendix D)

WORK FLOW - COLLECTION OF DIRTY SETS



**GUIDELINES – SENDING A CONTAMINATED REPROCESSABLE
ITEMS / SETS TO CSSS DIRTY AREA.**

1. Whenever possible, to use a disposable set.
2. If a sterile reprocess able is used, then the following steps need to be taken:
 - (a) To use only necessary items but bearing in mind to adhere to the aseptic techniques.
 - (b) To separate the required items from non-required items.
3. After the procedure, to remove the dirt, blood, tissue and etc. by wiping the instruments with wet soft-dressing / paper towel.
4. Spray the instrument with prestop (pre cleaning solution)
4. If needle is being used, to syringe lotion / water through and syringe out the content directly into the sinkhole.
5. have a correct size of white plastic bag and the word 'Biohazard' on it.
6. Place all the contaminated items in the labeled bag and tie up then keep inside the transparent plastic container.
7. The ward staff is advised to wear rubber gloves, disposable apron, mask and face shield.
8. Send both, the plastic bagged items and other remaining non-contaminated items in the separate bag, together to CSSS following our schedule time strictly;
 - (a) Monday to Friday- 8.00 a.m. to 9.00 a.m.
9. Saturday, Sunday & Public Holidays
(Ward staff shall treat all the Biohazard instruments in the ward following the guidelines (**Appendix C & Appendix D**)
9. There, a counter checking will be done (Minimal handling)

Handling of Biohazard Instruments – ward

1. Whenever possible, use sterile disposable sets / items
2. If this is not possible and reusable sets/items used, adhere to the Principle of using only essential items.
3. After procedure- remove dirt, blood, tissue etc by wiping instruments with wet soft dressing/ towels.
4. If needle used e.g. bone marrow needle, liver biopsy or pleural biopsy needle-syringe lotion/water through & syringe out content directly into sinkhole.
5. Put instruments/sets into correct size double transparent plastic bag and label word 'Biohazard' on it.
6. Tie plastic properly and keep inside the plastic bag container with cover.
7. The Biohazard instrument to be collected follows the schedule.
8. The ward staff should treat the Biohazard instruments after the daily collection schedule & after working hours.

**DECONTAMINATION PROCEDURES:
FOR BIOHAZARD INSTRUMENTS IN THE WARD.**

1. Whenever possible, to use a disposable sets.
2. If a sterile reprocessable is used, then the following steps need to be taken,
 - (a) To use only necessary items but bearing in mind to adhere to the aseptic techniques.
 - (b) To separate the required items from non-required items.
3. After the procedure, to remove the dirt, blood, blood tissue and etc by wiping the instruments with wet soft dressing / towels.
4. If needle is used, to syringe lotion / water through and syringe out The content directly into to sinkhole.
5. Staff doing cleaning to wear proper protective attire i.e. mask, face mask, disposable apron and elbow length gloves.
6. Prepare all items required for decontamination i.e. plastic container, disinfectant **Septo Pre Clean Solution** to be used and diluents for dilution.
7. Diluted the required disinfectants according to the instruction as stated by manufacturer.
8. Ensure that all instruments with ratchet are opened.
9. Ensure all instruments are properly submerged in the disinfectants at the correct contact time.
10. Take out instruments from disinfectant and rinse them.
11. Discard disinfectant in dedicated area (sluice)
12. Rinsed the decontaminated instruments under running water till clean.
13. Arrange the instruments in the plastic container.,

