



SOP for Cleaning, Disinfection and  
Sterilization of Minor Operating Theatre

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**1.1 Purpose:** - This document describes the standard operating procedures to be followed in minor operation theatres for infection prevention and control.

**1.2 Scope:** -This document is applicable to all categories of staff working in minor operation theatre as per their assigned responsibility

**1.3 Definitions:**

**Asepsis:** prevention of contact with micro-organisms.

**Cleaning** is the removal of foreign material (e.g., soil, and organic material) from objects or surfaces and is normally accomplished using water with detergents or enzymatic products

**Clinical contact surfaces:** are those surfaces that are likely to be touched by the personnel or patients before, during or after surgery or which become soiled during surgery.

**Contact time:** time a disinfectant is in direct contact with the surface or item to be disinfected.

Document Type: Standard Operative Procedure	Issue No.	Issue Date	01/09/2022
Document No.: AIIMS/Rajkot/Micro/ SOP/1	Page No: 1 of 5		



SOP for Cleaning, Disinfection and  
Sterilization of Minor Operating Theatre

**Decontamination:** according to OSHA, “the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal”.

**Disinfectant:** usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores.

**Disinfection:** thermal or chemical destruction of pathogenic and other types of microorganisms.

#### 1.4 Environmental cleaning: -

Surgical site infections (SSIs) are the commonest cause of healthcare-associated infections in low and middle-income countries and the second most common in high income countries. Therefore, maintaining high standards of IPC practices in operating theaters should be given high priority.

Environmental cleaning in surgical settings minimizes patients’ and health care providers’ exposure to potentially infectious microorganisms. The ultimate responsibility for ensuring a clean surgical environment rest with the operative staff  
Environmental cleaning must be performed by trained staff by two ways: - Surface cleaning and fogging

#### 1.5 General points to consider

- Standard precautions should be followed for all patients irrespective of their infection status. This will prevent the transmission of blood borne pathogens and those transmitted by contact.
- Strict Hand hygiene to be followed
- Wear appropriate personal protective gears (PPE).
- Sterile bedsheets / drapes for the table should be available for each case
- Doors of the minor OT should always be kept closed and movements restricted
- Restrict the number of personnel to the minimum during surgery.
- Personnel working in OT should have received vaccinations which would include TT and Hepatitis B.
- The cleaning of horizontal surfaces including high hand touch surfaces

Document Type: Standard Operative Procedure	Issue No.	Issue Date	01/09/2022
Document No.: AIIMS/Rajkot/Micro/ SOP/1		Page No:	2 of 5



## SOP for Cleaning, Disinfection and Sterilization of Minor Operating Theatre

should be with soap solution mop, followed by water mop, followed by disinfectant mop.

- Brooms not to be used. Vacuum cleaning ideal
- The concentration of the stock solution of detergent germicide and disinfectant should be known.
- Follow manufacturers' instructions for proper use of disinfectants (or detergent) --- such as recommended use-dilution, material compatibility, storage, shelf-life, and safe use and disposal.
- The 'in use' dilution of the disinfectant, whether for surface or for environment, should be freshly prepared for each use in a clean container on a daily basis.
- The left over should be discarded at the end of each use / day.
- Wet the surfaces to be disinfected with adequate disinfectant during the procedure. Allow a contact time of at least 1 minute.
- Allow surfaces to dry after disinfection.
- Decontaminate mop heads and cleaning cloths regularly to prevent contamination.
- For operating rooms, use fresh mop cloth every time for clinical contact surfaces.
- The floor mop should be changed weekly or whenever soiled whichever is earlier
- Disinfectants Used: - 70 % Alcohol  
0.5 %to1% Sodium hypochlorite (Various concentrations for various purposes)  
Phenyl  
7% Lysol  
0.5 to 1 % Bacillocid special

### 1.6 Cleaning and Disinfection should be carried out periodically as follows:

- At the beginning of the day
- During surgery
- Between surgery
- At the end of the day

#### 1.6.1 At the beginning of the day

- Keep only essential equipment
- Wear appropriate personal protective gears (PPE) – shoe covers, head cover, plastic full-length apron, goggles, mask, gloves (rubber) in that order.
- Damp wipe all horizontal 'clinical contact surfaces' using a new, clean,

Document Type: Standard Operative Procedure	Issue No.	Issue Date	01/09/2022
Document No.: AIIMS/Rajkot/Micro/ SOP/1		Page No:	3 of 5



## SOP for Cleaning, Disinfection and Sterilization of Minor Operating Theatre

lint free cloth wetted with a detergent germicide such as a freshly prepared solution  
The clinical contact surfaces include - operating table, OT lights, door handle, medicine trolley, instrument trolley, anesthetic trolley, monitors etc.

- Use a clean mop to wipe the floor with freshly prepared 0.1% sodium hypochlorite  
Follow the sequence of cleaning as mentioned previously (top to down; in to out)
- Disinfect the door handles / knobs.
- Discard all used plastic items in red bag and non-plastic items in yellow bag.
- Ensure colour coded waste collection bags are placed in the waste bins

### 1.6.2 During surgery

- Any major blood or body fluid spill should be immediately taken care of as per SOP for spill management (HIC manual)
- All instruments opened for a procedure are treated as contaminated whether used or not.

### 1.6.3 Cleaning in Between surgeries

- Damp wipes all horizontal surfaces such as operating table, trolleys, suction machine, monitors and OT lights with 0.1% sodium hypochlorite and dry with a fresh, clean, lint free cloth
  - o High-touch areas e.g., control panels, switches, knobs, work areas, and handles
  - o Theatre table and horizontal surfaces in the immediate vicinity
  - o Trolleys /wheel chair used to transport patients
- Wet mop the area under the table and 3 feet around it with the above disinfectant.
- The sterilized trays should not be kept open at the start of the day but should be opened as and when new case arrives.
- Unwrapped items should be used on the same day.

### 1.6.4 End of the day

- Appropriate segregation of biomedical waste generated in color coded BMW bins
- Wet mop all horizontal surfaces with disinfectant.
- Liquid soap and hand scrub solution dispensers should be cleaned daily

### 1.7 Sterilization and Monitoring of Instruments:

- Preferably dedicated separate autoclave
- The instrument should be cleaned thoroughly prior to sterilization
- Prior to using the instruments, the sister in charge / staff nurse of OT should confirm that the item has been sterilized.
- A log book should be available which is recorded by a person sterilizing and supervised by a sister in charge of OT.

### 1.8 Training-

- Periodic assessment and training of OT personnel through seminars and educational videos and records to be maintained

Document Type: Standard Operative Procedure	Issue No.	Issue Date	01/09/2022
Document No.: AIIMS/Rajkot/Micro/ SOP/1		Page No:	4 of 5



SOP for Cleaning, Disinfection and  
Sterilization of Minor Operating Theatre

**1.9 Record and maintenance:**

- Autoclave record
- Checklists for cleaning of OT and high touched objects to be maintained
- Biomedical waste record to be maintained
- Training records of OT staff
- Vaccination records of OT Staff

**1.10 References:**

- Kayakalp' —National guidelines for clean hospitals. Ministry of Health and family welfare, Government of India, 2015.
- Essentials of Hospital Infection Control by Apurba S Sastry and Deepa Shree R.

