

" Disinfection and Sterilization - A Clinical Perspective".

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- *Disinfection: A job begun*
- *Sterilization is job well done*

Disinfection and sterilization

- *Pivots of infection prevention*
- *Amenable for quality assurance*
- *Process oriented*
- *Fairly easy to enforce process via policies*
- *Usually involves semiskilled and semieducated*
- *Sustainable compliance remains a challenge*

Challenges in disinfection

- Efficacy
- Safety – equipment / healthcare workers
- Microbial resistance
- Changing plethora of organisms
- Covid 19 induced policies – changes for the better
- Surveillance involves human practices

Challenges in sterilization

- *Low temperature sterilization*
- *More and more delicate/ longer equipment sterilization*
- *Faster turn around time*
- *Involves human diligence*
- *Quality assurance 'holy grail' of surgery*

What does infection do?

2007 to 14	CAUTI		CALBSI		VAP		SSI	
	Infected	Non	Infected	Non	Infected	Non	Infected	Non
LOS ICU	7.5	1.6	15.8	2.5	20.4	4.0	4.9	2
LOS Hospital	32.5	9.1	40.8	10.6	43.9	17.5	22.7	9.4
DEAD	11(5%)	5(1.2%)	24 (30%)	1 (1.4%)	26 (34%)	4 (3.7%)	9 (5.8%)	7 (2.6%)

Contribution of disinfection and sterilization

- HAIs and steri/ disin are inversely interrelated.
- Involves cost – better to invest
- Surveillance data ought to be discussed monthly
- Responsibility of the industry to supply cost effective agents.
- Healthcare professionals to look at this topic with attention

Thanks for your patient listening!