7.10.2 Washing of the used / dirty instruments in CSSS

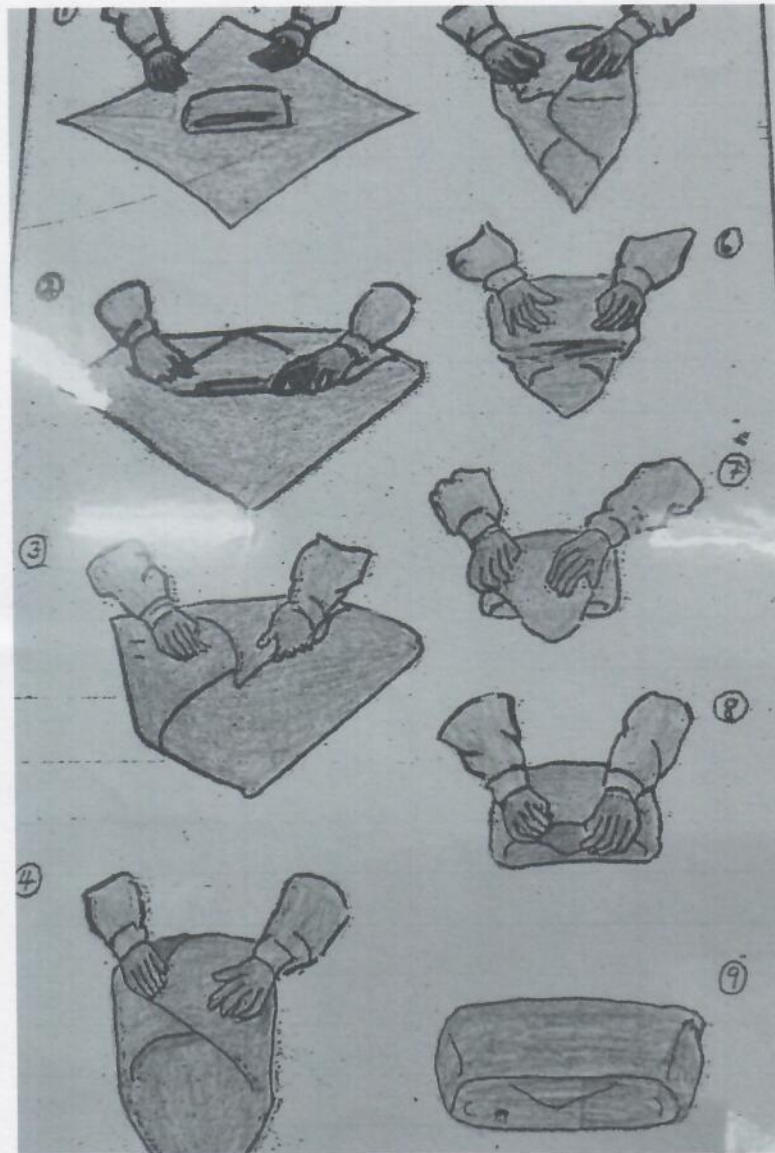
- 7.10.2.1 Washing of all the surgical instruments shall be done manually.
- 7.10.2.2 Delicate and precision instruments shall be handled with care to avoid damage.
- 7.10.2.3 Malfunctioning instruments shall not be used and to be kept in a separate place.
- 7.10.2.4 Upon completion of washing, drying of instruments and sent the clean instruments to packing area through air lock for packing.
- 7.10.2.5 Decontamination of Biohazard instrument in CSSS (Appendix E)

**DECONTAMINATION PROCEDURE FOR BIOHAZARD INSTRUMENTS IN THE
CSSS MANUALLY**

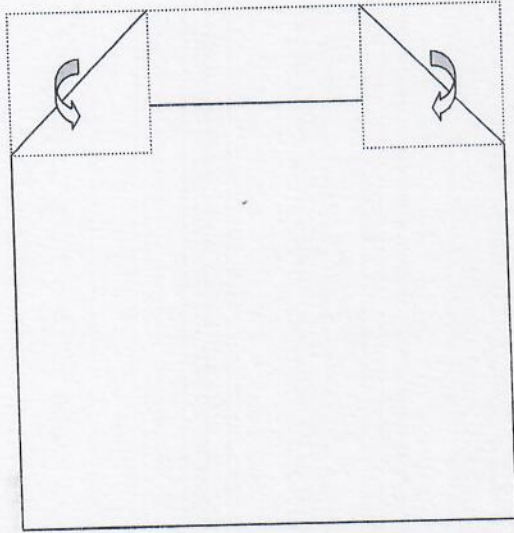
1. Staff doing cleaning to wear proper protective attire i.e mask, face shield, plastic apron and elbow length gloves.
2. Prepare all items required for decontamination i.e appropriate container, disinfectant to be used and water for dilution.
3. Dilute the required disinfectants according to instruction as stated by manufacturer.
4. Received instruments from the checking counter.
5. Ensure all the instruments with ratchet are opened.
6. Ensure all instruments are properly submerged in the disinfectants at the correct time
7. Take out instrument from disinfectant and rinse them.
8. Soak instrument in detergent.
9. Clean and brush towards the direction of detergent level and giving attention to joint, serration, ratchets and lumens.
10. Rinsed under running water till clean.
11. Wipe dry instruments and arrange inside the drying cabinet
12. Check the cleanliness of instrument and the total of instruments to ensure all instrument is clean and the total is correct.
13. Arrange on tray and pass to the air lock at clean area.

