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**Hospital Infection Control
Manual
Standard Operating
Procedure**

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Sample

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	 PDMMC	
		Hospital Infection Control Manual
		Sops for Hospital Infection Control For NABH

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Common Disinfectants in Use

i) Cidex: Gluteraldehyde

Dilute powder in cidex solution can be stored for 14 days Contact time: 30 minutes

ii) Sodium Hypochlorite

Preparation: 1% sodium Hypochlorite from 5% solution. Should be freshly prepared each day from 5% solution

Concentration	Amount of Sodium Hypochlorite	Amount of Distilled Water
1 %	200 ml	800 ml
2 %	500 ml	500 ml

Note :- The dilutions should be made as per the manufacturers guideline



1. Bacillocid :

Composition of Bacillocid (Each 100gram contains) g

- 1, 6, Dihydroxy 2, 5 – Dioxy hexane 11.2
(Chemically bound formaldehyde)
- Gluteraldehyde 5.0
- Benzalkonium chloride 5.0
- Alkyl urea derivative 3.0

Concentration	Amount of Bacillocid	Amount of Distilled Water
1 %	5 ml	995 ml
2 %	10 ml	990 ml

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Routine Disinfection Procedures General Equipments

Terminal disinfection:

- Whenever the patient is discharged, the room will be cleaned thoroughly - cleared of all waste, swept, washed with disinfectant, and curtains changed if needed in the following manner.

Bedding:

- **Blanket** – changed on discharge/every week/whenever soiled – sent to Laundry.
- **Bed sheets** – Daily and whenever soiled.
- **Cots** – Cleaned with 1% sodium hypochlorite after the patient is discharged.

Bed Pans:

- Handle only after wearing gloves.
- Empty the contents into the toilet flush well.
- Wash the bedpan with soap and tap water.
- Keep the bed pan in 1% Sodium Hypochlorite solution for 20 minutes, rinse with water, dry and then use.

Sputum mug:

- Handle only after wearing gloves.
- Put a 5% Phenol or 10% Iodine in the mug before giving to the patient.
- Empty the contents into the toilet flush well.
- Wash with soap and tap water or bed pan washer as available.
- Keep the sputum mug in 5 % phenol for 20 minutes, rinse with water, dry and then use

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Kidney tray:

- Handle only after wearing gloves.
- Empty the contents into the toilet flush well.
- Wash with soap and tap water.
- Keep the kidney tray in 1% Sodium Hypochlorite solution for 20 minutes, rinse with water, dry and then use.

Humidifier:



o Should be changed:

- After the use is discontinued ,After every 24 hours
- After the patient is discharged ,After the death of the patient
- After the patient is transferred.
- If not in use once weekly cleaning to be done.
- Handle only after wearing gloves.
- Empty the contents into the toilet flush well. Wash with soap and tapwater.

Suction bottles and tubing's:

o Should be changed:

- After the use is discontinued.
- After every 24 hours
- After the patient is discharged.
- After the death of the patient.
- After the patient is transferred.

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- i. Handle only after wearing gloves.
- ii. Empty the contents into the toilet flush well.
- iii. Wash with soap and tap water.



Keep in 1% Sodium Hypochlorite solution for 20 minutes, then rinse with water, dry and then use.

Dressing Trolley

- Clean all the table-tops with Bacillocid once in each shift.
- Trolley to be kept clean at all times.
- Wipe the top of dressing trolley with Bacillocid

Important Aspects:



- Do not flick the dust while dusting or sweeping.
- Change curtains once every 15 days.
- Avoid using patient's linen for dusting.
- Avoid cleaning of mops and duster in patient's sink.
- Use clean mops for cleaning.

