

INONU UNIVERSITY TURGUT OZAL MEDICAL CENTER

Hospital Infection Prevention and Control Program

English reading edition mapped to all 63 pages of the archived Turkish source

Important: This is an unofficial, machine-assisted translation of an archived institutional document. It is provided for language access only. It must not be used as the sole basis for clinical decisions. Current Turkish institutional procedures, infection-control committee instructions and applicable regulations prevail.

English reading edition - August 2026

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Source page 2 - 1. Hospital Infection Surveillance

The page mapping is preserved to make comparison with the Turkish source straightforward.

1-HSTAN INFECTIVE INFECTIONS SURVEILLANCE PRODUCTION

1.PURPOSEH To reduce hospital infections to acceptable levels and to keep them at this level. 2.SCOPE It is a dynamic process in which all employees in the hospital are employed, Infection Control Nurse, Infection Control Committee, Chief Physician. 3.

Patients develop after applying to the hospital, which is not incubated or developed in the hospital at the moment, but can sometimes emerge after being discharged. In the first 10 days after being admitted and released, infections that occur 30 or 90 days after the surgery are considered hospital infections. 4th NGOMA 4.1.Surveillance and Record A. Recording are performed by the Infection Control Nurse.

The EKH monitors the cultural results from the microbiology lab, reviews the relevant patients, reviews the patient files, consults the patients' patient files, determines cases that may have developed or developed a hospital infection, allowing these patients to be taken care of in terms of the risk of infection. D. Clinics, intensive care units, determines the increase in infection rate increases or increased infections caused by certain microorganisms. e. g.

The data is recorded daily, weekly, and monthly by the Public Health Management System (HSYS-INFLINE Program). f. Surveillance data are analyzed every three months by the EKH. The proportion of general hospital infections, the rates of infections belonging to internal, surgical and intensive care, the proportions of hospitals associated with invasive vehicles in intensive care, the proportions of infections involving surgical and intensive care, the proportions of hospitals with surgical infections.

Hospital infection factors and antibiotic sensitivity patterns.

Source page 3 - 1. Hospital Infection Surveillance

The page mapping is preserved to make comparison with the Turkish source straightforward.

In other units of the hospital, H.E.E.H. monitors the appropriate periodology of infection control measures. The following formulas are used when calculating suffocation data. The number of infections related to hospital infections and intensive care units is an infection incidence; the number of infections (hospital infections/patient day) x 1000 (hospital infection rate; the number of infections (patient number/infective patient number) x100 ▪ Intensive treatment units use tool use; the number of HE/Alet day associated with the use of the device (A) is associated with the number of drugs (A).E.

4.3.The Control of Antibiotic Use is taken from the hospital operating system by three months of periods. The amount of antibiotics used in the hospital is analyzed by B. Antibiotic usage data, the increase in antibiotics or reductions are assessed by the EKK meeting. The C.K. Antibiotherapy Instruction, Surgery Profileside Antibiotic Use Instruction and Surgery Profile Guide, followed by the Infection Control Team.

Restricted antibiotics, which start at EHU approval in clinics, are informed by the Infection Control Team at the pharmacy when EKH is visited by clinic visits and a pharmacy request.

4.4th Sürveyans, Isolation and Isolation 4.4.1.When there is a suspicion of epidemics threatening patients and hospitals, they participate in studies aimed at searching and solving the source of B. Isolation measures and other measures that need to be taken. Followed by the Isolation practices. 4.4.2. In case of the outbreaks, the Hospital Anti-Surgery Method is acting according to the Anti-Surgery Programme. 4.4.3.The indicators are set and followed by the Quality Standards.

Source page 4 - 1. Hospital Infection Surveillance

The page mapping is preserved to make comparison with the Turkish source straightforward.

The EKK assesses the indicators it follows every three months. According to results, studies are organised, results are submitted to management as a operational report every three months. As a result, the ECK gathers at least four times a year, reviews the data and indicators. In addition, it makes decisions on problems and solution proposals and makes decisions on management.

Source page 5 - 2. Infection Control Committee Working Protocol / 3. Hand Hygiene and Glove Use

The page mapping is preserved to make comparison with the Turkish source straightforward.

The infection control committee, published in the Official Gazette on 11:08.2005, operates on the basis of the anti-infection control code.

Yasmin Ersoy

The 1st PURPOSE is to determine hand cleaning and glove use methods to prevent cross-contamination of hospital infections by health staff, patient, patient escorts and visitors via hands.

The 2nd SCOPE includes all employees, patient, patient escorts and visitors in the hospital.

—

The pathogen bacteria associated with health care are not only found in an infected or flowing wound, they colonize on a skin that is intact. Even in simple and clean activities, such as removing a patient, receiving a pulse, and touching a patient, there are 100,000 colonies of Klebsiella bacteria and hands. Not just bacteria, but many viruses can be transported through the hospital.

Hand Hygiene supply techniques

1-The use of alcoholic hand antiseptics: organic material or visual contamination can be applied if there is no visible contamination. - At least 3ml of alcoholic hand antiseptics are distributed to the entire surface, and it is expected to dry off by evaporation in less than 15 seconds. Alcoholic hand antiseptic should not be applied to wet and moist hands.

2-Handwashing

- Hands are wet (to avoid hot water) (to avoid liquid soap or antiseptic soap (to be taken into account of the manufacturer's proposal)
- The hand must be rubbed on the entire surface for at least 15 or 30 seconds, with lots of water, and the hand is dried with paper towels (the towel used to dry its hands is closed with the towel that will increase the risk of creating dermatitis from hot water).

3-Surgery Handwashing: Your hands are washed by surgical personnel to destroy the temporary flora and reduce the permanent flora before the operation.

- The ring, the watch and other jewelry must be removed,

Source page 6 - 3. Hand Hygiene and Glove Use

The page mapping is preserved to make comparison with the Turkish source straightforward.

Before the first case of the day, the debrillator under the fingernails (or brush) is cleaned under the water, ▪ If the dehydration was completed using antiseptic solution (chlorhexide, iodine), hands (5ml), and arms up to the elbows (5ml) should be rubbed for 2-6 minutes. It is not recommended to wash for longer. It is sufficient to wash with 2 minutes in intervals. If the dehydration was completed in the elbows, the fingertips that were cleaned during this process should be done with the elbows below.

If you use alcoholic hand sanitizer in surgical hand cleaning, the hands and forearms should be pre-washed with water and soap. After that, hands and forearms should be rubbed in contact with the entire surface, with hand sanitizer as the manufacturer suggests. After it is completely dried, sterile gloves should be worn.

The choice of the agent to use for hand hygiene

1-The iridian property should be preferred. 2-In other interactions of the selected product (e.g. skin care products, gloves) should be taken from the manufacturer. 3- It shouldn't be added to liquid soaps and antimicrobial soaps, it should be cleaned up after the container is empty and then re-loaded.

Handwashing and Hand Antiseptics: 1. Hands must be washed with water and soap if they are visually contaminated with organic material. 2. If the hands are not contaminated with eye contact with alcohol-based hand antiseptics, hands must be rubbed and dried with their hands. Every contact with the 3rd patient must be provided with hand hygiene before and after contacting the surfaces around the patient.

With bodily fluids or extracts, with mucous membranes, hand hygiene should be restored, if the hands are visibly contaminated after contact with disintegrated skin or wound dressing, hands must be washed with water and soap or antiseptic soap. The same patient must be removed from a dirty area to a clean area and then put on gloves if necessary. The gloves must be used before wearing gloves and after contact gloves are removed.

Intensive care units must be provided with antiseptic solutions or alcoholic hand antiseptic solutions before caring for patients with severe neutropenia or other immunal supression. In other areas, liquid soap and water and hand washing are sufficient. However, all health care areas must have alcoholic hand antiseptics, due to the ease of use.

9. Any invasive attempt (peripheric or central intravenous catheter, productive catheter, endotracheal intubation, etc.) without wearing sterile gloves.

Source page 7 - 3. Hand Hygiene and Glove Use

The page mapping is preserved to make comparison with the Turkish source straightforward.

Hand hygiene must be provided with antiseptic solutions or alcoholous hand antiseptics. 10th drug must be provided with hand hygiene before starting preparation. 11. All employees must provide hand hygiene before leaving work, before eating and after the toilet. 12. Especially alcohol-based hand antiseptics are not as effective as alcohol-based cells or patients' heads. 13th hand sanitized tissues are not as effective as antimicrobial soap and handwashing and handwashing as water.

In case of suspicious or proven exposure, hands should be washed with liquid soap and water, alcohol chlorhexide, iodophores, and other antiseptic agents are weak on sports.

Glove Use

1- If blood is to contact other body fluids and secretions except sweat or contact with mucosa or disintegrated skin, gloves must be worn. 2- Hands must be washed before wearing gloves and gloves. 3- When entering patients with contact isolation, you must wear clean, sterile gloves before contact with any surfaces in the patient or around the patient. 4- Before leaving the patient's room, gloves must be removed and hands must be washed or used to use alcoholic antimicrobial agents.

5- The same glove should never be attempted with two different attempts, 6- Since it has not completely eliminated the risk of gauntlet contamination, it must be known that it will not be able to replace the handwashing place 7- Health personnel must wear gloves to protect themselves during routine procedures 8- Glove wear should be removed as soon as the care of gloves is removed, the same glove must not be worn more than once. 9-Gaunted hands should not be washed and not be applied to hand antiseptics.

Other key points

1-No one who has direct contact with the patient should use artificial nails. 2-The nails should be long enough to not get through the fingernails.

Source page 8 - 4. Isolation Precautions

The page mapping is preserved to make comparison with the Turkish source straightforward.

4-ISOLATION PRODUCTIONS

It's preventing microorganisms from infecting patients, visitors, and health staff from infected or colonised.

SCOPE includes all the units that perform diagnostics, treatments and care practices and employees in these units.

The standard isolation measures are 1. All patients should be admitted to blood and blood products. 2. Blood and bodily fluids or integrity should be worn before contact with skin and mucosa. The third glove must be washed after removing the gloves. 4. If there is a possibility of jumping during the procedure, the mask should be used, the trench (or glasses) and the apron should be used.

SSoolluunnumm iizzoolaassyoonnuu:

In addition to standard measures that must be taken to prevent infections that can be transmitted by the airway. It is applied for people with respiratory disease, such as measles, chicken pox, lung and larynx tuberculosis. A condition that requires respiratory isolation must be placed in a single person room when suspected or is suspected. The patient must be placed in a room with negative pressure and air change 6 to 12 times an hour, and must be monitored whether these conditions are met or not. A pink warning must be put on the door. The same factor may be placed in the same room.

The room door must be kept closed. There should be a bathroom and a sink in room 5. Any person entering the room should wear a protective respirator, sensitive persons should not be admitted to the room. The patient must be surgically masked if the patient is transferred or removed for examination.

Hemofilus influenza type B infections (meningitis, pneumonia, epiglottitis, sepsis vb), invasive Neisseria meningitidis infections (meningitis, pneumonia, sepsis, etc.), for respiratory infections, etc.

Patients with the same infection (Kohort) may be in the same room, in which a condition may be detected or suspected, and both options may be in the same room.

Source page 9 - 4. Isolation Precautions

The page mapping is preserved to make comparison with the Turkish source straightforward.

If it can't be applied, it can be placed at least 1 m away from other patients. The blue-colored warning must be put on the door. Anyone who has to get closer than 1m to the third patient should wear a mask. In case the fourth patient needs to be transferred, the patient will be wearing a mask.

Contact Isolation

In addition to the standard measures for patients infected with epidemiological importance, contact with the patient or environment (the skin of the patient) or lower contact (the surfaces in the patient's room, touching medical equipment), microorganisms that can be transmitted to surfaces (the surfaces in the patient's room), and (or) *Pseudomonas aeruginosa* infection must be administered.

Inflammatory infections with *Clostridium difficile* infections, which can live on lifeless surfaces for long periods of time and have low doses of infections with few microorganisms, should be isolated in contact with enterohemorrhagic *Escherichia coli* O157:H7, *Shigella*, hepatitis A or rotavirus infections.

herpes simplex infection (neonatal or mucocutaneous), impetigo, abscess, cellulite or decubitus, pediculosis (relation), Scabies (scene), staphylococcal furunculosis (neonatal or mucocutaneous), Zoster (indisamine or immunopressed host), and children's respiratory syncytial virus, parainfluenza infections, varicella, or viral infections in babies and children, will be required to be exposed to viruses/viral infections, 3.