7.10.3 Packing of the instruments.

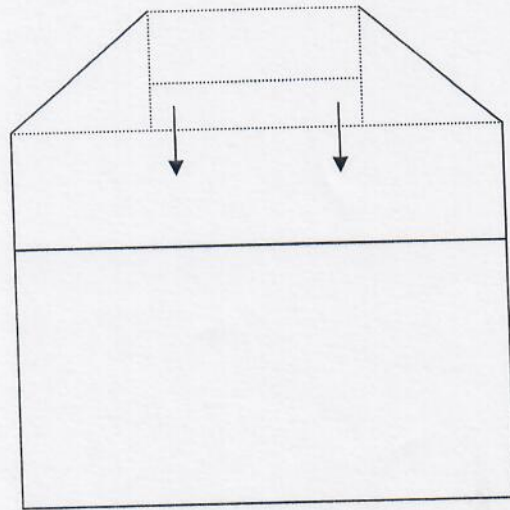
- 7.10.3.1 Packing of surgical instruments shall be done in the designated packing area. There are 2 tables available for packing purpose.
- 7.10.3.2 It is mandatory for the CSSS staff to check and count the instruments carefully before assembles and packs them with The Envelope Folding Method (Appendix F)
- 7.10.3.3 The single pack items e.g, kidney dish, tray, forcep, scissor and soft dressing packs shall be packed according to the CSSS packing instruction. (Appendix G)
- 7.10.3.4 The packing drapes shall carried out from **8.30 am to 9.30 Am**. Packing of soft dressing shall be done on Tuesday and Thursday or from **2.00 pm – 4.00 pm** on Monday, Wednesday and Friday.
- 7.10.3.5 The packing instruction of the surgical instruments and soft dressing shall strictly be adhere to. (Appendix H)
- 7.10.3.6 All wrappers shall be double layered.
- 7.10.3.7 No package shall be above the maximum size of **30cm x 30cm x 50cm nor should it weight more than 5.5 kg.**
- 7.10.3.8 Chemical indicators shall be placed for all sets. The internal indicator shall be examined before use.