		
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Cleaning & Disinfection of Equipments

Stethoscope	Alcohol based rub/ Spirit Swab	Should be wiped with Alcohol based rub/spirit swab before each patient contact
BP Cuffs & Covers	Alcohol based disinfectant	
Thermometer		Wipe with alcohol rub in between each patient use Preferably one thermometer for each patient
Injection & Dressing Trolley	Detergent & 70% Alcohol	Clean Daily with detergent & water After each use, should be disinfected with 70% alcohol based reagent
Refrigerators	Detergent & Water	Inside Cleaning: Weekly Surface Cleaning Schedule: As mentioned for High Touch Surfaces Empty the fridge and store things appropriately Defrost, decontaminate and clean with detergent Dry it properly and replace the things
Equipment (Equipment need to be disinfected after every contact with suspected patient)	1% Sodium Hypochlorite Sensitive Probes of Equipment: 70% Alcohol All Areas & Surfaces of Equipment: CT/MR like machines etc, (As per manufacturer's Instructions)	Whenever possible, portable radiographic equipment should be used to limit transportation of patient



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CLEANING GUIDELINES FOR NON-CLINICAL AREA

Area/Item	Process for Disinfection	Method
General cleaning	Detergent and Water(1% Sodium Hypochlorite can be done)	Scrub floors with hot water and detergent Clean with plain water Allow to dry Hypochlorite 1% mopping can be done
Lockers/ Tables/Cupboards/ Wardrobes/ Benches/ Shelves	Detergent & Water	Damp dusting
Railings Three small buckets	Detergent & 1% Sodium Hypochlorite	One with plain Damp dust with warm water and detergent followed by disinfection with hypochlorite
Mirrors & Glass	Detergent & Water	Using warm water and a small quantity of detergent and a damp cloth wipe over the mirror and surroundings
Furniture	Detergent & Water	Damp dust with detergent
Telephone	Detergent & Water	Damp dust with detergent
Lights, switches	Detergent & Water	Damp cloth (never wet) with detergent

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CLEANING OF TOILETS

Area/Item	Process for Disinfection	Method
Toilet Pot & Floor	1% Sodium Hypochlorite	Scrub with the recommended agents and the long handle angular brush
Rest all areas of Toilets like Taps & Fittings, Outside Sink Soap Dispensers etc.	Detergent & Water	Scrub

Frequency of cleaning of surfaces –

A. High touch surfaces :

Disinfection of high touch surfaces like (doorknobs, telephone, call bells, bedrails, stair rails, light switches, wall areas around the toilet) should be done



CLINICAL AREAS		NON-CLINICAL AREAS
Where Suspected or Confirmed COVID-19 Case is kept	Other areas, where no Suspected or Confirmed COVID-19 Case is kept	
1-2 Hourly	2-3 Hourly	3-4 Hourly

B. Low-touch surfaces-

For Low-touch surfaces (walls, mirrors, etc.) mopping should be done

CLINICAL AREAS		NON-CLINICAL AREAS
Where Suspected or Confirmed COVID-19 Case is kept	Other areas, where no Suspected or Confirmed COVID-19 Case is kept	
2-3 Hourly	3-4 Hourly	Once per shift

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Precautions to take after completing the clean-up and disinfection

- 1. Staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.**
- 2. Discard all used PPE in a double-bagged biohazard bag, which should then be securely sealed and labeled**
- 3. The staff should be aware of the symptoms, and should report to their occupational health service if they develop symptoms.**
- 4. Mops used should be cleaned with detergent periodically.**
- 5. Post usage keep it for drying.**
- 6. Mops used for Cleaning Spills should be cleaned with Sodium hypochlorite**

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1% and then washed with Detergent Liquid.

Maintenance & Disinfection of Operation Theatre

Physical Design elements Temperature:

between : $20^{\circ} \text{C} \pm 2^{\circ} \text{C}$

Humidity: between : $60 \pm 5 \%$

Air Handling Unit : 22 - 25 Air cycle changes per hour. Flow should be unidirectional, positive airflow

Method of Disinfection

Surface cleaning Fogging

Disinfectants used

- Glutaraldehyde 2.4%
- Hydrogen peroxide
- Bacillocid 2 %
- Bascishield 20 %
- Sodium Hypochlorite 1-2 %



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Preparation and concentration of Disinfectants

Bacillocid 2%

- For Surface cleaning Critical area prepare 2% bacillocid(As per manufacturer's guidelines.)

- For Fogging - Bascishield 20 %
(As per manufacturer's guidelines.)