Patients who need contact isolation should be placed in one person's rooms. An orange warning must be put on the door. If there is no single room, the same microorganism and/or infected patients must be placed in the same room with the same microorganism (cohorting). When entering the sixth patient room, you must wear clean, non-sterile gloves before contact with any surface around the patient or patient. If you do not have contact with the surfaces in the patient room, you must remove an apron from the clean apron bucket at the entrance of the room in case there is too much contact with surfaces in the patient room.

The use of aprons by hanging is not the right use. The transfer of patient eight must be kept at minimum. If the patient has lesions, the patient must be closed, the person carrying them should wear aprons. The transport must be disinfected after the transfer. Medical equipment used in room 9 should not be used with other patients, must be disinfected first, if needed to be used by other patients. All surfaces must be cleaned with one-tenth degree of bleach to be used in order to ensure that a new patient stay.

Tight Contact Isolation

Source page 10 - 4. Isolation Precautions

The page mapping is preserved to make comparison with the Turkish source straightforward.

It is applied for patients who are shown to be infected or colonized by the anti-integrated Enterococcus of the Vancomin. Aggressive infection control measures and hospital personnel must be adapted to limit the spread of VRE 1. Once VRE is isolated from the 2nd Clinic sample, the relevant clinical and Infaction Control Committee must be informed urgently. The minimum delay will make VRE's further spread and control efforts difficult. As soon as VRE is detected, the VRE must be taken and implemented. VRE must be immediately taken and implemented.

The red alert paper must be hung on the door with VRE 6, clean, nonsteryl gloves must be worn when entering a patient's room with an infected or colonized. The 7th VRE must be worn clean aprons when entering a patient's room with an infected or colonized patient. The apron must be left in the dirty box when exiting the room. The aprons should never be hung on the rack. The gloves should be removed before the 8th patient leaves the room, with antiseptic soap or alcohol-based antiseptic agents.

If these tools are to be used to other patients, they must be properly disinfected before using them. Isolation measures must be applied to other patients in the room of new patients who have been identified as infected or colonised by VRE 10. Rooms must be disinfected daily with appropriate disinfectant (10...10..). Infected with VRE 12 or colonised patients must be treated with at least 3 cultural negatives taken a week apart.

Patients who were discharged from the hospital while they were colonised must be warned by a proper writing in their hands in case of recourse to the hospital. When the patient is scheduled to be sent to another hospital with VRE or colony, the unit for which the patient is to go must be stimulated for VRE isolation measures. The 15th discharge room is cleaned with bleach prepared by 1/10th degree, and the environment cultures are not admitted into these rooms until the results are determined.

EPIS: 1- Hospital Infections. Scientific Medical Press Ankara 2003. Hospital Infections Association Publishing No:1 2- Hospital Infections Control Manual. Scientific Medical Publisher Ankara 2004. Hospital Infections Association Publishing No:2

Source page 11 - 5. Vancomycin-Resistant Enterococcus Surveillance and Control

The page mapping is preserved to make comparison with the Turkish source straightforward.

The control measures for the VRE-Resistant Bacteria are used by VREcopy2 Protocols (This Protocol is based on HICPAC1 and Hacettepe Developmental Hospital.)

Purpose: In our hospital, studies to stop VRE emissions and VRE emissions should be carried out within this protocol.

To prevent VRE spread in our hospital

A-Vancomycin and the control of the use of the teicoplanin

B. Education

The VRE must be trained to include all physicians, nurses, technicians, mail and cleaning staff and other health workers, including the importance of the VRE, resistance patterns, risk mortality and cost issues for patients. The most important mechanism in the emergence of resistant microorganisms should be to be taught in addition to the selective effects of inappropriate antibiotics and antibiotics.

Quick VRE detection and rapid notification from C- Microbiology Lab

Microbiology should be made by the lab to identify VRE with the appropriate method of clinical example or feces. When the colony is detected in the scan, the EC chief or control physician or nurses must be informed quickly before it is detected.

All patients in D-Source scans and Surveyan method Anesthesia and reanimation, Internality, Surgery, Thoraks-Heart-Damar Surgery, Coroner and Brain Surgery Intensive Care Units are subject to premature, Newborn, Pediatric intensive care and oncology units, hematogen fengins + neutronic fever, recent chronic kidney failure (entering hemodialysis), renal transfusions, liver transplants, transplantation, and transfers from internal services, are routinely involved in VREA.

According to the results of the work of the Europeans, changes can be made in the units and patients involved in the process.

Perirectal cultures will be taken from patients mentioned above once a week using sterilized nonbacteriostatic serum, which is soaked with physiology. Cultures will be added to the Infection Diseases Unit Research Laboratory, which will be carried out once a month, if all perseverable cultures are negative for four weeks.

If a monthly scan detects a VRE-positive phenomenon, it will return to weekly scans.

Incubation will be added to the Agara of Bile-kulin, which includes 6 g/ml vankocin and 64 g/ml seftazim, for the periodical cultures taken from patients for 72 hours. Incubation will be terminated if there is no reproduction during the 24th, 48th and 72nd hours.

Source page 12 - 5. Vancomycin-Resistant Enterococcus Surveillance and Control

The page mapping is preserved to make comparison with the Turkish source straightforward.

The minimum inhibitor concentration (MİK) will be determined from the black-colored colonies that breed in the seltzer area to confirm that they are enterococcus by having a bloody agar passage. In other cases, the pulsed Field Gel Electrophoresis (PFG) will be investigated in relation to susession when necessary, and will determine which resistance genotypes they are carrying with the polymerase chain reaction. In other cases, the API-PCR will be checked in relation to pulsed Field Gel Electrohoresis (PFG).

In each service that detects VRE reproduction in the perirectal culture, environment cultures will be taken from the other surfaces of the patient or patient's room with VRE reproduction detected. In particular, it is necessary to remove the cult from the surfaces with frequent hand contact (the door arm, the nightstands, the food tables, the doctor and nurse's observation tables, the I.V.s, the monitors, the ventilators, etc.).

When taking media culture, the sterilized nonbacteriotoxic serum will be used to use physiologically wet ecuvyons, and the echo will be exposed to the surface at least once to a full rotation around itself. The emissions will be absorbed for at least 72 hours in the microbiology Laboratory, which will be placed in Mueller-Hinton Broth, which contains 64 g/ml sephazim, and will be introduced to the last placement of fluids that have not been blurred in 24, 48 and 72 hours of control.

Incubation and typification steps will be applied, including 6 g/ml vancomycin and 64 g/ml sectazim, as well. If VRE reproduction is detected in media cultures, all the cultures in that room will be repeated. Data records and data related to patient transfers and risk factors will be kept by the Committee nurse.

The following measures for patients who are shown to be infected (or colonised) with Vankocin-directive enterococcus (VRE) must be followed to the one-person room. If that is not possible, the infection should be placed in one-person rooms. If this is not possible, the same microorganism should be placed in the same room (cohorting) and in the same room (cohorting) of patients who are infected (cohorting). When it is not possible to be grouped in one-person rooms or patients should be helped to approach patients in the area of contact when it is not possible.

- When entering a patient's room with severe contact isolation, a clean, sterile apron and gloves should be worn. The removal of the apron and gloves before leaving the patient's room must be removed by washing your hands with an antimicrobial agent or disinfected by alcoholous hand antiseptics.
- Every medical device used for hard contact isolation must be avoided from common use with other patients, if common use is needed to be cleaned and disinfected before it is used for other patients. ▪ Every surface in the patients' rooms with hard contact isolation must be disinfected in accordance with the advice of the infection control committee every day. (AS/TK)

Until the results of the media cultures are clear, no new patients are admitted to these rooms and the materials in the room are not used for other patients.

Source page 13 - 5. Vancomycin-Resistant Enterococcus Surveillance and Control

The page mapping is preserved to make comparison with the Turkish source straightforward.

It is preferred. If the new patient is forced to settle down, it is imperative that the decontamination process be applied twice under the supervision of an infection control nurse or a service nurse.

Patients with VRE bowel colonization must be kept in tight contact until three weeks apart and fecal cultures are negative from VRE or released.

Source page 14 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

6. HOSPITAL ENVIRONMENTAL CLEANING

The hospital environment may not be too important for the spread of endemic hospital infections, but especially for intensive care, transplant units, it can lead to rare epidemics. O.R.s, because they are important for the development of surgical field infections are units that need to be treated in terms of cleaning and disinfection. Therefore, specific protocols should be created for cleaning these units. In all the labs where they are in all units, there is no need to be disinfectant to clean up their blood and fluids.

General Laws

If possible, clean and dirty materials should be kept in separate rooms, never use dry cleaners to clean floors, never use electric vacuum cleaners.

Make sure that you clean clean from clean to dirty. (Otherwise, use separate diapers to clean every area.) Make sure that the cleaning process is done from the top to the bottom. • Prepare the solution that you use just before the process. ▪ Do not leave your materials near the sick rooms. • Passes, cloth, buckets, materials, 1\10 percent bleach water, 1 measure bleach water, 1 measure water, 1 measure bleach water) and try to finish the cleaning in a short time.

Each section of hospitals differs from the contrast. Therefore hospitals can be grouped according to the risk areas. 1. Nurse-doctor's rooms, office, cafeteria, corridor, and storage spaces 2. Medium risk areas: sick rooms, lab. 3. High risk areas: O.R., intensive care, hemodialysis, isolation rooms.

IMPLEMENTATION AND DOCTOR'S ROOMS ARE COMPLETE

The cleaning staff must use non-sert gloves before cleaning. First, the garbage in the room must be collected properly. The cleaning must be done from the clean area to the dirty area. The glass, the door, the handle must be wiped off every day.

PATIENT ROOM SECURITY

The trash in the room must be collected properly.

Source page 15 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

The bathrooms should be cleaned daily with a vim-and-cleaning clause. - The patient bed, the ether, the chair and the dining table must be cleaned daily. - The dust of the windows should be removed daily. - Every day the door, around the door and the doorknob must be wiped off. - The cleaning of the room floor must be cleaned without lifting dust.

BANYO AND DANCES' SECURITY

The bathroom and shower must be cleansed of the rough dirt - the sink and the edges must be cleaned with water and detergent. - The wall behind the sink must be wiped after the cloth is washed. - The shower and bathtub cleaning first, the tiles must be wiped and the shower boat must be wiped.

TOURAGE DETECTION

The toilet should be flushed first. The toilet floor must be cleaned with powdered detergent. The toilet area must be wiped with a separate cleaning cloth.

Corridors must be cleaned and dried with separate mops, detergent water.

The cleanup of these areas should not be used with disinfectant because it causes the development of resistant microorganisms and significant economic loss.

Source: Patient infection control manual (also known as B, et al.Special forum:Universal precautions in the operating room.Asepsis Fidancı M. Hospital Cleanup. Hospital infections Congress. Book of Congress.Ankara)

THE ENTIRE SECURITY OF THE UNIVERSE

Special units that monitor and support inadequate vital functions on 365 days of the year, constantly and at the same standard. The majority of hospital infections occur in ICUs. These infections can often be the endogen flurus of the patient, but can play a role in the transition of infection to patients who are sensitive to infections, including irrigation solutions, ventilators, sinks, fountain water, steam machines, medical procedures, surfaces and medical vehicles, hospital infections.

All vehicles used in the YBU must be clean and dry.

Source page 16 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

- Tools should be kept in liquid disinfectant. - Electric shaving machines should be preferred because they may be an infection source. - It is not appropriate for all patients to be able to wash and disinfect the baths, bathtubs and bolts used for patients, then set up and stored in one or two intensive care units because they need more staff care.

In order to prevent air-contamination, it may be useful to keep the curtains between the beds waterproof. - The distance between the beds should be at least 2.5 meters. - The change in the hour must be at least 10 meters and the air current must be out of the room.

The hot air-breathing dryers should not be preferred because of their slowness and their loud work.

There should be a separate compartment where clean tools and equipment are stored. This section should be careful. - The floor and walls should be washable. When there is no visible contamination, it is sufficient to be done in 12-24 months. - Wet cleaning surfaces must be set up twice a day. - Cleanness should be done twice a day, if there is visible contamination, cleanness must be repeated. - Regular tools (monitor, blood pressure gauge) must be installed on the wall.