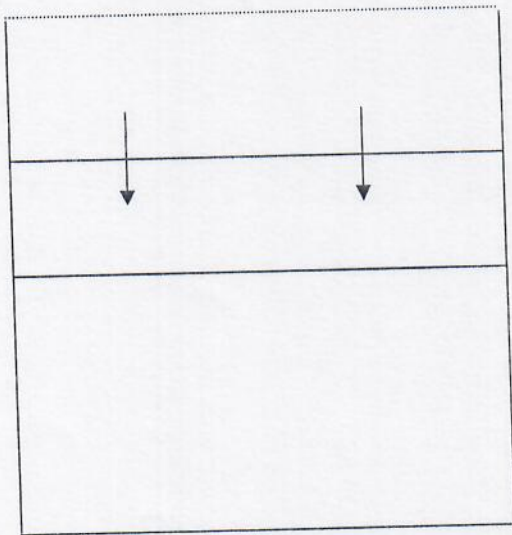
BAG CLOSURE NON - HEAT SEAL



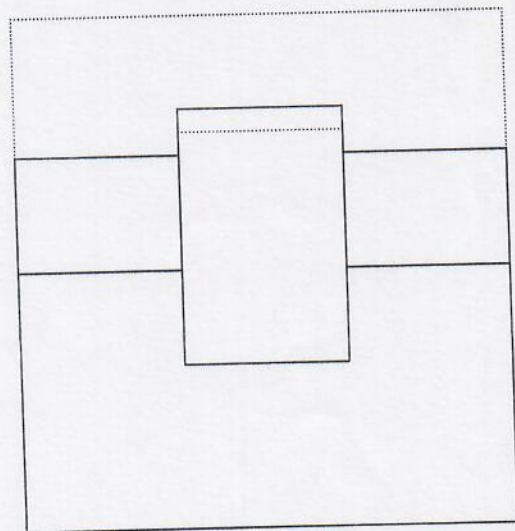
A. MITRE CORNERS



B. 1ST FOLD



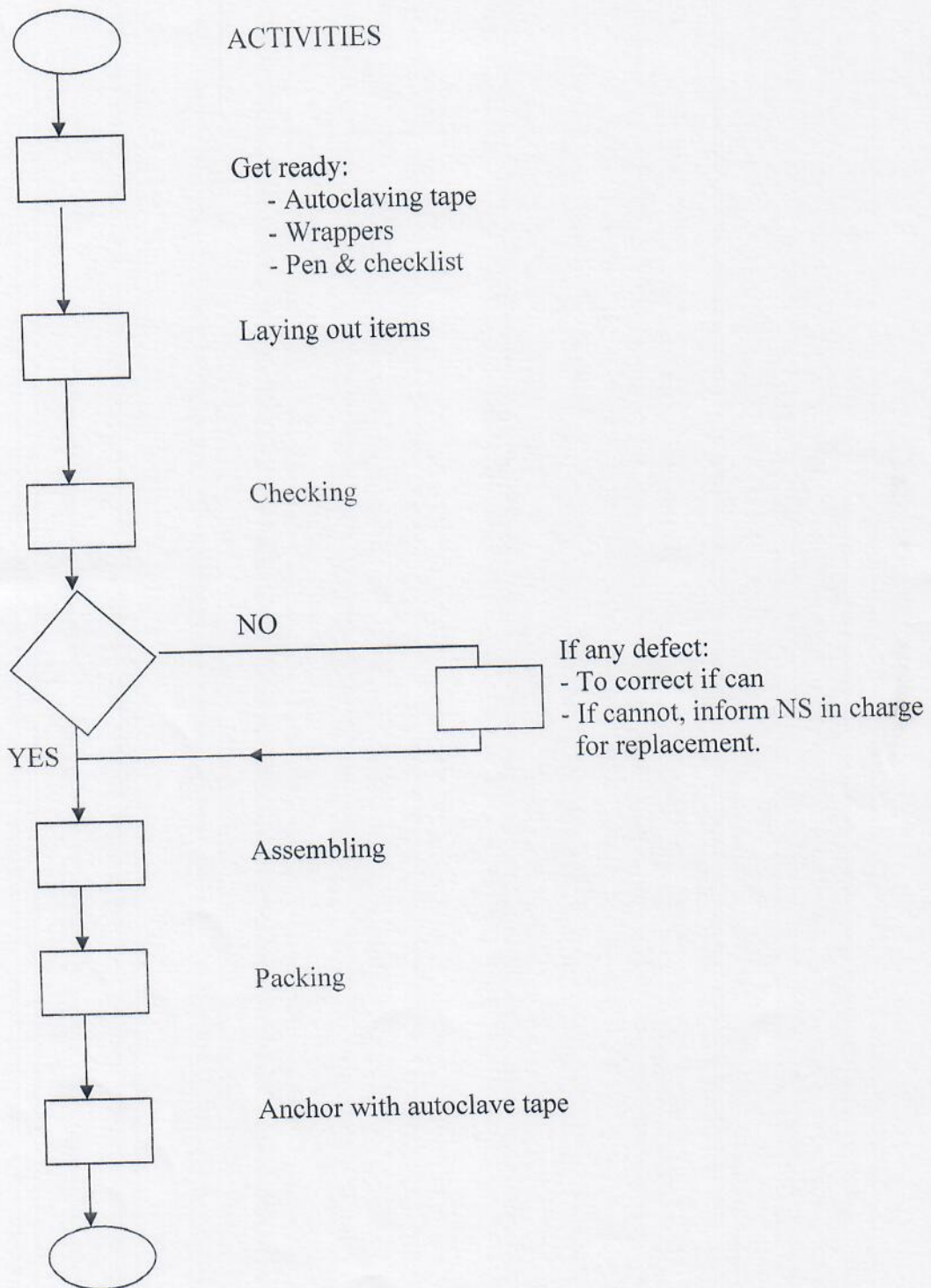
C. 2ND FOLD



D. 3RD FOLD AND SEAL

CENTRAL STERILE SERVICE UNIT, HOSPITAL KANOWIT

WORK FLOW - PACKING OF SETS



7.10.4 Labeling the autoclave tapes

- 5.10.4.1 All surgical sets shall be labeled with autoclave tape. The staff ID should be stated for those CSSS items, excluding soft dressing/drapes, which do not require checklist.
- 5.10.4.2 Prior to loading the sets into baskets, the autoclave operator shall re-check the sets with name of set, ward name and sterilization date

7.10.5 Autoclaving.

- 7.10.5.1 Every Monday, Wednesday and Friday morning prior to autoclaving full load, the autoclave operator shall conduct dummy run and Bowie Dick tests. The autoclave must pass the above 2 tests before autoclave load. Dummy run shall be done daily for steam sterilization. Bowie dict test shall be tested daily in separate and special cycles.
- 7.10.5.2 Leak test shall be done daily and after major repair.
- 7.10.5.3 In addition, a biological test shall be performed on every Monday morning and after major repair (3 times consecutively daily)
- 7.10.5.4 The microbiology laboratory staff should inform the CSSS staff immediately if they find the autoclave failed its biological test (i.e. when the "S" tube showed a positive result) or the biological test result has been inconclusive.
- 7.10.5.5 Under such circumstances, the CSSS staff shall take prompt action to withdraw that particular batch of item from use.
- 7.10.5.6 All inconclusive biological test must be repeated immediately.
- 7.10.5.7 After any major repair on the autoclave e.g. replacement of new rubber gasket, vacuum pump, microprocessor controller and door cylinder, it is mandatory for the concession holder to conduct a biological test for 2 consecutive days. The autoclave must passed biological test before it is allowed to be used for further autoclaving.
- 7.10.5.8 In addition, a **Leak Test shall be performed on every Wednesday morning.**

