Universal Infection Prevention Practices

Hand Washing

Use of protective attire

Ensuring general cleanliness (walls, floors, toilets and surroundings)

Waste Disposal

Bio-Medical Waste Disposal

1. Segregation
2. Disinfection
3. Proper storage before transportation
4. Safe disposal

Yellow Bag
Human tissue, placenta, products of conception, used swabs/gauze/bandage, other items (surgical waste) contaminated with blood

Red Bag
Used mutilated catheters, I.V bottles and tubes, syringes, disinfected plastic gloves, other plastic material

Black Bag
Kitchen waste, paper bags, waste paper/thermocol, disposable glasses and plates, left over food

Proper handling & disposal of sharps
All needles/sharps/I.V. cannulae/broken ampules/blades in puncture proof container

All plastic bags should be properly sealed, labeled and audited before disposal

Liquid Medical Waste (LMW) Disposal

- Avoid splashing
- Treat the used cleaning/disinfectant solution as LMW
- Pour LMW down a sink/drain/flushable toilet or bury in a pit
- Rinse sink/drain/toilet with water after pouring LMW
- Pour disinfectant solution in used sink/drain/toilet at the end of each day (12 hrly)
- Decontaminate LMW container with 0.5% bleaching solution for 10 minutes before final washing

PEP (Post Exposure Prophylaxis)
To be given in case of accidental exposure to blood and body fluid of HIV +ve woman

For use in medical colleges, district hospitals and FRUs