Infection Prevention and Control guidelines

- ELCT Quality Assurance
- Antiseptics, Disinfectants and Detergents
**Antiseptics** – chemicals applied to the skin or other living tissue to inhibit or prevent the growth of microbes thereby to reduce the total bacterial count.

- alcohols 60 – 90 %, isopropryl, ethanol, methylated spirit
- 3% iodine aqueous or tincture ( alcohol based )
- 7,5 – 10 % idophors ( 1 % free iodine ) – Povidone Iodine, Betadine – less effective against mucobacteria, wide used in Tz
- chlorhexidine gluconate 2 – 4 % e.g Hibitane, Hibiscrub
- 0,5 – 3,75 % chloroxylenol – Dettol
- chlorhexidine gluconate – cetrimide, Savlon at least 2 %
- **Alcohol – glycerine handrub**
  - 60 – 70 % alcohol (ethanol, isopropryl, ethyl, methylated spirit) - 100 ml
  - glycerine pure - 2 ml
  - between patients, patient rooms, between procedures, after handling risk patients
  - 70 % alcohol decontaminates hands effectively, S aureus, klebsiella spp, pseudomonas aeruginosa
  - klebsiella and clostridium diff. remain in the hands up to 150 minutes after touching the patient (BMJ, 2001)
  - wash your hands if they are visibly soiled, dirty
  - handwashing and alcohol rubbing for the relatives also
**Disinfectants:** chemicals used to inhibit or prevent the growth of microbes on inanimate objects such as instruments, environmental surfaces

- alcohols 60 – 90 %, hospital devices, instr.tables
- chlorine and chlorine releasing compounds 0,5 % solutions, high level disinfectant ( HLD ), 24 hrs
- glutaraldehyde 2 % - Cidex, neutral or alkaline, for HLD items soaked for 20 minutes, sterilization 10 hrs
- formaldehyde 8 % solution, irritant and potential carcinogenic
- perasric acid, oxidizing water ( HLD )
Detergents

- soap + water = cleaning solution
- disinfectant + soap + water = disinfectant cleaning solution for high-risk areas: ICU, operation theatre, laboratory, labour room
- 0.5% chlorine solution
- 1-2% phenol
- 5% carbolic acid – Lysol, Cresol
- Precaution when using chlorine + cleaning solutions containing an acid e.g. phosphoric acid, ammonia, ammonium chloride = release chlorine gas and other by-products, toxic fumes
In Tanzania functioning infection surveillance systems lack laboratory backup to identify the cause of nosocomial infections and treatment options.

The key hospital staff to form an infection control committee (team): representatives from surgery, central services, housekeeping, laboratory, purchasing, administration, maternity wards, pharmacy, microbiology

The committee coordinated by the infection control officer dr, infection control nurse (1/250 beds) and IC assistant nurse