7.10.6 Sterilization

- 5.10.6.1 All sterilized items shall have name of item, date of sterilization and load number of sterilizer on the package
- 5.10.6.2 Sterility will be determined by inspecting the integrity of package for sign of damage or contamination, handling and storage condition. Sterility is event-related. It is not time-related. (Refer Policies & Procedures on Infection Control Guidelines 2nd Edition 2009)
- 5.10.6.3 **No reprocessing of any single-use medical –surgical instruments, equipment or supplies in CSSS.**

7.10.7 Load Monitoring

- 5.10.7.1 All sterilizing processes shall be monitored and recorded accordingly.
- 5.10.7.2 Notify the supervisor immediately for any abnormal result.

7.10.8 Malfunctioning sterilizer & policy on product recall

- 5.10.8.1 CSSS supervisor shall notify the engineering personnel.
- 5.10.8.2 A recall system shall be initiated immediately if biological culture is positive.
- 5.10.8.3 Stop using the sterilizer until repair is done and tested negative for three consecutive biological culture.
- 5.10.8.4 CSSS manager shall determine the cause of sterilization failure and arrange for corrective action. Retrieve all unused items from affected loads. Keep all record of all incidents.

7.10.9 Record keeping sterilizer

- 5.10.9.1 A maintenance record in either hardcopy or electronic format shall be kept for each sterilizer.

7.10.10 Steam sterilizer safety

- 5.10.10.1 All new equipment shall be tested jointly by the supplier and the representative from the Engineering department before it is put into use.
- 5.10.10.2 Autoclaves shall be operated only by trained and certified personnel.
- 5.10.10.3 A preventive maintenance shall be carried out by an appointed maintenance company for all sterilizing equipment. They shall be responsible for all repairs.

7.10.11 Storage and Handling

7.10.11.1 Staff assigned to the sterile store shall be free from upper respiratory tract infection and skin diseases.

7.10.11.2 Storage system. Basic system for storing sterile products shall be opened shelving or closed shelving. **Open shelving shall be 25cm from the floor, 5 cm from outside walls and 44cm from ceiling.**

7.10.11.3 Daily maintenance of The Sterile Store room shall be carried out by the nurses and PPK.

7.10.11.4 The CSSS staffs shall ensure :

- a. All the shelves in the storerooms are wiped cleaned and dried once a week and when necessary.
- b. The stock level of all CSSS items are checked every Monday, Wednesday and Friday.
- c. The room temperature and humidity is read and recorded daily. **Temperature for sterile store 18 – 22 °C & Humidity 35 – 70 %.**

7.10.11.5 The entire empty container must be wiped clean and dried before it is used to keep the new stocks.

7.10.11.6 All the sterile sets must be properly air-cooled before they are transported into the sterile store room for arrangement in the ward.

7.10.11.7 All the sterile sets must be arranged strictly according to” **First In First Out (FIFO)**” basis.

7.10.7.8 No heavy sets should be stacked higher than 3 levels.

7.10.7.9 All the instrument set shall be arranged according to the grouping.

7.19.7.10 All the staffs shall observe the procedure of entering and leaving the sterile storeroom strictly in order to avoid cross contamination.

7.10.12 Delivery.

7.10.12.1 The CSSS staff shall deliver the sterile soft dressing, drapes and sterile sets to the general wards between 11.30 am – 12.30 p.m (Monday & Wednesday) and 10.30 am - 11.30 am (Friday)

7.10.12.2 The CSSS staff shall trace immediately at the same day if any extra or shortfall of instruments found during delivery of sterile items.

7.10.12.3 The ward staffs shall use the appropriate form to order the CSSS Service

7.10.13 Non Sterile sets/instruments

7.10.13.1 Any sterile CSSS items with damaged and/or damped cover shall not be used. They shall be regarded as “NON STERILE” sets. The ward staff shall return to CSSS as soon as possible for re-sterilization through the issuing counter.