The bands placed in the university entrance have no effect on the frequency of infections, so they are not recommended to be used.

All equipment in this group must be sterile.

It is preferred that these tools are sterile. If they cannot be sterilized, high levels of disinfection will be considered sufficient.

The non-KRITICAL ALLETS ▪ Only tools that are in contact with the patient's sound skin are not necessary for them to be sterilized and to apply high levels of decontamination.

KRITICAL ALLETS

Source page 17 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

Stabilization for critical elements One.

IKAMA: After all materials are used, the soil and organic material (blood, secretion, etc.) must be thoroughly washed completely, using detergent and water.

STILIZASYON PROTECTIONS FOR CRITICAL ATTACKS-

DIVORCE: Once the tools are washed and settled with water, they must be left to dry in a clean place.

For tools that are heat-resistant, (such as metals) -- sterilization must be performed with pressured steam. --After the process, tools must be stored to preserve their sterile state until they are used again.

Stabilization for critical elements four.

For non-heat-resistant tools: (plastic, rubber) -Ethylene oxide and sterilization can be applied. - After processing, tools must be stored to preserve their sterile condition until reuse.

(Ambu,.....)

STERILIZIYON-DEZENSICYON BASASASALS FOR PARTICULAR ATTACKS-1

IKAMA: After all materials are used, the soil and organic material (blood, secretion, etc.) must be thoroughly washed completely, using detergent and water.

STERILIZIYON-DEZENSICYON BASASASALS FOR PARTICULAR ATTACKS-1

IKAMA: After all materials are used, the soil and organic matter (blood, secretion, etc.) must be thoroughly washed completely, using detergent and water.

Source page 18 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

STERILIZIYON-DISINFECTION BASASASIES FOR PARTICULAR ATTACKS -2

The equipment must be washed and watered and left to dry in a clean place. The equipment must be stored to protect its sterile conditions until use.

▪ Pansüman cars ▪ Kidney bathtub ▪ Cure tray ▪ Bolt-dok/dep/dr/t

THE SECURITY OF NOT-CROSSED ATTACKS

▪ Detergent water (also known as 70-90%) alcohol (also known as 100 ppm) free chloride solutions.

INTERVIEWED TO BE CAREFUL

The name of the solution must be labelled on the disinfectant container in a closed container. The name of the solution must be written: the date and time of the solution, which is prepared by whom.

TRANSPLANTYON UNITUDES

Solid organ or bone marrow is the most important complication for patients who have been trasplanted in particular in the first year. Most of these infections are won in hospitals. In the early months of these patients, the immunosuppressive condition causes an increase in the number of infections that develop with nozomical pathogens. Hospital-based infections are the most frequent environment or endogen (the patient fluorosis colonized).

In parallel with the growth of nozocomyal bacterial infections, antibiotics resistive bacteria are often found in these clinics, even in these early clinics.

Source page 19 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

TRASPLANTYON UNION AIRPORT

The air of patients with bone marrow transplantation (CIT) should be passed through 12 times/hour/overshift HEPA filters. - Laminar's air current should exit from one wall of the room and from the other wall. -Positive air pressure should be constant. -The controls of air conditioning should be checked in the direction of mold spores, during the cactus and repair of the air conditioning and before the ventilation starts again.

RENOVASYON

If possible, the patient should not be passed through these areas. In fact, it is recommended that the medical staff and the relatives who have entered the patient's presence do not travel in this area. The patient must also use N95 masks while traveling near construction.

INTERVIEWS AND BARS

Patients need to be taken into private single-person rooms, as well as intrinsic contact, air and droplets isolation.

EL HIJYENI

Health personnel or escorts must wash their hands before and after entering the room before and after contact with the patient's belongings or before or after contact with the environment. Among the patients, they must change their hands before touching a clean area.

[illegible]

The risk of contamination should be considered, special equipment for the patient.

Source page 20 - 6. Hospital Environmental Cleaning

The page mapping is preserved to make comparison with the Turkish source straightforward.

Sterile dressing material must be used in proper concentrations of EPA-approved disinfectant to disinfect inter-patient equipment.

BIRDS, CIRCLES AND VAZOLS These are unwanted objects to be stored in hospital environments due to bacteria and fungi shelters. Also, vases are not appropriate to be found in hospital environments, especially because of a significant source for mushrooms and many drug-resistant bacteria. It is recommended that water in the vase be replaced every 48 hours if the plant is allowed to be allowed.

Playgrounds must be disinfected weekly. Only the toys that are disinfected should not be allowed to be given to patients who have transplanted bone marrow.

It is important to maintain dust control in the room. All surfaces, window edges, frames, EPA-approved disinfectant must be moistened by the day.

The patient needs to bathe with safe water, brush his teeth, wash his nasogastric tubes. For these procedures, tap water should not be used, sterilized water should be used. For this, overheating and pressurized water or increasing the amount of chlorine is the most frequent measures. - Food should be prepared and stored properly. - Food should be prepared daily and stored properly until the time of consumption. - Cooked, avoid contact with cooked, cooked, cooked, cooked, cooked, uncooked vegetables.

The knives used for cutting must be separate and thoroughly washed. - The wood, knife, etc., and tools used for meat products should be separate from the ones used for vegetables.

Source: Hospital infections magazine "Sing N, stout JE, Yu VL. Prevention of legionnaires" (disease in transplantrecipients:Recommendations for a standardized approach.Transplant Infect Dis 2004;6;58-62)

Source page 21 - 7. Sterilization and Disinfection

The page mapping is preserved to make comparison with the Turkish source straightforward.

7-STERILIZATION AND DISINFECTION FundA Authority, Cigdem Lambist 1st PURPOSE is to determine sterilization methods for sterilization/disinfection practices throughout the hospital, disinfectant selection and the principles for the use of disinfectants.

The second SCOPE contains all the units in the hospital

The sterilization of critical instruments is critical in the sterile tissue system, or when it comes into the vascular system or has a penetre under skin and mucosa, which has high risk of infection (including surgical tools, cardiac and urine catheters, implants, some endoscopes, prosthesis, sterilization of sterile body tissues), and should be used by any microorganism (including bacteria spores), or by some other means.

The Sterilization of semi-Critic Tools requires sterilization or high-level disinfection (YDD) of Non-Critic Tools, disinfected materials that do not interact with the tissues of Sterill, the mucosa, and the disintegrated body areas, only the tools that interact with solid skin (Brancoscops), the tools that are only in contact with solid skins (DDDD), or high-level degeneration (DDDDD).

The risk of creating infections is very low, with moderate and low levels of disinfection (ODD) and low levels of disinfection (DDD) or simple cleaning only with water and detergents.

Table 1 High Level Disinfectant

High-level disinfectant YDD Sterilization duration Gluteraldehyde 20 minutes, 20-25 0C 3 hours and more than 14-30 days Hydrogen Peroxide (7.5%) 30 minutes 20 minutes 0C 6 hours, and 21 days above Otofitaldehyde 12 minutes, 20 0C - 14 days Perasetic acid (FT1) 20 minutes, 20-25 0C - 24 hours.

Table-2 Medium and Low-level Disinfectant

Medium-level Disinfectant Low-level Disinfectant Ethyl or isopropyl (60-95%) Ethyl or isopropyl alcohol (<50%) Phenol and phenol compounds (0.4-5) Phenol and phenol compounds (0.4-5) Iyodofors (30-50 ppm free iodine) Iyodofors (30-50 ppm free iodine) Sodium hypochloride (100 ppm free chloride) Kuarnar ammonium compounds (0.45).

Table-3 Classification of Tools and Sterilization/Defection

Source page 22 - 7. Sterilization and Disinfection

The page mapping is preserved to make comparison with the Turkish source straightforward.

Critical Tools surgical instruments are made of uranium catheter implants, prosthetics prosthetics, ultrasound probes that enter the Steril body area should not be reused by pressurized steam (autoclav) and sterilization 2.

Endoscopes (Laparoscope, Arthroscope, Sistoscope) must be sterilized before each use. At least they have high levels of disinfection.

The semi-Critic Tools Vaginal/retal ultrasound probes are an application to reduce risk use of condoms in the application process for the 1st Probs. 2. After the application, decontamination must be performed by two minutes in 1/100 bleach. If there is a dissonance with tools, it is recommended to hold off 2 minutes of TDD for 2 minutes. If there is 70 percent alcohol, the Flexibl endoscope, the laringoscope, the tracheostomy cannula, the airways, the anesthesia vents, the respiratory circuits, the respiratory circuits, 20 DDDDD, the high levels of anti-infectives can be made with a temperature of 90 minutes.

70 per cent of Ethyl/isopropyl alcohol and strong rubbing are recommended for each patient to use a special thermometer. The shared use of hydrotherapy tanks ODD is sufficient. A tank is filled with 1/100 languages of bleach and is expected to be filled with 10 minutes, then expected to be emptied and dried, and effective iodine can also be used for the same purpose. 3 H₂O₂, 1/10 per cent bleach water or 70 per cent alcohol, which is expected to be used immediately after decontaminating and decontaminating.

The Non-Critic Tools are removed with a pressure tool headline, EKG cables and probes, conservatives, stethoscopes, drug glasses, oxygen masks, ambu mask, incubation, duck-drive 1/100 languages with bleach or 70 percent alcohol, and laundry water is only suitable for hard and smooth surfaces. Skin, mucus and eye ironing and metal surfaces can be corroded. Phenolized compounds should not be used in the substructures of the newborns.

If moisturizers are used after each patient should be removed with 1/10 bleach and kept dry when it is not used, sterilized water must be placed in it. It is recommended that it be disposable 1. It can be used in the same patient until the end of treatment.

AUDITION: User apron should wear gloves, put on its mask. Sterilization steps for critical instruments: 1. After all materials are used, all separateable parts must be removed and cleaned with a proper brush, from the soil and organic materials (blood, sedimentation v.b.), which should be completely cleansed, using enzyme solutions or detergents and water.

Source page 23 - 7. Sterilization and Disinfection

The page mapping is preserved to make comparison with the Turkish source straightforward.

The critical objects that are resistant to temperature must be sent to the sterilization unit to sterilize them. For tools that can withstand temperature (like metals); - sterilization with pressurized steam (autoclav) must be performed. - After the procedure, tools must be stored to maintain their sterile state until reuse.

- After the process, the tools must be stored to preserve their sterile condition until reuse. The sterilization-degeneration steps of semi-crime tools: Washing: After all materials are used, the detachable parts of organic matter (blood, segregation v.b.), must be thoroughly washed with detergents and water. After they have been fully cleaned, mechanical cleaning should be done with a proper brush, after washing the water from the lumens of the lumen, with a proper brush.

For heat-resistant devices, the process of sterilization with heat must be performed. - After the procedure, tools must be stored to preserve their sterile state until reuse.

For devices that are not resistant to heat, chemical disinfectant (2 percent glutaraldehyde v.b.) should be decontaminated at a high level. - Tools should be completely dipped in disinfectant solutions, and should be kept in the period specified in Table-1. - After disinfection, sterile water should be put to rest and dry. - Sterile water should not be used with water; after the water is stopped in the tap water, the tools should be washed with 70 percent alcohol and should be left to dry. - After the process, the tools must be stored until the use of this process should be maintained.

Source page 24 - 8. Infection Control in the Operating Room

The page mapping is preserved to make comparison with the Turkish source straightforward.

- Yasemin Ersoy, Tülay Steel

Exterminate hospital infections with risk factors from the O.R.

In the O.R., surgical initiatives include doctors, anesthesiologists, nurses, paramedics, technicians, staff, cleaning staff, students and visitors.

THE 5th national sterilisation deznf Congress book 4-8 /2007)

1-Furthers should be resistant to liquids with barrier properties. 2-Purples should be resistant to humidity and bacterial penetration. 3-Structures should be consistent with punctures, lacerations and abrasions. 4-Structures should be resistant to hair, barks and dust. 5-species should be resistant to flame. 6-Stresss should be consistent with sterilization processes, 7-Ergonomics should be consistent with positions and positions. Eight-restrects should be strong.

11- In use of Reusbl and dysposbl covers, the manufacturer's proposal is recommended.