Space	Dilution	Fogging duration
cu.ft(Hight X length X Breadth of room		
For Per 1000 Cu.Ft.	200 ml in 800 ml	2 hrs.

Cleaning & Disinfection Before Fogging

- Clean all the table tops, window ledges, all fixtures, phones, chairs and other furniture in the room with clean duster and 2 % Bacillocid sprayerdisinfectant solution.
- Floors to be mopped with Must 1% Bacillocid Remove the bed linen,curtains put in the laundry bag and In case of Infected Patient (e.g. patients under contact droplet, airborne or blood borne pathogen isolation) put it in Red bag and send to laundry immediately.
- Once all the surfaces in the room are dry, replace all the furniture.
- Carry out the fumigation procedure as per guidelines.

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SOP of FOGGING


1. Before starting fogging all Rooms should be cleaned with disinfectant
2. Before and after fogging time should be noted
3. Stop Air Conditioning
4. Pour 20% Bascishield solution in into forger machine and place it at a height of 4 to 5 feet. Its upper side should be directed at 45° to the other corner
5. Set the timer in the fogger at 45 min
6. The room should be opened one hour after the fogging machine is stopped
7. Exhaust should be started after 15 min
8. Air should be saturated after 1 hour

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SOP for fogging by Fogger Machine

- Keep fogging machine on the table/trolley at 4 to 5 feet height from ground(it should be at the corner of the room and tilted at 45^o upwards and facing diagonally to opposite corner).
- Pour 20% Bascishield solution after calculating the space of the room.
- Connect the fogger machine power cord to power plug with earthings.
- There should not be any barrier in the path of mist for at least 2 meters.
- Set the timer device for 45 minutes (As per manufacturer's instructions)
- Switch on the timer device & machine. (note the time of starting)
- Keep the room closed for minimum 30 minutes after the fogger gets switchoff after set time.

SOP for fogging by Fogger Machine Precautions taken during process offogging

- Do not use flammable/non approved liquids in the fogging machine.
- Do not use machine without timer device.
- Never probe into front nozzle from where the mist comes out.
- Use funnel to pour the liquid in the machine tank.
- After completion of procedure add some plain water in the empty tank andfogger machine should be started for flushing.
- Let the machine dry. Air filters should be washed weekly. Tanks should becleaned every month.

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Instructions for process of fogging

- Before starting the fogging process room & all surfaces should be cleaned with disinfectant
- Labels should be put on the door with time of starting & expected time of opening.
- Keep Air Conditioning switched off.
- Keep room closed for 4-6 hours.
- Switch on exhaust for 15 minutes prior starting air conditioning.
- Air conditioning to be started after 1 hour of the procedure.

Air Sampling



- Done on weekly basis.

Schedule of Cleaning

Before Surgery:

- All horizontal surfaces in the OT are cleaned with moist (with disinfectant solution) clean cloth before the first scheduled surgical procedure of the day as per the current hospital policy.
- Visual inspection of cleanliness prior to commencement of the first surgical case should be done.

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Schedule of Cleaning

During Surgical Procedure:



- Accidental spillage in the area outside the surgical field should be promptly cleaned by placing tissue papers over it and then pouring 1% sodium hypochlorite over it.
- Leave for 10 minutes then collect it in the scoop, then mop with a disinfectant (1% sodium hypochlorite).
- Discard the paper in Yellow bag.
- Discard the contaminated disposable plastic/ rubber items in red bag.
- Housekeeping department is responsible for providing and maintaining the spillage kits in all the areas.

Schedule of Cleaning

In between Surgical Procedure:

- Conduct a visible check to inspect cleanliness of the operation theatre.
- Reusable Suction bottles are emptied, cleaned under running water and disinfected with 1% of sodium hypochlorite for 20 minutes, and 1hr for infected cases. All suction tubing's are replaced.
- All respiratory tubing is single use disposable, and not reused.
- Floor cleaning is done in area around the sterile field with sodium hypochlorite.