7.10.13.2 All the CSSS items borrowed by ward /unit, shall be considered as “USED SET” once there issued out from CSSS. They should returned to CSSS for Reprocessing.

7.10.14 Policy on biohazard cases

7.10.14.1 The ward staff shall adhere to infection control practices when they handle the Item used on all infectious disease patients. They shall adhere to the procedure outlined in Appendix B when they return these instruments to the CSSS.

7.10.14.2 All surgical instruments use shall be double bagged and labelled Biohazard

7.10.15 Sterile stock check

7.10.15.1 The ward nurse shall conduct sterile stock check every shift and keep all CSSS properly. They shall be responsible for loss of instruments occurs in ward. Missing instruments need to be replaced.

7.10.15.2 The CSSS staffs nurse shall conduct “spot check” in the general wards twice a year to ensure correct ward inventory and CSSU item’s integrity. A device designated for single use **SHALL NOT** be reprocessed

7.10.16 Policy on single use items

7.10.16.1 No single use disposable item shall be sent to CSSS for re-processing.

7.10.17 Policy on incomplete procedure sets -

7.10.17.1 Sterile product opened and found to be incomplete, **SHALL NOT BE USED** and returned to CSSS.

7.10.18 Policy on loaner instrumentation

7.10.18.1 Arrangements can be made with the vendor or other healthcare facilities. Request for the loaner of instruments shall be directed to the responsible personnel only.

7.10.18.2 All items shall be deliveted directly to CSSS decontamination area.

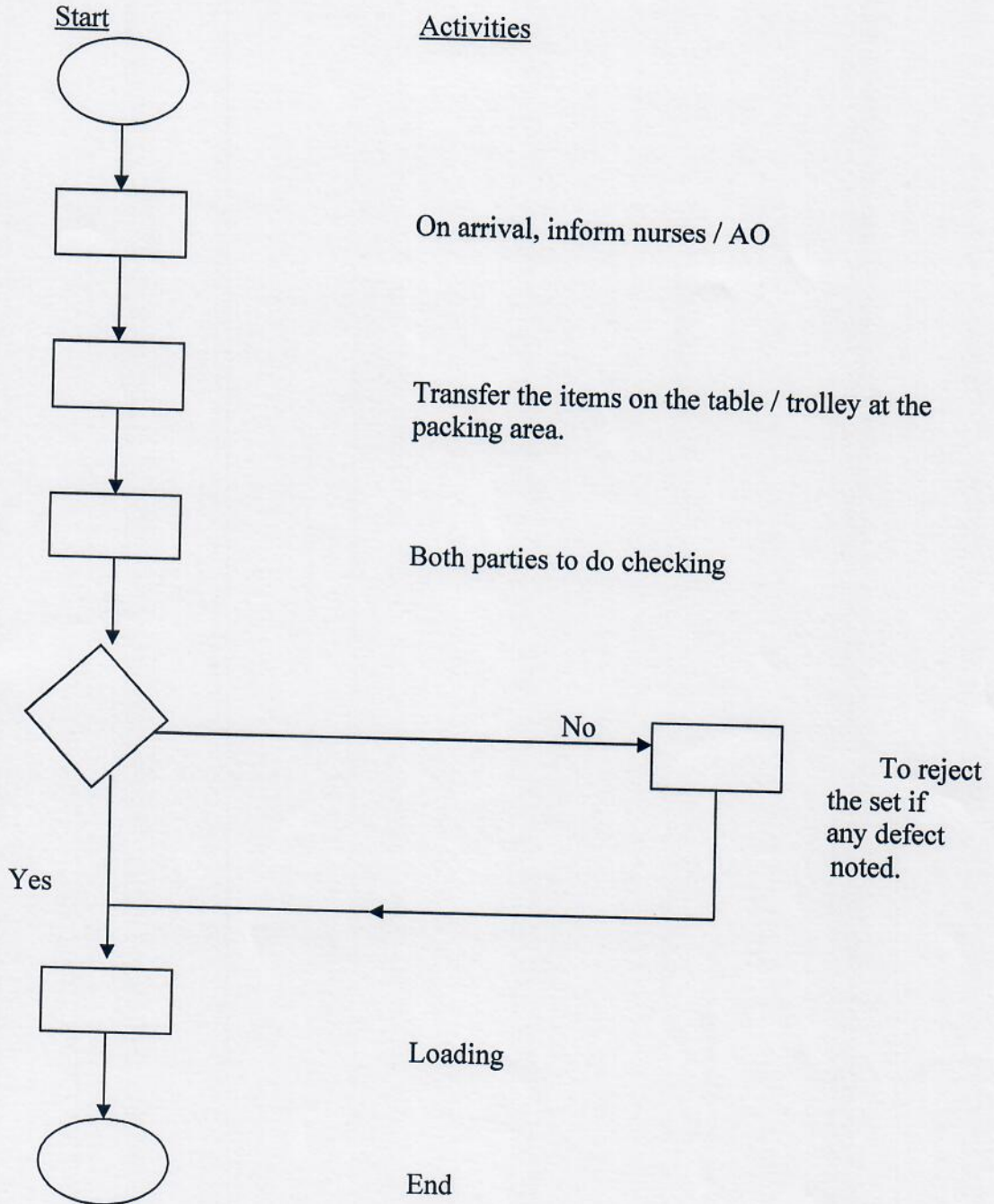
7.10.18.3 CSSS shall not be responsible for any items not listed on the vendor’s inventory.

