

Government of West Bengal
Department of Health & Family Welfare
Swasthya Bhawan, GN-29, Saltlake, Sector - V, Kolkata - 91

Memo No: HF/MERT/1510/W-146/2013

Date: 13-12-2013

ORDER

The following guidelines are hereby issued for safe and clean (aseptic) working in OT/ Operating Room Complex. This is for strict compliance at operation room of all hospitals in the state:

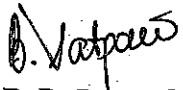
1. Do not enter the OT without the purpose of operation and do not use the OT for any other purpose.
2. Change outside shoes before entering OT, preferably at the entry point. There should be a small '**Buffer Zone**' between the sterile area inside the OT and the unsterile area outside. Outside shoes should not be worn beyond that buffer zone and OT shoes should go outside.
3. Always change outside clothes, wear cap, mask, and **OT dress** before entering the OT proper. Never perform operations with outside clothes.
4. Wash hands properly following 6 steps before each operation.
5. Scrub separately and wear a sterile OT gown **before each** operation and discard the same after the operation.
6. Ensure decontamination of all used article (by immersing those in 0.5%chlorine solution for 20 mins) before disposal/ further processing for reuse as applicable. Prepare fresh bleaching solution **everyday** (1 table spoon full/ 3 tea spoon full = 15 gms per 1 liter of water).
7. Ensure proper disposal of wastes through colour coded bags.
8. Try to arrange for a separate OT or at least an operation table for septic cases.
9. Names of the patient, operation, date and time of starting and completing the operation, names of the surgeon, all assistants (surgeons/ nurses) and the anesthesiologist are to be noted by the nurse on duty.
10. Ensure proper article count during an operation: all articles (instruments, mops, gauge etc) used in the operation to be recorded in a register by the nurse on duty. Count of all those articles should be taken at the beginning

and end (before abdomen/wound closure) by the nurse, who should put her full signature. The surgeon(s) should ensure complete count.

11. Surgeons should record the operation note in BHT, which should include the indication for the operation, details of the procedure, incidental findings, any per operative complications, names of the surgeons and anaesthetist(s). The anaesthetist should also write an anaesthesia note.

12. Carbolisation/ fogging of the OT should be done daily at the end of the day. Additional carbolisation/fogging to be done after each septic case.

13. Swab culture from the OT floor, walls, and tables should be done at least every fortnight and weekly for septic OT.


Dr. B. R. Satpathy
Director of Health Services
& e.o. Secretary

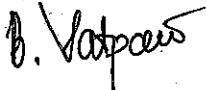

Prof. Dr. Susanta Kumar Bandyopadhyay
Director of Medical Education
& e.o. Secretary

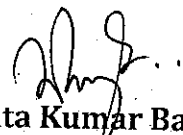
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Copy forwarded for kind information and necessary action to:

1. Dr. Tridib Banerjee, Chairman, High Level Task Force
2. Principals (All Medical Colleges)
3. MSVP (All Medical Colleges & Hospitals)
4. CMOH (All Districts)
5. Superintendents (All Hospital in the State)
6. BMOH (All Blocks in the State)
7. Guard file.


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