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Schedule of Cleaning

End of the Day:



- i. Terminal cleaning to be done with Bacillocid 200 ml adds to 800 mlwater.
- ii. All furniture, wall surfaces, fixed and ceiling mounted equipments, anesthetic equipment / accessories, soap dispensers, handles of cabinet are to be disinfected with Bacillocid 200 ml adds to 800 mlwater.
- iii. Scrub sinks are cleaned with detergent solution under running tap water. Floor. Cleaning is done with 1 % Sodium Hypochlorite.
- iv. Bathrooms and toilets are cleaned with detergent powder.
- v. Suction bottles are to be emptied, cleaned and disinfected by immersing into 1% sodium hypochlorite solution for 20 minutes, incase infected for 1 hour.

Schedule of Cleaning

Weekly Cleaning (Performed on Saturday):

- Remove all movable equipments and furniture from the O.T.
- Clean using wet mopping with disinfectant solution.
- A.H.U. to be cleaned with dry vacuum cleaner.
- Ducts and filters are cleaned weekly and changed as required.
- Floor cleaning to be done with scrub and vacuum.
- Ceiling and walls are cleaned with dry vacuum cleaner.
- Throughout surface cleaning is done at night [Saturday / Sunday]

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Schedule of Cleaning

Periodical Cleaning (Done every 6 months):



- It is a two-day programme.
- The ceiling area is opened and cleaned with dry vacuum and sprayed with Disinfectant Solution.
- Ducts are cleaned.
- Fogging is done in the night.
- Ceiling is re-established.
- Walls and ceiling are sprayed with disinfectant solution.
- Floor cleaning is done with scrub and vacuum cleaning.
- Fogging with disinfectant is repeated in the night.

Schedule of Cleaning

Laminar Air Flow HEPA Filters

- Air Flow is unidirectional
- Positive Air pressure with velocity 110 ft/min at filter point and 50-70ft/min at the operating table level.
- Total air changes 40-50/ hour.
- Filters used are pre filter of 10 micron, micro filters of 5 micron and HEPA filters of 0.3 microns.

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Cleaning & Disinfection In different areas of Hospital Isolation Rooms



- Change curtains every week and/ after patient discharge.
- Routine cleaning of the surfaces should be done with Non- Critical area prepare Bacillocid 100 ml solution: add 900 ml of water, for a contact time of 20-30 mints.
- Terminal cleaning should be carried out with Critical area prepare Bacillocid 2% solution for a contact time of 20-30 mints. After discharge of every patient.
- Admit a patient only after 1-2 hours after fogging.
- Precautions to be followed to ensure that exhaust fan runs continuously.

Cleaning & Disinfection In different areas of Hospital

Out Patient Department

- Use lysol/phenol solution for floor mopping.
- Wipe all the table tops, examination table, dressing trolleys with 1% Bacillocid / 0.5% Sodium Hypochlorite.
- Change linen on examination table every day or as and when required.

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Cleaning & Disinfection In different areas of Hospital

Emergency Rooms and the Intensive Care Units

- Environmental cleaning to be done twice in each shift. For routine surface cleaning use Bacillocid 200 ml solution: add 800 ml of water for acontact time of 20-30 mints For terminal cleaning, spray the entire area with bacillocid solution after discharge of every patient.
- Floor cleaning should be done using 1% of sodium hypochlorite.
- Change the curtains once in 15 days or earlier if soiled.
- In case of infected patients (e.g. patients under contact, droplet, airborneor blood borne pathogen isolation), on discharge of patient, or every seven days; whichever is earlier. Air Sampling to be done on monthly basis.



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**Cleaning & Disinfection In different areas of HospitalAKD
Unit (Haemodialysis Unit)**



- Use alcohol based hand rub before entering the dialysis.
- Use alcohol based hand rub before and after handling patient.
- Footwear should be left on the shoe stand outside the unit and unit slippers worn inside.
- Separate and adequate procedure tray should be present for every patient and send them for autoclaving on regular basis (autoclaving done twice daily, tray contains sterile green towel, gauze piece, cotton and bowl).
- The dialyser tubing must be labelled with full identification of the particular patient, date of its first use and last disinfection.
- The dialyser should not be used for more than 10 cycles (used for 7cycles then discarded).
- The dialyser tubing should not be used for more than 15 cycles (used for 7 cycles then discarded).
- The dialyser and dialysis tubing is kept in the disinfectant solution of till its next use and flushed with normal saline before its next use.
- The suction tubing and suction bottles should be washed and disinfected after each use.
- The staff should maintain short nails and avoid wearing rings and bangles during procedures.
- The oxygen humidifiers should be washed, disinfected and dried after each use. Use sterile water in the bottle.