CILT DETECTIVE (Reference: O.R. Nurse book 2000)

1- When you paint, you must wear sterile gloves. 2-The bottom and upper boundary of the dye area should be covered with clean sheets. The goal is to determine the boundaries of the sterile area. The solution should also be sprayed under the patient's skin, which is to be sprayed down the table, and should be absorbed after the process is finished. The solution should be absorbed, such as when the solutions are released from the skin.

5- The painting must be done with strong friction by drawing circular motions that will be the center of the incision.

6- When painted in fructure style in the cancer region, cancer cells are released freely and moved to other areas by blood and lymph vessels, so it is preferable to paint skin with antiseptic agents. 7- after reaching the peripheral, you should not be able to get a spanch and go to the clean area with dirty spinach.

Source page 25 - 8. Infection Control in the Operating Room

The page mapping is preserved to make comparison with the Turkish source straightforward.

The coloring process must be at least five minutes, and the manufacturer's suggestions must be followed.

O.R.N. book

Before the first operation of the day, 1-All instruments, furniture and lamps must be dusted (with moist cloth) 2-Lamb reflector fields must be cleaned.

After surgery, the cleaning of the O.R. room must be cleaned from clean to dirty. Two-use materials, goods and lamps must be wiped clean. 3- The operating table (if not stable) is taken to the periphery of the room and the operating area is applied to the surrounding area. 4- All waste used in surgery should not be swept for cleaning floor cleaning. 5-All the waste used in surgery must be removed immediately by putting in red waste bags. 6- The buckets and the buckets used for the mops must be cleaned with detergented water.

8-Aspirational bottles must be disinfected in liquid waste sinks after being showered with plenty of water. 9- The tools and other materials used should be taken to the tool washing unit to be cleaned before sterilization. In cases where the pre-cleaning is not well done, there is no mention of healthy sterilization and disinfection.

3-All floors must be cleaned with disinfectant solutions and glands. 4-All tools must be reviewed. 5-All wheels must be cleaned and disinfected. 7-Perute hand washing sinks must be cleaned. 8- Containers used to collect garbage must be decontaminated. 9-All operating halls must be wet vacuumed.

5-All tools and items must be washed with a 1-wheeler or fixed lamp must be cleaned with disinfectant solutions. 2-doors, hinges, coatings and window spaces. 3-Duars must be wiped with washing machines or cloths. 4-All tools and items must be washed and set up in each room. (Operation table, suction, hangers, air tanks hoses, buckets, cabinets)

Source page 26 - 8. Infection Control in the Operating Room

The page mapping is preserved to make comparison with the Turkish source straightforward.

When all blood and body fluids are admitted to infection, the surface must be ensured with clean water, which has been wiped out because of the fact that all blood and body fluids are infected. 2-Sodium body fluids should first be cleaned of the rough clay; 1/10/LI of sodium hypochloride solution solution solutions should be cleaned with clean water, which has been removed from the jump. 4-Streme body fluids should be maintained during the process of the process. The gloves must be worn and the overalls should be covered by all five-minutes in order to protect themselves during the process.

ANESTY

1- The mask that is in contact with the patient, such as endotracheal tube and airway, must be disinfected or disinfected before it is used. 2-Laryngoscope must be cleaned after it has been disinfected and then used again. 3- The hose and balloons associated with the anesthetic device must be replaced after each operation. 4- Anesthesia devices should be blood and materials such as this one should be contaminated with disinfectant solutions.

CERRAHIC 1 - Surgery should be performed in order to remove clean and dirty areas from the operating area. 2- Standardly, surgical towels should cover the area of surgery and the edges of the cut. Sterile adhesive wound covers the risk of infection. These covers should be used to separate the colostomy fistula and the infected areas from the operating area. The tools used in the 3-Barsak dissection and anastomosis should be used during other operations. To do this, enough klemp, clamp, clamp, portet, portet, portet, portet, portet, etc.

5-All necrotic materials need to be cleaned. 6- Sutures shouldn't be too tense, and tissues should not be traumatized. 7-the time of surgery is considered to increase the rate of surgical infection.

PROTOCOLATE

1-All injections, syringes, after use, should be thrown into the yellow boxes with special hard plastic caps made out of plastic without covering them. 2- The vials used by anesthesia or surgical team should be packed into separate blue bags and recycled in the O.R. rooms.

PERSONEL CLOTHES

Source page 27 - 8. Infection Control in the Operating Room

The page mapping is preserved to make comparison with the Turkish source straightforward.

1- Doctors, nurses, staff and students entering the O.R. must wear clothes that are washed and pressed from their dressing shelves every day in the O.R. rooms and be taken out of the operating room on that day and thrown into dirty bags. These clothes must be washed and ironed separately from daily and other operating rooms. 2- In surgeries, blood and other wastes must not be operated on and replaced.

3- The standard color (green or blue) S, M, L, XL measurements of this principle must be provided with sufficient O.R. suits. 4- A person must be prevented from wearing clothes other than standard clothes. 5- In order to apply this principle, he can go out wearing a white coat in short-term out-of-ops. In the continuing application, the individual's own operating clothes are not appropriate for days to go out of the operating room.

6- The use of O.R. clothes in services must be avoided by doctors, nurses, staff, or students by day. These clothes can be used outside with the mark of AMELİYATHANE on them. 7-If seen properly for services, other colors can be planted. 8- The use of patients during their transfers should be provided with clean washed green sheets and steamless towels.

9-For personnel only to be used in the O.R., waterproof, bases can be allowed to wear rubber sneakers or hospital-type slippers. Apart from that, everyone has to have galoshes on their shoes. These galoshes must be resistant to tearing. 10-The masks and caps must be disposable, but they must be made from paper that is resistant to getting wet. 11- The doctor, student, student or technicians who are in surgery must be treated with sterile shirts and gloves after doing the proper CERRAHIHİELEL YIKAMA process.

12- In orthopedic, cardiovascular and general surgery, plastic apron must be worn under the apron when necessary. 13- From the moment the operating rooms are entered through the corridors, all surgical personnel must wear masks. When there are no surgeries, the mask is required. When there are no surgeries, the mask is caused by portals.

Patient's scrubs are required to have large arms that can be easily worn by patients, such as IVs, drens. 2 - These clothes must be washed after they are used in each patient.

SURGICAL HAND SCRUB: (See Hand Hygiene and glove instruction)

Source page 28 - 9. Infection Control in Laundry Services

The page mapping is preserved to make comparison with the Turkish source straightforward.

TERLISYON DISINFECTION (See Disinfection sterilization directive)

9-TOWN CENTER INFECTION CONTROL CREAM LAMBER, Selma Aker

The 1st PURPOSE is to protect patients from hospital infections and provide hygiene.

2. SCOPE Hospital administration, all of its clinic nurses, nursing staff, laundry manager. 3.1. The laundry collection of dirty laundry must be collected by the nurse's staff in services 1. The person who will perform the second procedure should wear gloves and masks. No cotton, spaniels, or spaniels in scrubs.

The laundry must be washed for 71 degrees and 25 minutes. The proper chemicals should be used for lower temperature washing. 3.2. Clean laundry distribution must be brought to the delivery room 1.

Source: Isolation Precaution Manual Scientific Medical Publishing Year: 2006 Volume:10 Ekn: 2

Source page 29 - 10. Infection Control in Kitchen Services

The page mapping is preserved to make comparison with the Turkish source straightforward.

Yasemin Ersoy, Selma Aker

The first is to ensure that the needs of patients and hospital staff are clean and hygienic.

The 2nd SCOPE includes hospital management, kitchen supervisors, and cleaning company staff.

Foods that are not cooked and uncooked should be stored in separate refrigerators. Foods must be stored in cold air storage or refrigerators. Foods 4 should be between the temperature of the refrigerators and the temperature of the food must be kept between -4 and $+8$ °C. Foods should not be hidden between $0-3$ °C for more than 5 days, and should be consumed within 12 hours if the heat is between $5-10$ °C.

The places that function in the cellar are for dry foods. These areas are not supposed to take moisture. The smell of mold and moisture should not be taken when the kapapa is opened. The appropriate ventilation systems should be found in storage and cellars. The 9th toxic materials must be stored in a light and color that can be easily noticed. The warehouse must not be taken from sunlight and floor current from outside, the storage door should not be opened in a wet environment, clean materials, detergent and etc. should not be stored in storage. The 11th sugar, salts and spices should be stored in closed containers or in individual packages.

The Warehouse must be protected from insects and flies in a way that does not require pesticides.

3.2. Prepping food, Baking and Moving: 1. The food must be protected from contamination during preparation. 2. Hands must be washed before touching food and after toilets. Before touching food, no noses, lips, and hair must not be touched. 3rd food must be found in the prepared place, liquid soap and hand wash sinks must be separate. The plows must be washed as liquid soap runs out and then re-packed. All foods must be kept clean.

Kitchen workers should keep their personal clothes clean and their protective clothing changed daily or more often. Protective clothing should only be worn in contact with food. In the 7th cooking and cooking areas, hot plumbing should be found. The temperature of washing water must be checked regularly. The 8th cooking tool and equipment should be high enough to prevent the eating of rodents.

Meats, vegetables, cake, and crusty food must be prepared on separate countertops. The risk of cross-contamination must be taken in advance by presuming the type of food.

Source page 30 - 10. Infection Control in Kitchen Services

The page mapping is preserved to make comparison with the Turkish source straightforward.

The food prepared should be constantly heated during presentations in the dining halls. The 11th must be used in closed transport vehicles during the transport of foods or carried covered in food to prevent contamination.

3. Malzeme and Kitchen Cleanliness: 1. The food containers in the hospital must be avoided and should be washed in a central dishwasher if possible. The floor of the kitchen must be made and protected from a cleanable material. The walls and tiles should have proper non-passable property. Kitchen cleaning should be done with freshly prepared detergent water. Cleaning materials used in kitchen cleaning should be kept in the kitchen but in a place where food is prepared.

Cooking tools and equipment should be made of material as soon as rust is clean. There should be no physical features in the workstands that allow for wear, cracks, food and residue. The 8th meat-cutting logs should be used only for this job, washed with hot water at the end. The 9th meat grinders must be washed daily with hot soap water. 10th tree-stem knife and other tools must be blocked in the cracks. The 11th and other tools must be cleaned regularly.

In the cooking and cooking departments, the dirty water pullers, the households required to wash the food supplies, and in the separate part of them, must also have hand wash houses. The 14th washing and rinses should be separate in the washing pool during the washing of large containers. The 15th wash pools and households must be cleaned, and there should be no smell and no residue. The 16th waste water suspension system must be well-functioned, not allowed to be blocked or scented. The 17th soap and drying mechanisms must be selected to prevent contamination.

There should be no large waste cans in the food preparation department, no dumpsters with lids should be used, no break spaces for garbage. 19. The appropriate lighting should be made in these chapters. The 20th staff toilets should be away from food production and storage areas and can be disinfectable physics. The 21st personnel must be kept clean. All food-preparing staffs in the 22nd period should be suspended until cultural results are appropriate.

The personnel assigned to the kitchen work should be questioned and kept in mind about the current in typhoid and paratifo, diastheria, chronic diarrhea, chronic diarrhea or vomiting attacks that lasted longer than two days in the past two years, and all kitchen workers should be informed about personal hygiene and kitchen hygiene at first and on a specific time. KAYNAK: The Isolations, the Medicines, the Economists of the 2nd Patients, should be recorded and the vomit attacks of the staff.

Source page 31 - 11. Infection Control in the Formula Preparation Kitchen

The page mapping is preserved to make comparison with the Turkish source straightforward.

11-MAMA MURFYON CONTROL

1- Once in the kitchen, hands will be washed without contact.

The counter will be wiped with 1/100 bleach and washed again before the 2-mamas are ready.

3- Steril green cloth will be laid out on the counter for food.

4-The ingredients used during the formula preparation process will be placed on a sterile blanket (if necessary, sterilized gloves will be worn) in a sterile manner.

Five- Sterilized gloves and the preparation container will be placed in a 1st liter of sterilized dystilence, a proper amount of food, and mixed with the mixer.

6-Biberons will be named after babies with acetate pens (the surface of the astat pen must have been wiped with bleach before the process) and the sterile gloves used will be changed after this procedure.

7-We'll put on sterile gloves again.