7.10.18.4 CSSS shall monitor proper count of the items borrowed and returned.

7.11 Autoclave service may be provided to all peripheral health clinics by adhering to the guideline. Please refer to Appendix I for further details.

7.11.1 The CSSS staff shall check all the sets received according to record in the standard checklist Appendix J

Work flow – Sterilizing instrument for Peripheral clinic in CSSS
Kanowit Hospital.



Non – Compliance Sets

No	Non-Compliance
1	Dirty – stain wrapper
2	Torn wrapper
3	Wrong layer linen wrapper
4	Wet wrapper
5	Very crumble wrapper
6	Reused single – use wrapper
7	Autoclave tape with color (black) appeared
8	Set labeled with Kino tape instead of autoclave tape
9	Wrong manufacturing date
10	Pack with no date
11	Pack with no name of set
12	Pack with wrong name of set
13	Insect noted inside the set
14	Set that is incomplete
15	Dusty set
16	Instrument dirty & rusty
17	Malfunction item
18	Wrong item for wrong use
19	Incorrect folding
20	Dirty and dusty container

1. Packed sets / Items from clinics will be Returned Back to sender without undergoing Sterilization. Process if any of the non-compliance listed above is Found.
2. To use proper plastic containers with covers for sending and collection of CSSS sets / packs.

- 7.12. The CSSS shall not provide autoclave service to the private medical practitioner/medical centre without prior instruction from the hospital director.
- 7.13. **Existing regulation on cleaning, sterilizing and disinfection** as stated in the guidelines on Control of Acquired Infections and the Disinfection and Sterilizing Policy and Practice, Ministry of Health, 4th edition 2002 is observed.
- 7.14. **Cleaning and housekeeping** of the premise including supply of clean linen should be done by the concession holders according to schedules.
- 7.15. General store policies
- 7.15.1 To do ordering weekly (every Wednesday) through PHIS
 - 7.15.2 To check stock before ordering.
 - 7.15.3 To ensure monthly store checking is carried out by staff nurse every 1st Monday
 - 7.15.4 Outer covering of supplies to be removed before transferred to the store.
 - 7.15.5 Arrange supplies following FIFO and FEFO system.
 - 7.15.6 To ensure standard of cleanliness is maintained and neat at all times.
- 7.16. The CSSS staff shall be prepared for **external and internal disaster** at all time according to the CSSS disaster plan & Contingency Plan.
- 7.16.1 Contingency Plan for CSSS supplies (Appendix K)
 - 7.16.2 Contingency Plan for sending sets/items to Sibuh Hospital for sterilizing (Appendix L)
- 7.17 Other task
- 7.17.1 The CSSS staff assist in cleaning and decontamination of ambu bag / nebulizer mask from all wads /units. (when necessary)
-Please refer to the policy for cleaning and decontamination of ambu bag..

CSSS SUPPLIES CONTINGENCY PLAN

INFORMATION FROM MATRON
/ TEL. OPERATOR



NURSING SISTER

AUTOCLAVE OPERATOR

1. On the electricity supply to the autoclave
2. To assist in preparation of autoclave tapes
3. To assist in packing & sterilizing of sets