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- All staff working in the unit specially those handling blood circuits must be vaccinated against Hepatitis B.
- Sterile hand washing to be done before handling the blood circuit and before invasive procedures.
- The staff must wear gloves and mask before handling the blood circuit.
- Dialysis fluid to be sent for electrolyte analysis every month.
- Reverse osmosis water should be sent for chemical and bacteriological analysis every month.
- Visitors must be restricted inside the unit except in emergency.
- Proper segregation of the waste to be followed.
- All patients should be vaccinated with double dose HBV

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Cleaning & Disinfection In different areas of Hospital

Labour Room

The maternity ward is the area where strict precautions are necessary to be advocated while conducting a vaginal delivery. The following guidelines is to be kept in mind,

1. Sterile gloves, plastic apron, mask and footwear are recommended while conducting delivery and any other procedure where spills/splashes are expected.
2. Wear gloves and plastic apron for performing vaginal examination and preparing parts.
3. Anyone with open wounds or exudative skin lesions should not be involved in invasive procedures.
4. Strict and meticulous hand hygiene should be followed after each procedure and in between patients as per the hospital infection control policy for hand hygiene.
5. Always keep delivery tray ready with linen and cord tape.
6. Never deliver a woman without gloved hands (even for emergency such as toilet/taxi delivery).
7. Never keep sharp instruments around perineum on delivery table to avoid cut to mother or baby or health care worker.
8. Take all universal safety precautions for conducting delivery.

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9. Avoid repeated per-vaginal examination to prevent infection.
10. Avoid urinary catheterization unless indicated.
11. Drape perineal area with sterile linen while delivery a women or suturingepisiotomy and perineal tears.
12. Discard all waste according to the hospital infection control protocol. 13. Use

BACILLOCID to disinfect delivery table each time after the patient has been shifted.

14. Placenta should directly be discarded in yellow bag.
15. Floor soiled with amniotic fluid should be cleaned with 1% sodium hypochlorite.
16. Blood spill management should be done as per the hospital infectioncontrol protocol.
17. For the delivery of infected case e.g. HIV, HBsAg disposable PPE kit should be used containing disposable gown, mask, head cover, shoe cover, gogglesand gloves.
18. Labour room and labour ward should be cleaned at least 3 times a day with1% sodium hypochlorite.
19. Use of fresh linen for each patient.

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Decontamination of spills

Major spills (with possible aerosol formation)



- Evacuate the area or room and alert all personnel regarding the spill and take care not to breathe in aerosolized material.
- Close doors to the affected area and keep it closed for 30 min.
- Only the designated staff have to area to clear the spill and the staff cleaning the spill should ensure that they use the appropriate PPE (gloves, mask).
- Put disposable paper towel or tissue over the area.
- Pour disinfectant (1% sodium hypochlorite) over the entire area of the spillage and let it remain for 20min.
- Absorb the detergent with an absorbable material and dispose in the infected container.
- Rinse the spill site with soap and water and air dry.
- Discard the gloves and mask used for cleaning the spillage site into the container for infected items
- Wash hands with soap and water.

Decontamination

Routine decontamination and cleaning of the work environment are the responsibility of all laboratory workers particularly, of the housekeeping staff. The section below outlines the common decontamination protocols to be followed in the routine day-to-day functioning of the laboratory.

- The decontamination should be done with 1% sodium hypochlorite
- Solution should be prepared fresh daily.
- Place the container in the designated work areas with proper label on it.