8-The Mamas will be delivered to the bottles and the lids will be closed.

9- The bottle caps will be sealed off, placed on sterile trompers, and distributed to services.

10- After the formulas are prepared, the rest of the supplies will be collected and the counter will be wiped again with bleach.

11- After the preparation and distribution phases are complete, the cleanup of the dirty bottles will begin.

12- The lids of the dirty bottles will be torn apart and hand washed.

13- The glass will be washed in the dishwasher after the bottle brush is done with the pre-cleaning.

14- After the cleaning process, the windows and lids of the bottles will be placed in the trompers to be sterilized in separate tromels, where they will not be processed by the remaining organic material, and then they will be cleaned mechanically again.

The 15th Biberons will be placed in a single file where their mouths will not be shut when they're placed in the trompers.

16- Each plate will be used to place an indator, tromeller will be placed in the sterilizer, and sterilization will be performed.

17- After the sterilization process or before we start preparing the formula, the inhibitors will be checked.

Source page 32 - 12. Infection Control in Neonatal and Premature Intensive Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

12-NEWBORN AND PROMATIVE LOOK INFECTION CONTROL Selma Aker, Tülay Steel

The 1st PURPOSE: preventing infections that can develop in the ICU of newborns and prematures.

2 SCOPE: Newborn and premature intensive care units.

3TH IMPLEMENTATION: 3.1. Basic principles: 1.The service must be regular. 2.The service cleaning program containing the daily cleaning of all areas should not be used in the storage of materials. 4. Infectional (dire, heavy flu, and infulanza-like disease, herpes simplex (hand and mouth lesions) must be removed from service.

3.2. The solutions, liquids and liquid drugs: 1. Hands must be washed before and after preparing the first drug. The 2nd mouth care solutions, such as eye care solutions and body maintenance solutions, should be taken to avoid the contamination of any liquid used in the service and not be kept for more than 12 hours. 3rd Open containers and injections should not be stored for more than 12 hours. 4th Oral liquids should easily be stored in its containment after opening once the chamber temperature is open.

In the rooms where sterilised solutions (kemoterapötik drugs, total paranoïd diet (TPN) solutions, single dose injections), there should be laminar air currents. In preparation for the 6th TPN solutions, the risk of contamination should be reduced and the use of the personnel to prevent excess workload is preferable to prepare the ideal fluid without touching hands. The people with active infection should not be able to work in preparation.

The flagon cover should be known how long the remaining drug can be used with 70% alcohol, and the remaining drug can be kept on hold. The 11th personnel must wear latex or similar gloves while holding drug tablets or capsules. The 12th diluted oral solutions should not be prepared with water or tap water due to the risk of contamination with organisms such as Pseudomonas, Aeromonas and Legionella.

3.3rd employee (doctor, nurse, nurse, nurse, etc.) people's clothes should be changed from regular staff in the 1st service. The 2nd service staff should wear tops and pants. When taking a working baby to other sections, the service should wear aprons. The 4th meal should not be worn in the renovated places and other parts of the hospital. The one who does not wear water should wear aprons that don't wear easy water when entering the fifth isolation room.

Source page 33 - 12. Infection Control in Neonatal and Premature Intensive Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

Medical, nurse and technical staff who look after patients or materials for a short period of time in the 6th Service do not need to change their clothes, but should be careful of proper hand hygiene and infection control measures. If they touch babies, they should be wearing disposable gloves and scrubs that don't wear water easily.

3.4. Visitors Families: 1. If there is a recent history of infections and contact with infections in family members, the responsible nurse should inform and wait outside the service until she has a consult with the unit head. 2. When she enters, she should wear an apron. Every time she enters Unit 3, she should wash her hands and apply alcohol-based hand sanitizers. 4th Family and other visitors should be careful about hand hygiene measures.

3.5. Handwashing: See manual hygiene instruction

Equipment Cleanliness 3.6: Service materials are grouped critically, half critically, non-critically. Critical tools include tools that are Penetred to sterile tissues. Part 2 critical tools include tools that have been removed from the dirt, corroded skin and open wounds.

The Ambu, the laryngoscope, the oxygen jac, the steam machine, and the chamber, the respirator hose, the thermometers are part of the semi-criminal group. They are first removed from the soil and then drained from the soil, and then removed from the heat-resistant autoclava in chemical disinfectant.

The baby's clothing and sheets must be washed at least 70/C. The wrinkly sheets from the laundry under the conditions of the clinic are decided to be packed and used after the hand and environment is shipped to the autoclava. ▪ Oxygen moisturizers, ventilator moisturizers and nebulization should be used with sterilisation.

3.7.Cüvuses Cleanliness: Deletion is divided into week-by-week and day-to-day erasing. A week's wipe should be cleaned with brush assistance, if necessary, without being sick within the jar. The use of disinfectant solution should not affect the babies with toxic effects. After airing the cube should be removed from the baby's moisturizer for 24 hours without putting water in it. The baby must be dried thoroughly by keeping it running for 24 hours. If the baby's time in the chamber will last seven days, the infant must be removed from the vault incubine chamber and be removed from the incubation. The baby must be removed from the doll must be removed and removed from the baby's second day after it is aired out.

▪ The incubator must be removed twice a week and washed with brush help and then kept in disinfectant and used after decontamination with distile water.

Source page 34 - 12. Infection Control in Neonatal and Premature Intensive Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

After the baby has been discharged, a new baby must not be taken without a detailed deletion of the incubator. The moisturizer must be put into sterilized distillate every 24 hours. The staff who wipes the jar must wear a separate apron in each incubator and wear a mask.

3.8. Mother Milk and Feeding: 1. Breast-giving mothers must wear a clean apron. 2. Milk pumps must be cleaned and autoclaved after each use. 3rd Nazogastik tubes must be replaced twice a week.

EMPLOYEE: 1. Hospital Infections Training Program HEEP 2003-BURSA Scientific Medical Publisher (Year: 2003 Volume: Ek:

2.National Sterilization Disinfection Book of Congress Scientific Medical Publishing Year: 2007 - ANTALIA

The 3rd Book of Hospital Infections, the Scientific Medical Press-ANKARA Year 2003

Source page 35 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

13-NOSOCOMIAL PNEUMONIA REVOLUTION Yasemin Ersoy

PURPOSE: The prevention of Nosokomial pneumonia. The pneumonia (VIP) is the NP (NP) that develops in phenomena related to the ventilator related to the mechanical ventilator.

SCOPE: These instructions are required by the hospital's professor, research worker, nurse, and other assistant medical staff.

Basic methods that play a role in preventing and controlling nozocomyal pneumonia

1-Medical staff training 2- Microbiological and clinical surveillance 3- Eliminating the source of microorganisms that cause infection and prevent transition 4-reduction factors

Health personnel training

In particular, personnel working in intensive care should be supported by in-service training periodically related to preventing and controlling pneumonia.

Microbiological and clinical driving

Surveillance in intensive care units should be maintained without interruption. Patients who are highly risky in terms of bacterial pneumonia associated with health care should be surveillance to identify infection trends, identify epidemics, and expose other possible infection risks. The active surveillance system based on the patient and the lab should be implemented. Patients should be evaluated daily by the ECK nurse at the angle of physical findings and lab findings. Data should be collected and analyzed in order to detect the rate of infections on 1,000 ventilation days and 1,000 intensive day care.

It is not recommended to be able to extract scanning culture from devices, environments and surfaces without suspicion of disease or special circumstances.

Eliminating the source of the microorganisms causing the infection and preventing the transition

The first condition in treating respiratory problems and recognising aseptic techniques in diagnostic invasive initiatives, sterilization and disinfection of instruments and instruments used in diagnosis and treatment are the first condition to reduce infection due to manipulation. The most effective way to reduce cross-contact is by handwashing. The hands must be washed before and after contact with patients with antiseptics.

Disinfecting tools and equipment and sterilization a-General Measures

Source page 36 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

*Sterilization and decontamination of tools and equipment must be removed from their rough soils before decontamination. These tools must be sterilized (e.g. sterilization) or high levels of decontamination (e.g. sterilization) for semi-criminal equipment (direct or lower respiratory routes) or lower respiratory pathways (e.g.

*Seryl water should be preferred when decontaminating semi-criminal devices by chemical method, if that is not possible, it should be rinsed with water or tap water from a 0.2 µm filter, but in this case, it is necessary to drain it rapidly with isopropyl alcohol and with strong air current or in the drying cabinet. *Reuse of single-use tools must be avoided.

B-Mechanic ventilators: The interior of mechanical ventilators should not be routinely sterilized and disinfected.

C-Respiration circuits, moisturizers and heat dampers:

For each patient, a separate ventilator circuit should be used. ▪ Unless there is visible contamination or vomit or blood in it, or a mechanical problem, the ventilator circuits (hortum, exhalation valve) should not be replaced. • The fluid buildup should be removed periodically, preventing material from the patient by removing it from the side of the process to the patient, and then the hand hygiene must be provided before and after the process.

The moisturizer containers should not be added to it as the fluid decreases, but after it has been cleaned and disinfected and dried, the sterilized dish must be put into the decontamination. (The moisturizing containers should be preferred for one use, if reusable, and should be used after it is cleaned and disinfected.) All parts, including moisturizers, should be cleaned very well, should be applied to the patient in transitioning from the patient to the patient, and should be replaced with high levels of disinfection at the rate recommended by the manufacturer's suggestion. (The moisturizers should be used in place of reconditioning moisturizers.)

▪ Reusable circuits must be used only if they can be disinfected in automatic machines. No manual cleaning or disinfection is required.

D-Oxygen treatment moisturizers: ▪ Sterile water should be used. Non-serious or sterile dystyles do not use water or sterilized water. (References for single-use sterilizing sterilized oxygen treatment are recommended to use moisturizers with heaters.

Source page 37 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

The new patient must not be replaced with oxygen moisturizers from the previous patient. A newly disinfected and dry one must be used. (For patients carrying a mobile oxygen tube, there is no need for moisturizer. Certainly, if it needs moisturized air, it must be carried by its own oxygen flowmeter. ▪ Nasal oxygen canons and masks should be replaced if there is a function disorder or visible contamination.)

Other instruments related to the e-Solunum system are nebulizers: ▪ Use a measured dose of inhalation with adaptors placed in as much ventilator circuit as possible during the mekanic ventilation.

If it is necessary to use sterilized water/steryl distilled water, water must be used. ▪ The single-use ambu should not be added to it as the water decreases, it must be cleaned and disinfected every day, even if the water in it is not reduced. Ambulars: after each use, it must be cleaned and disinfected. The single-use ambu must belong to the patient and should not be used to other patients. The tools used in respiratory tests are not used as a routine or as a condition of the internal equipment.

The filter of the mouth fragment and the spiralometer used should be disposable and must be replaced after each patient. The tap filter: ▪ The risk of legionella infection should not be used in the high-risk suppressive patient rooms. The prevention of transition between the person (patients) should be a standard measure: Handwashing and hand sanitizer: Hand hygiene should be provided by washing hands or hand disinfectant. Handwashing cannot be used if handwashing is not used.

Handwashing and Hand Antiseptics Indications: 15: If the hands are visually contaminated with proteinaceous material, they should be washed with water and soap. 16. If the hands are not soiled in a way that is visible to the eye, they should be stimulated with alcohol-based hand antiseptics and expected to dry them. Every contact with the 17th patient should be provided with hand hygiene before and after and after.

Source page 38 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

After contacting the surfaces around the 18th patient, hand hygiene must be provided before contacting the patient. With body fluids or extracts 19, hand hygiene must be provided with hand hygiene if the hands are seen after contact with disintegrating skin or wound pansuitation. If the glove is used, the hand must not be used by hand sanitizer should be used with water and soap. The hand must be washed with antiseptic soap. If the hand is carried from the dirty area to the clean area during patient care, then hand hygiene must be provided before and after contact with gloves.

Hand hygiene must be provided before putting on serious neutropene or other immunized patients. Twenty-three. Hand hygiene must be provided before all kinds of invasive initiatives (including uretral catheter, peripheric or central catheter, productive catheter, endotracheal intubation, etc.), and then hand hygiene. All employees must be provided before starting work, before eating and after work.