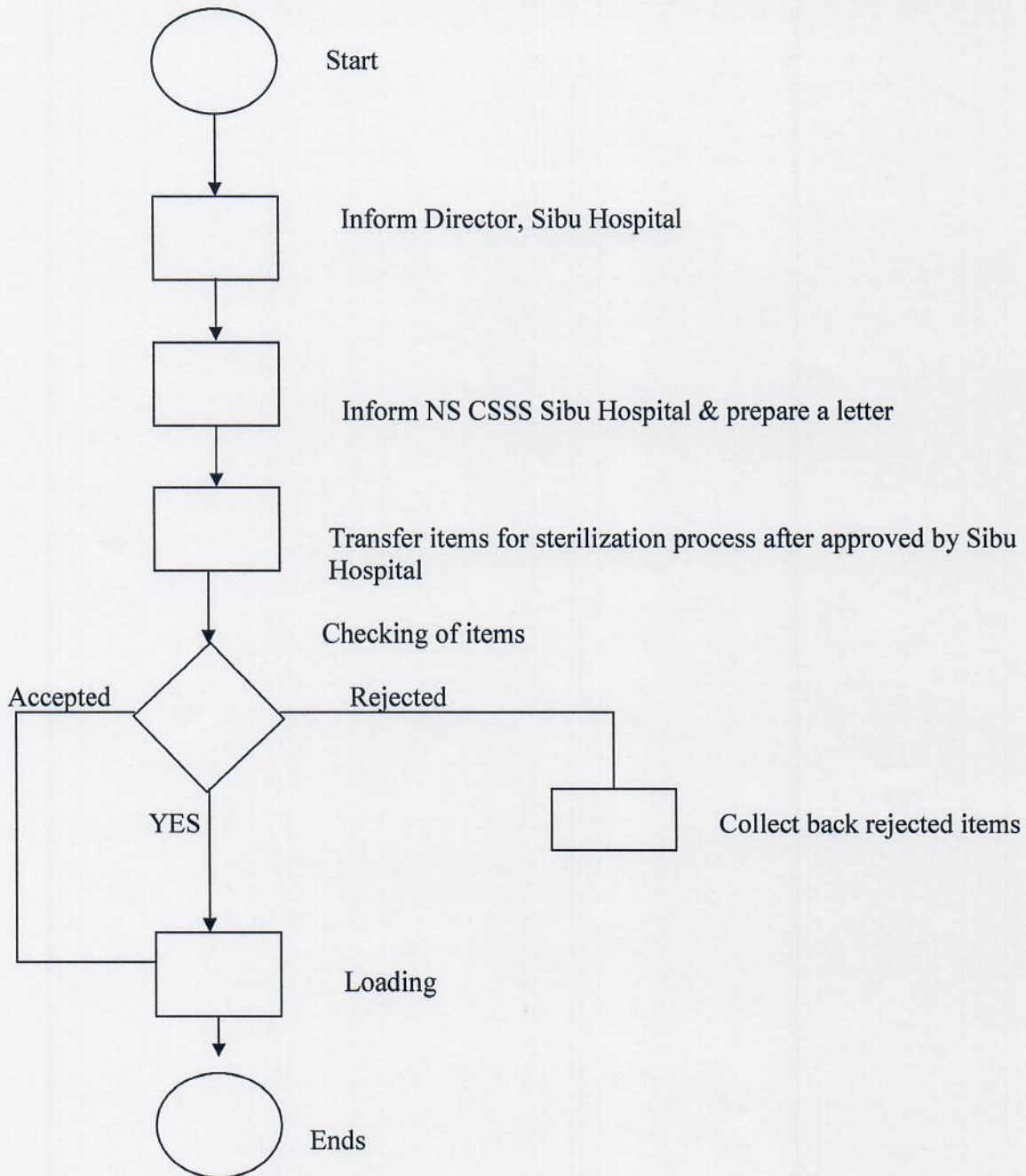
2 NURSES 1 EACH IN TEAM A & TEAM B

1. To get ready all the required sterile sets
2. To send all required sets to E & T
3. To collect, wash & pack all used sets.
4. To inform Sibuhospital when extra large number of sets needed.

PPK

1. As porter / runner
2. Follow instruction from staff nurse in-charge.

**WORK FLOW – SENDING PACKED SETS FOR STERILIZING PROCESS IN
CSSS SIBU HOSPITAL**



7.18 Safety and Performance Improvement Activities

All staff and patient involve in performance improvement activities are kept private And confidential. The following shall be used to appraise and ensure the safety and Quality of CSSS service in this hospital.

- i. 3 monthly unit meeting
- ii. Monthly monitoring of Key Performance Indicator
- iii. 6 monthly annual client satisfaction survey.

7.19 Other policies used as reference

- i. Whole Hospital Policy
- ii. Infection control Policy
- iii. CSSS Policy (KKM)
- iv. Factory and Machinery Act
- v. Occupational & Safety Act.

8. Key Aspects of the Whole Hospital Policies

Relevant aspect of the whole hospital policy shall be complied.