Alcohol-based hand antiseptics should be placed at the entrance of the rooms or at the head of the patient. 27th before and after invasive initiatives, alcohol-based hand sanitizers should be preferred before and after contact with the invasive device and after hand hygiene. Other areas are sufficient to wash hands with liquid soap and water. However, in all patient care areas, alcoholic hand antiseptics are not as effective as antimicrobial soap or handwashing and handwashing and handwashing as an antimicrobial.

In case of suspicious or proven exposure, hands should be washed with liquid soap and water, alcohol chlorhexide, iodophores, and other antiseptic agents are weak on sports.

Glove Use

Ten-Blood must be worn before contact with other body fluids and secretions outside of sweat or contact with mucosa or disintegrated skin. 11- Inhalation sequences or respiratory resounding devices must be worn before contact. 12- Patient to the patient must be replaced with gloves and hand hygiene prior to contact with the infected.

13- As soon as wearing gloves is removed, gloves should not be removed, the same glove should not be worn more than once. 14- Glove hands should not be washed and hand antiseptics should not be applied. The protective apron use should be worn in aprons, in case you risk infections, in case of contamination, and before passing through to another patient. When the procedure is completed, hand hygiene must be removed and provided.

Source page 39 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

Masks and Glasses: In any process that is likely to leap to the eye, masks, glasses, and aprons must be used.

Isolation: Check our hospital's isolation instructions.

Tracheostomy timing and tracheostomy patient care must be followed in the rules of asepsia as the tracheostomy opens. Sterile apron must be used in sterile gloves and sterile cover. Tracheostomy cannula must be changed when necessary. Clean aprons should be worn, aseptic technique must be used during the replacement process. The installed cannula must have been sterilized or disinfected. Topical antimicrobial ointments should not be used in the tracheostomy environment.

The aspiration of respiratory secretions: it has not been shown to be different from the development of infections between aspiration using sterile disposable catheters at each time. Open aspiration will be performed during the procedure; new and sterile catheter should be used for each aspiration. Sterilized gloves are preferred to not be given in a tube during the third aspiration. For patients with extra dry and dehydration, plastic light bulbs are given enough for 5-15ml sterilized water, and then are given integers.

If you need to continue the aspiration process, it will be washed and thrown out with the first cathartic washing solution. The process is repeated with a new sterilized catheter. After aspiration of lung secretions is absorbed, the mouth is also aspirational after the washing solution, and after the catheter solution is washed out. The water used in the 6th wash was not necessary to be sterilized. The liquid used in a clean serum is replaced by tap water, which is replaced by eight hours apart, and the bottle is applied after the washing solutions.

The closed aspiration catheter must be replaced in the case of the function disorder, the blockage of the catheter, the puncture of the sheath, otherwise it should not be changed routinely. The oral aspiration is performed with a sterile catheter in patients with closed suction 3.

In the open and closed system, the disposable bag in the suction is replaced to a marked level. The patient needs to be replaced with a bag of pine. The patient needs to avoid using a mobile absorber, but if there is no other option, it can be used by filling the suction jar and being emptied by 24-hour intervals.

Source page 40 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

The reduction of the risk factors of the host is 1- Infective Defense Against Infection. Influenza and pneumoch vaccines with immunization should be made. Health personnel who care for the patient should be vaccinated from influenza. Granulosite colony stimulative factor (G-CSF) is not recommended. Intravenous immunobulin is not recommended.

2-Aspiration prevention of the patient's head (except for conditions that do not have condensation, such as the obvious shock or intraaortic balloon pump) must be kept at at least 30 degrees in 45 degrees. In the presence of these tubes, the interethile-fed patients must be especially important.

Caf pressure should be monitored and should be at 20-35 cm water pressure. When the camp has to be extinguished (e.g. change of the tube) the oral and subglottic field should be absorbed first, if possible, the sereons should be removed by aspirating the sepirons. Feeding: transition to entereral feeding as early as possible. The patient's head should be kept high during feeding. The large volume should be avoided in nutrition. If the gastric res are possible, the monotirization of the feeding tubes will be suggested by post-hyloric settlements.

Continuous infusion feeding should be preferred to large doses of intubation (NIMV) instead of a nasogastric feeding tube. 3- Intubation and mechanical ventilation application: the duration should be applied as long as the intubation is possible, instead of the intubation, the noninvasive mechanical ventilation (NIMV) should be applied. If the intubation is necessary, the oral should be applied. The VIP frequency should increase as much as possible.

Protocolal weaning tests should be conducted, which should be done with a T-tube test or pressure-supported mode.

Mechanical cleansing of the mouth at least once in each shift, including teeth, cheek, and language, is not recommended because of the high levels of toxic decontamination of the bar right, because of the high levels of antibiotic resistance. In patients with Gis' risk of bleeding, H2 receptor blocker should be preferred. When you think of Sukraphat, you should apply it directly to the stomach.

Source page 41 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

5- The prevention of postoperative pneumonia: ▪ All patients need to stop using sigera and alcohol at least six to eight weeks before the operation.

6-O other measures: since the connection between transfusion and VIP development should be held at 7 g/dl.

Points to be noticed during tracheal suction

The aspsy must be noticed during the process. If no sterilized gloves are worn, the endotrecheal tube or the trekeostomy cannula should not be contaminated. The catheter width should be sufficient to allow the air passage. The suction pressure must be 80-120 mmHg. ▪ The oxygen must be given by 1-3 minutes before the suction process should be turned around by 100 percent, not by the catheter, but around the axis. The aspiration period should be extended by 15 seconds, if necessary, after 20-30 seconds.

▪ Post-process oral care must be given ▪ Operation must be saved

Aspergillus of hospital origin should be considered during the neutropeni and high dose steroid areas of chemo and should not be removed from hospital-based hospital-based hospital-based aspergillus culture, which is not recommended to be done. (Impressive, bone marrow transplants, or lead organ transplants should be made in patients' isolation rooms. There shouldn't be carpeting and fabriced furniture in the room.

The dust must be prevented from taking up air. If there is a production or repair job, a high-active respirator (N95) must be used when it leaves the room. The construction site and patient rooms must have a non-contaminating barrier between the ceiling and the patient rooms. Workers must not be put in the area of the patient. If the Aspergillus phenomenon has been detected, the hospital must be investigated. Ventilation system in isolation rooms must be controlled, epidemiological research and cultures to find the source. The surface decontamination needs to be selected with effective products.

The prevention of the Nazokomyal Legionary's disease: ▪ In terms of diagnosis, doctors need to be informed of their control measures, health personnel, infection control team and technical persons. ▪ Diagnosis should be implemented by laboratory co-operation and the clinic must ask for necessary tests in order to avoid infection in risky patient groups.

Source page 42 - 13. Prevention of Nosocomial Pneumonia

The page mapping is preserved to make comparison with the Turkish source straightforward.

The possibility of creating aerosol in the rooms of transplanted patients during the epidemic should be removed, not used water in patient rooms until the epidemic is contained. The decontamination of bone marrow transplanted patients should be used in cases of drinking, brushing teeth, eating from the nasogastrics.

Source page 43 - 14. Prevention of Surgical Site Infections

The page mapping is preserved to make comparison with the Turkish source straightforward.

14-SURGICAL INFECTION OF INFECTIONS

The 1st PURPOSE is to prevent surgical field infections and create consciousness in this regard.

It includes all personnel and infection control nurses working in surgical clinics and O.R.

Preoperative Proposals 3.1. Preoperative Propositions 3.1. Preliminary stay must be as short as possible in the first hospital. Ideally, during elective operations, the patient must be admitted on the morning before the operation or the day before the operation. If there is an infection outside of the 2nd surgical initiative, the elective operation must be treated before the operation, and the operation must be delayed until the infection improves.

The smoker must be advised not to use it at least 30 days before the operation. Obese patients are recommended to lose weight before the 5th Electoral operation. In patients with severe malnutrition, elective operations can be delayed. A night before the operation or the morning of the operation, antiseptic (chlorhexidine etc) must be taken to the bathroom. If necessary, hairs should be removed in the operating area. This procedure must be done with hair-lather creams or shaving machines just before the operation.

Antiseptics (like povidone-yote), alcohol-based products, chlorhexide gluconate (should not be used from large amounts of contamination such as kir, soil, debris) must be used in an appropriate form of antiseptic for skin preparation. To this end, iodophores (such as povidone-yote) should be used for alcohol, chlorhexide gluconate. The preparation of the 10th body should be done in a circular way outside the incision line. It should be used in order to allow for decessssssion changes and drains. This should be sufficient for 3 to install.

The 2nd Preoperative must be rubbed with at least two-five minutes of appropriate antiseptic to the elbows. The nail bottoms must be brushed for 30 seconds. The skin except the nail bottoms should not be brushed because the skin integrity may be broken. The elbows that follow the 3rd surgical wash must be held in the flement, hands above the body. The running water must be on the elbow. Hands must be set with sterile towels, sterile scrubs and gloves must be worn. The six of each nail must be removed before the first operation of the day. The first operation must be found in the first operation.

Surgery personnel with infectious infection disease/symptomology should inform authorities without delay about their condition. The surgical staff with drainage lesions from the 2nd body must be removed from duty until their culture is removed and proven without infection.

3.1.4. Antimicrobial Profile

Source page 44 - 14. Prevention of Surgical Site Infections

The page mapping is preserved to make comparison with the Turkish source straightforward.

1. Only intravenous phenomena should be selected for the most common microorganisms that have caused the CAI, the most common microorganisms, and recommended in guides. 2. First intravenous dose of prophylactic antibiotics should be given by intravenous means, which will reach bacterial concentration in serum and tissue. The serum and tissue level should be maintained during the operation and until a few hours after the incision in the O.R.

The high-risk anti-biotherapy operation should be given immediately after the umbilical cord clamped. 3.2. Intraoperative Applications
3.2.1. Ventilation must be provided with positive pressure vents in O.R. 1. The O.R. must be used in 2.3 hours, including three fresh air air, at least 15 air changes. Standard filters should be preferred for use of the 3rd Circuit. All air must be put in and thrown out of the ceiling near the floor.

The orthopedic implant operations must be performed in operations rooms supported with very clean air. Only necessary personnel must be found in operations room 8.2.2. Environmental Cleanliness and Disinfection should be used in the first tool and surface, if there is eye-visible blood or bodily fluid contamination, before the next operation with disinfectant. The special cleaning or closing of the operating room must be used.

The floor cleaning must be done after the last operation of the day, or at night, with wet vacuuming methods, disinfectant. 3.2.3. Microbiological sampling should not be done routinely environmentally from Operation 1st. 2. Only for epidemiological research purposes, microbiological samples should be done from the operating room's environmental surface or air. 3.2.4. Sterilization of surgical instruments must be sterilized in accordance with manuals. 3.5.

When surgical clothing is contaminated visibly, it must be replaced as soon as it becomes contaminated and //or possible blood or other infected material. If the surgery is opened, the operation begins or continues, the staff must wear the surgical mask to cover its mouth and nose when entering operation room. The head and facial hair must be worn to cover its head and face hairs. The third Gown must not be used. If a contrast is expected, Gown can be worn with gloves. If a surgical team is expected, the 4th team must wear sterilized gloves.

The application of anesthesiologist must be used. Anesthesia team members must also obey the recommended anti-infection control measures during the operation. 6.3.2.6. Asepsis and surgical technique 1. Intravenous medicines should be given to endotracheal tubes or epidural tubes or epidural or intravenous catheter.

Source page 45 - 14. Prevention of Surgical Site Infections

The page mapping is preserved to make comparison with the Turkish source straightforward.

The tissue must be treated gently in the surgical field; the devitalized tissues, foreign bodies (suture, burnt tissue, necrotic debris etc) should be removed as much tissue as possible, dead spaces should be prevented. If the 4th surgical field is thought to be seriously contaminated, the delayed primary shutdown should be applied or left open to close the sequencer. The 5th Drainage must be used with closed-emer drains. Dren, separate from the incision and removed as quickly as possible.

The dressing must remain dry and should not be removed during the bath. One of the 3rd surgical team must be trained and escorted to report the situation to those involved. One of the 3.4th Serbians 1.Serbian team must be surgically classed in the end of the operation when changing the Pansuman III. Every patient with special incisions must be used in 4th special incisions, with the C.I.S.A.S.S.A.S.A., with a variable rate of exposure (S.A.S.A.A.A.) has to be trained.

The specific CAI ratios to the operation are calculated periodically according to the variables associated with surgical infection risk increases. The 4th grouped properly, specific CAI rates should be reported to the surgical team. The frequency and order of these calculations should be determined according to the purpose of the group's number of facts and local continuous quality development manager.

15. PREVENTION OF URINARY CATHETER-ASSOCIATED INFECTIONS

PURPOSE: It is a method of using a catheter to prevent developing hospital infections linked to a urine catheter.

SCOPE: All departments that perform treatment and care practices include doctors, nurses, and paramedics who work in these units.

SLEEPING:

== sync, corrected by elderman == @elder_man

Source page 46 - 15. Urinary Catheter Insertion and Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

EL YIKAMA: Any procedure related to the catheter must be washed before and after. The most fundamental and important step of all medical applications is the washing of hands -- hands washed, sterilized gloves are worn. 2- Antiseptic solutions, the external meatus environment is wiped (a second person needs to give the antiseptic solution). The application field is covered by a 3-sterile sheet. The assistant's package is opened and applied to a sterile catheter. 5-Referenceal gels can be replaced by a 6-milideral solution, which can be caused to produce an exponential strain (a).

8-Drenaj bags are attached. 9- Sterile cover is removed. 10- Drenile system is controlled. 11- A bladder must be properly fixed under the bladder level. 12-hands are washed and dry. CAPIL DRENAJ: Closed drainage system must not be broken. -Steril, constant shut drainage system must be used. -The catheter and drainage system must not be separated unless necessary.

The entire bladder and collection system must be below the bladder level. It must not touch the floor, it must be fixed with a hanger.

ACCIDENT: Do not wash unless you have a blockage. When you have a blockage in the catheter, you have to wash it. The drain site must be disinfected before leaving.

CATHETER CARE: When there is pollution in Meatus, it must be cleaned with water and soap. - Hands must be washed before and after contact with Catheter. - If there is a risk of contact with urine, gloves must be used. - The bag must be cleaned with water and soap to prevent contamination in the metatus. However, periodic washing or wiping with antiseptics is of no use in preventing infection. - Patient may be able to empty the bag and check the connections first.

Source page 47 - 15. Urinary Catheter Insertion and Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

Urine bags must not be replaced unless they've been damaged or removed from the catheter and cleaned up.

CATHETER REPLACEMENT AND REMOVAL: - The categorical blockage that can't be removed is replaced. -The change at fixed intervals is not appropriate; the decision must be made according to the patient. -Result as soon as possible.

16. PERIPHERAL VENOUS CATHETER INSERTION AND CARE

The 1st PURPOSE is to establish a method for putting on, removing, and maintaining a peripheral catheter to prevent hospital infections.

It includes all units that perform diagnostics, treatments, and care practices, and doctors, nurses, and paramedics who work in these units.

The second IV must be used to use a power catheter if the treatment lasts longer than six days. It is recommended that the upper extremity vents be installed before and after any transactions involving antiseptic liquid soap and water or alcohol-based hand antiseptics will be washed.

The 2% chlorhexide (the baby shouldn't be used until it's two months old) should be used in the cleaning of the field. (Antiseptic solution should be expected until it dries in the skin. This period should not be less than two minutes for the 10 per cent povidone iodide.) 8. The entry point should not be completed, if it is applied, should be followed by an aseptic technique. The nine catheter must be entered from the instant insertion of the container, should be determined by the same time, after it has been determined to be done in a blood vessel.

The date of which the catheter is installed must be written. The 12th cath port must be checked regularly. The peripheral venous catheter must be replaced immediately to prevent tissue necrosis that can occur when the 13th or drug is removed from the IV.

Source page 48 - 16. Peripheral Venous Catheter Insertion and Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

The 14th Pansea must be replaced if its integrity is corrupted, contaminated or contaminated. Large dressings that prevent the entry area from being seen directly should be reopened after the opening and the entry site has been assessed. The 15th Catheter must be notified when any changes are detected at the entry site. All categorical categoricals must be changed by every 72/96 hours in order to prevent bacterial colonization. If they are not confirmed and are placed in emergency conditions, all the categoricals must be replaced by 18 hours.

The sets must not be changed until 72 hours before the clinic requires it. The sets and blood products used for lipid emulsions must be replaced within 24 hours. There is no restrictions on hanging fluids. Within 24 hours of the TPN solutions containing liquids must be completed within four hours of the blood products. The 20th Catheter entry must be allowed to shower after being covered by a waterproof cover.

Source: Handbook of Intravenous Catheter Infections, 2005, Volume 9, Supplement 1

Source page 49 - 17. Central Venous Catheter Insertion and Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

In order to prevent hospital infections, the operator is to establish a method for the use of a venous catheter, extraction and maintenance.

The 3rd NUC is 1. However, in the case of care, a trained team should be installed. It is not recommended to be replaced as SVKrutin 2. The 3rd should be removed as soon as the introduction is removed. The 4th must be removed before and after any procedure involving catheter, before and after the antiseptic liquid soap and water or alcohol-based hand antiseptics. Hands are washed with an emergency procedure. The 5th SVK (including Clavuz catheter) must be replaced on a catheter.

The catheter with the least number of ports or lumens should be used. 8th patients who require parenteral nutrition should not be used unless multiple catheters are necessary. The risk of infection related to infection should be taken into account in the 9th Catheter election. The 10th emergency catheters can be replaced when the aseptics rules fail. When the cath is installed, change is used in the 11th permanent catheter point of entry until the capacitor connects.

The Umbilical arterial catheter shouldn't be held longer than five days, and the optical venous catheter shouldn't last more than 14 days.

EPISODE: Data Inside Catheter Infections Manual Science Medical Publishing Year: 2005 Volume: 9 Ek:1

Source page 50 - 18. Pressure Ulcer Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

18-DIBIT DETECTIVE NAKE NO FINGERS

1st AMA to prevent hospital infections and to speed up wound healing.

All units include medical staff, doctors and nurses who have been trained in wound cleaning and care.

The 2nd volume must be kept moist and replaced every 2 hours in the 4th air bed. The care of the 5th Diabetic wounds should be done by specialists. 6th half-addicts must be changed frequently to prevent head injuries in patients. Whether they have a 7th edition injury or not should be observed daily.

In order to protect and prevent neuropathic wounds, the hyperglycemia should be controlled, preventing traumas, proper foot care, routine examination of feet, equal distribution of body weight and selection of proper shoes. The 10th maintenance patients must be trained to protect themselves from vascular injuries; the skin must be moistened with warm water and soap every day; the nails must be smoothed with a sharp instrument; the skin must be thinned with a straight, thickened with a sharp instrument.

Debritman 1. Debridman must be used to remove the dead tissue from the wound until living tissue emerges. Debritman 2 should be used to remove the infection environment, speed up healing and assess the depth of the wound. Wound cleaning 1. Wound solutions must be used in case of clinical evaluation, and the cleaning of the wound area should be done with a sterile serum physiology. The 2nd edition should be used with as little mechanical force as possible when cleaning the wound.

Wet Pansuman (Wet Supplies Pansuman) 1. All solid, liquid residues that can be removed from the wound with a wet gauze must be removed. 2. This dressing must be covered four times a day in contaminated wounds (tulle-grass = Vaseline gas).

In people who are in a wheelchair, providing a position suitable for anatomy, weights should be distributed properly, feet should be backed up, wheelchairs should be adjusted. Exercises that reduce pressure every 3 or 15 minutes should be performed, and if this cannot be done, each hour position must be changed.

Source page 51 - 18. Pressure Ulcer Care

The page mapping is preserved to make comparison with the Turkish source straightforward.

The 4th immobile patients must change positions with a plan at least two hours. 5th bed sheets and clothing should be shown not to be wrinkly and wet. 6th sweat, wound draining and incontinence should be assessed and measures to keep the body dry should be created, the bladder and bowel training program should be created, the skin should be cleaned, the suction pads should be used, the waste and urine collector tools should be used. The 7th bed and wheelchairs should be used to relieve the pressure.

Source page 52 - 19. Medical Waste Management

The page mapping is preserved to make comparison with the Turkish source straightforward.

19. MEDICAL WASTE MANAGEMENT PROTOCOL

1st PURPOSE to ensure that the Ministry of the Environment and Forestry Control of Medical Wastes is collected separately in its source, carried in service, stored in temporary storage, moved and taken over without harm to human health in the environment in accordance with the regulations of the environment.

The 2nd SCOPE includes hospital management, all units, hospital staff and cleaning company employees.

It should be collected in black bags without being mixed with medical waste, household-quality waste, glass waste, packing waste, cutting-designal waste, radioactive waste, dangerous waste, the Control of Medical Waste.

The attention on medical wastes should be collected in red bags containing international biotehlikes and inter-national biotehlikes. The 5th interrupter/delicial waste should be processed according to the International Biotehlike and Distractinary Medical Waste sign, in yellow, with special conditions. Radioactive waste must be collected in or containers with special conditions.

Waste bags should not be filled to the mouth, bags should not be emptied from bag to bag, waste bags filled by three-quarters should be replaced immediately, collection equipment must be stored near the source of the waste.

The special clothing must be worn only during the collection and removal of waste. The 3rd language must be worn without compressing the trash bags, without mixing with household and packaging waste, the orange color reserved for this work, with no noticeable or plastics, and easy to load onto the vehicles.

The loaded waste transport vehicle must be transported to the temporary storage area following the designated route of human traffic. If the bags or the waste is breached during transport 5, the storage door must be collected and the land and the vehicle must be disinfected immediately. 6th Temporary storage spaces must be formed from two areas with cooling properties, including medical waste and domestic waste, and no one should enter the storage area except the warehouse attendants. The storage door must be kept locked once a day and at all times.

The personnel who work in the temporary storage area should wear orange special clothes, glasses, masks, gloves, and boots during work, not use this suit outside the workspace.

Source page 53 - 19. Medical Waste Management

The page mapping is preserved to make comparison with the Turkish source straightforward.

The 8th household waste must be suspended in co-operation with the district municipality. The 9th medical waste must be suspended in cooperation with the Metropolitan Municipality, delivered to the Metropolitan City's medical waste vehicle, to the temporary storage area. The 10th radioactive waste must be removed through co-operation with Turkey's Atomic Energy Agency.

20-PERSONEL REFERENCES AND WATCHING Jasmine Ersoy

TO ensure that the staff at the hospital are protected from infections that can be caused by the patient and hospital environment, prevent injuries, and provide the necessary treatment and surveillance of injured personnel.

SCOPE includes all hospital employees and cleaning company staff.

Pre-occursion protection: All hospital employees who have never encountered Hep B should be vaccinated against Hep B. The lid of the injector needles should be placed in the vaccine program based on the determination of the HBs Ag and AntiHBs situation and the conclusion that it should be completed. In order to prevent intercutive Tool Injurementation use of the 1st Deletive Tool, for example, it should be worn by a bisective device, etc. Glove gloves. The lid of the injector needles should be sealed after use 2.

Needles and scalpels should be reduced to minimal contact with cutters and etc. cutters. In case of injections or cracks, certainly not done. In case of injections and other cutters, they must be thrown into the piercing-cutting toolbox. It must not be emptied when the cutting device is loaded, the lid must be closed and left in a medical attack. In case of percussion contact, Table 1 should also be followed. In case of needle stinging or other cutters, the glove must be immediately removed and the water must be washed.

In case blood or bodily fluids are spatter, the nose, mouth or skin areas should be cleaned with abundant water. In case of contact or jump, eyes should be washed with water or serum physiology. Agents such as bleach in injury should not be allowed to be driven to injury zones. Hepatitis B, Hepatite C and HIV should be treated immediately by the Infection Control Committee (EC room: 2405-2408). If the injury occurred outside working hours, it should be reported to the wounding chamber's assistant for treatments (accessssion room 44).

You must apply to the ECK to register and monitor your injury during the first shift.

Source page 54 - 20. Prevention and Monitoring of Occupational Exposure

The page mapping is preserved to make comparison with the Turkish source straightforward.

No, HbsAg (+) Hepatitis (-) Testing the source for HCV, HBV and HCV+) Human Inoculated and immunized HBV without vaccines Anti HCV and base ATT without vaccines, without treatment for anti-HCV and based ALT, are the vaccine schematics initiated? Is the Hepatitis condition known?

Let the wound bleed free, wash it with water and soap, don't suck, don't bleed, don't squeeze.

Report his condition to the infection control committee immediately, contact the person/persons given the contact addresses below.

C C E 6th month Anti HCV and ALT 6. hft HCV RNA (optional) Hepatitis B vaccine + 0.06 ml/kg HBIg

In the 7th month, HBSAg and Anti-HBs

Source page 55 - 21. Antibacterial Prophylaxis in Surgery

The page mapping is preserved to make comparison with the Turkish source straightforward.

21-SURGICAL PROPHYLAXIS

The appropriate choice of antibacterials in the 1st PURPOSE surgical initiatives is to ensure that they are used at the appropriate time and time.

It covers every surgical procedure in the hospital.

The anti-microbial profile for the best event is required 30 minutes before the surgical incision. It is reported that incision is the best time to be given intermittently and that tissues may be found in the tissue and blood during microorganisms during possible contamination period. It is the best time to be given in sync with anesthesia induction.

In addition to the fact that antibiotics continue to be given during postoperative periods, there may be a possibility that they can cause superinfection and increase resistance development. 4. In most surgical procedures, the only dose of profilative antibiotics is sufficient. If the operation lasts more than 3 hours, the blood loss is excessive, and it may require a second dose depending on the half life of the used antibiotics. In the profile of the 5th immunosuppressive patients, standard suggestions on relevant initiatives and localization are valid.

In patients with penicillin's allergics, it's a profiled agent klindacincin. The proposed profile for related location is valid in Laparoscopic and endoscopic applications.

THE PROPHYLAXIS OF THE SURGICAL PROTOCOLMS PROTOCOLALS IS PROFLECTED AND PROTOCTED AND PROFLECTED TO PROTOCOLMS.

Source page 56 - 22. Collection and Transport of Microbiological Specimens

The page mapping is preserved to make comparison with the Turkish source straightforward.

22. MICROBIOLOGICAL SPECIMEN AND TRANSPORT PROTOCOL

Circumstances that should be taken into account during the proper Example for Culture: Exam 1 should be removed from the main region of infection. In addition to tissue, organ or sculption should not be touched. The endogen microbial fluoration must be avoided. The probability of abstraction of enhancing microorganism, for example, depends on the appropriate time, for example. The required culture techniques should be sampled. Insufficient amounts can lead to false negative results. 4.

If samples are to be delayed or sent to a reference lab, they should be used in the sterile right transport environment (such as Stuart, Amies, Carry-Blair transport environments). Example 5 should be taken before the antibiotics are given. If the patient is given antibiotics, the material should be taken as long as possible after the last dose and before the new dose. The lab request document must be written on the patient's application.

The name, age and gender, a protocol number to determine the patient, the name of the patient, the name of the doctor in the anatomical region, the name of the date, the time and the field clinic must be written down. The anatomic region where he was taken should be defined. (For example: Writing scar tissue or aspiration material is missing. It should also be reported that the sample is removed from which anatomic region; first, the skin is removed by 70 percent alcohol, and the area where he was taken from. For example, anatomic region should be identified.

Examples 9 should be sent to the lab as soon as possible (in 1/2 hours). The sterilized body fluids or abscess material, which is a suitable example for Anaerobic culture, should be injected into a bottle containing an anaerobic transport environment. Even though there is no proper method, the transport environment is not available; after the injection is injected, it can also be sent to the mainrop sample culture. However, this type of sample should be in the laboratory within 15 minutes. Examples taken with euvion cannot be accepted for anaerobicephropic culture.

The sample taken by deep Equipment must be sent to the bottom of the barrier in the mainrop transport tube.

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Examples of samples should not be transmitted by the sample in the outer part of the sample containers. 2. All samples must be made available to the lab as soon as possible. If transport will be delayed; a. A., especially samples of the BOS, the eye and the inner ear should be examined immediately, and if there is a delay, the temperature of the room should not be put in the refrigerator. If the samples containing the normal fluorine can not be immediately processed, they can be kept in the refrigerator (+4 0C). c. Examples of the primary infection should never be processed in the chamber.

The blood culture bottles should be kept in room temperature until they are installed in the automatic blood culture system. It shouldn't be put in the meat or in the refrigerator. Doku 3 should be sent to the microbiology lab without formol or alcohol. Examining materials for bacterial culture should not be kept for more than 24 hours, even in the transport environment.

Blood culture should be taken within three hours of the number and time of blood culture / 24 hours (except for acute sepsis), blood culture should not be taken at least 1ml/3 per hour before the fever rises; blood culture should be taken within an hour or period of tremors. The blood volume for blood volume for culture must be taken immediately before the antibiotics are given. The blood volume for blood volume must be taken for the 10 ml; alcohol must be taken for every baby up to 1st; alcohol must be taken for every year 2ml 2.

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C. The area to enter the IV isopropyl or ethyl first is cleared from the center to the periphery with iodine or povidone iodine solutions. If the patient is sensitive to iodine for the second time with alcohol, d. The antiseptic is expected to dry. The maximum anti-bacterial effect must be left on the skin for iodine or iodine 1. e., 1.5 to 2 minutes after cleaning the skin, the finger must not be touched again. f. after we've taken the required amount of blood from the needle, the blood must be drawn to the blood supply, and the culture must be drawn to the blood supply.

If the catheter is not removed, two blood cultures will be removed. Blood taken from simultaneous peripheral vein and catheter lumen will be added to the blood culture bottle. If the second catheter will be removed, the catheter will be cleared with 70% alcohol and the environment will be cleared. It will be cut off from the external end and from the skin at least 2cm.

SANTRAL SYSTEM OF SYSTEM OF SANTAR SYSTEM - Serebrospinal liquid (BOS): The proposed quantity: 1-3ml. BOS is slowly taken into sterilized tubes. It is usually taken into three separate tubes for microbiology, hematology and biochemistry tests. The second or third tube used for microbiological examinations. The area to avoid infection is used for injections and antiseptic solutions.

Other example of the central nervous system: a. brain abscess: 90 percent of brain abscess is produced by anaerobic bacteria. The material should be absorbed into the microbiology lab within the main transport system. If there is no Anaerobic transporting system, the material must be sent to the lab without any delay in the closed end of the needle. B. plant nervous system biopsy samples should be sent to the lab.

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The biopsy sample from surgery and lesion is sent to the microbiology lab within the mainrop transport system, which should not be added.

The sample of phlegm collected for 24 hours for the general conditional culture is not recommended. The lower respiratory tracts are conaminated in various degrees with oropharynjeal sequences. The lower respiratory path is expected to contain sediments. Therefore, it should be taken by coughing deep or induction. If possible, the patient should rinse his mouth with sterilized water before the phlegm is removed.

2nd Inducted phlegm 1st is used to brush mouth mucosa, tongue and gums using a water-soaked toothbrush.

Patient's mouth is shaken with sterilized water in the second patient's mouth, using the 3rd Nebulizer to breathe from about 20-30ml, 3% NaCl. 4th Inducted physique is taken into the containers with sterile screw caps. 3rd tracheostomy and endotracheal aspirations: sample is absorbed into sterile containers. 4th bronchoalveoscopy samples include a lavage (BAL), safe bronchial washing (BAL), safe bronchial brushing, and transbrocheal bios.

The upper respiratory path infections are slightly pressed with the throat (Farengeal examples) to the tongue with the first language press 2. If you have an echo posterior serink to sample, the tonsils are driven to the region and any region that is infected or ulcerated. (French, language, uvula and lips must be avoided)

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Nasal swabs are made to study the staphylococcus carriers as primers. The first sterile swab is placed in an inch and a half from the side wall until it meets the curves on the side of the nose. A sample is sampled by a rotation of the second swab. The same process is repeated with the other nostril.

Sinus aspirates can be absorbed by maxillars, frontal or other sinuses. The second material is put into the anaerobic transport system or sent to the lab in syringes.

If the previous treatment failed, it is recommended to identify mid-ear infections. Mouth cultures are used to investigate Candidiasis. A sample of buccal mucosa, tongue or oropharynx is taken from the buccal mucosa without touching regular tissues with swab.

IDRAR General conditions are a. It should never be removed from the urine bed bolt for culture. B. A person should soap his hands before giving urine culture. In this area, the urethral meatus (female vaginal vestibule) is taken into a sterile container after the first part of urine (female) is taken to prevent colonised microorganisms, which should be cleaned before the urine is removed. The soap is preferred for cleaning. The disinfectants may inhibit microorganisms. The middle stream urine should be taken into a sterile container after the first part of urine has been thrown out. The lab must be stored in order to prevent urine after 2 hours.

Urine should be in a sterile container or tube.

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The ph. Subrapubic bladder aspirate is sent to the lab in the mainrop transport system when used for the culture. urine for the g. viral cultures is always sent on wet ice in a sterile container. H. cataterization method should be avoided by using aseptic technique. urine made in the morning should be preferred. The catheter urine should be cleaned by 70 percent alcohol. In sterile conditions, the injector should be dipped in the probe, the urine should be absorbed in an aspirical technique.

Suprapubic aspiration (SPA) This method: In patients with spinal cord damage, children who are unable to be sampled through the medium-flow process should be applied in the diagnosis of anaerobic urine infection. The suprapupubic region is disinfected and aesthetic. It is absorbed from the bladder by 20ml urine.

GASTROINSTINAL SYSTEM I. Examples of feces should be kept in the cold: 1. The stool samples should be preserved in the cold. If the stool is not planted within an hour, the Cary-Blair must be taken into the transport environment. The stool sample is taken in a clean, broad-mouthed, unstainable, closed-down container. Rectal crawls: Sterile exo tip is placed in anal sphincter and carefully rotated into the echo. Cary - Blair is sent in a system.

In particular, children's patients can't extract phlegm, so they do gastric lavage to investigate M.tuberculosis. B. Duodenal aspiration: Giardia lamblia and Strongyloides stercoralis for search.

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The burning wounds should be removed after the extensive cleaning and debridement. The burnt surface should be preferred by 70 percent alcohol and then iodine (12% iodine or 10 percent iodine) solution. After the antiseptic depletion, the surface wounds are sampled. The general rule is that it should be sampled from the later edge of the lesion, not only in the exus. The material in the lesion should not be removed, or debris should not be removed. If the sample of the sample (a.2% of iodine) should be removed from the echoes, or if the sample should be removed from the echo.

For closed wounds and aspirations, the surface of the wound is cleaned up with 70% alcohol and iodine. C. The deepest part of the lesion is absorbed. If there is a vise, both liquid and cells are removed from the lesion base. If the aspiration fails, all surfaces of the lesion are removed from the lesion or removed from the lesion side of the lesion by subcutaneous, and the sterilised surface of the lesion is replaced by 0.85 NaCl ingents. e. Aspiration is repeated. f. for open wounds, the area is cleaned with sterile water. For the surface of the surface of the lesion, the clutch is removed from the surface of the lesion.

Hair should also be found and examined in samples taken from hair lesions. In the nail case, the material or residue under the nail plaque is scraped off. Sterile is placed in the petri dish.

DEEPER SIDES, ASPIRATS AND DOUBLE EXCITIONS

Deep wounds or abscesss a. Alcohol (70%) and then cleaning with iodine or povidone iodine. B. the deepest part of lesion or exsuda is absorbed. Examples of tissue and biopsy are collected by avoiding the Necrotic field, and 3-4 mm. biopsy samples are collected. Part of the tissue sample is placed in an anaerobic transport environment for an anaerobic plant.

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*Strengths taken from inside the gingival or other mouth * Expectable-edged phlegm * Nazotracheal or orotracheal suction *Bible taken from the octracheal suction *Branchial wash or bronchoscopic) * Gastric content and thin barsak content *Stem content (C.diffic and C. botulin) *Styles (expective elements) *C.

Abscess, foot ulcers, external injuries, scars, plenoidal sinuses and other sinuses were taken from the surface crawls. Aspiration taken by abscess with abscess for Anaerobic Cultural Clinical Materyal ▪ Sinus aspirate (spira), blood bone marrow (such as bronkoscopic (scopic brush) (Culdosynthesis material (drial) ▪ Fallop tubes* Intrauterin (spira) material taken with Sezerjan (serian) an example taken from a neurospira (spira) during surgery (spira) was taken from a neurospiracium (spira) during the surgery (spiracial brush).