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Decontamination of work surfaces

- Works surfaces have to be decontaminated at least twice daily, before the work begins and at completion of work
- Use paper towel or a soft cloth soaked with the disinfectant (1% sodium hypochlorite solution)
- Wipe the work surface going over each area at least twice. Allow to air dry with a minimum contact time of 5-10 min

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SOP for Safe injection Practices

1. Use gloves and take special care if there are cuts or scratches on the hands.
2. Take care to avoid contamination of hands and surrounding area with the blood.
3. Use disposable or autoclaved syringes and needles.
4. Use 70 percent ethanol or isopropyl alcohol swabs or sponges for cleaning the site of needle puncture.
5. Use thick dressing pads or adsorbent cotton below the forearm when drawing blood and tourniquet above.
6. Tourniquet must be removed before the needle is withdrawn.
7. Place dry cotton swab and flex the elbow to keep the swab in place till bleeding stops.

Place used needles and syringes in a puncture-resistant container containing disinfectant

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SOP for Care Of Systems And Indwelling Devices

Purpose :- To keep device associated infections to a minimum.

VASCULAR CARE : Peripheral catheters

1. Establish the vein prior to disinfection.
2. Upper extremity preferred over lower extremity.
3. Perform procedural hand wash with antimicrobial soap or alternatively usesterillium, prior to insertion of the line.
4. Wear clean gloves. In case of immuno-compromised patients, wear sterilegloves.
5. Disinfect the selected site with 70% isopropyl alcohol.
6. In case of Immuno-compromised patients disinfect the selected area usingthe "3 swab method" with isopropyl alcohol and 10% povidone iodine alternatively and wait till it dries.
7. Do not touch the site after disinfection.
8. Do not reuse a vascular access device.
9. Leave site visibly dry after access is established.
10. Apply a transparent dressing.
11. Change peripheral line every 72 hours or earlier if infected, or any signs of infiltration (If difficulty in establishing access, you may make an exception).
12. In case of paediatric patients, do not change unless any signs of phlebitis.



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SOP for Central venous catheters (CVC) General

1. Train staff in catheter insertion, maintenance and infection control measures
2. Regularly assess compliance and knowledge about infection control practices
3. Maintain good staff levels in ICU to prevent infection

Insertion

1. Teflon catheters preferred over PVC and polyethylene catheters.
2. Subclavian preferred over jugular and preferred over femoral.
3. In children no such preference, use route one is most comfortable with.
4. Use minimum number of lumens.
5. Antibiotic/Silver coated catheters superior to routine catheters, if they are expected to remain in place for more than 5 days.
6. Practice surgical hand washing prior to procedure
7. Use maximum barrier precautions (cap, mask, gown and sterile gloves)
8. Clean the site with 70 % isopropyl alcohol and 2% aqueous chlorhexidine alternatively for 3 times. If 2% aqueous chlorhexidine not available, only then 0.5% alcoholic chlorhexidine or 10% povidone iodine may be used. Clean in circular manner each time, for 1 minute: 30 seconds scrub time and 30 seconds dry time. If povidone iodine is used, allow at least 2 minutes of dry time.
9. Leave site dry after insertion.
10. Antibiotic/Silver coated catheters superior to routine catheters, if they are expected to remain in place for more than 5 days.
11. Practice surgical hand washing prior to procedure
12. Use either plain sterile gauze with opaque dressing or sterile transparent dressing (Do not use povidone iodine, mupirocin or any other antibiotic ointment)

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SOP for Central venous catheters (CVC)
Dressing and maintenance

1. Regular dressing every 2 days for gauze and 7 days for transparent dressings.
2. Change dressing earlier if damp, loosened or soiled.
3. Proper hand hygiene with sterile gloves before dressing.
4. Inspect for purulence or any evidence of catheter site infection
5. Affix date label after change of dressing.
6. If a multi lumen catheter is used, designate one port exclusively for hyperalimentation.
7. Clean all stopcocks with 70% alcohol or 10% Povidone iodine prior touse.
8. Cap all stopcocks when not in use.

Removal

1. Remove when no longer necessary.
2. No routine removal of catheters
3. Do not routinely culture vascular line tips on removal.
4. If a catheter was placed in an emergency and aseptic technique was not followed, then replace it within 48 hours.
5. Replace catheters if there is any evidence of infection at exit site
6. Remove all catheters if the person is hemodynamically unstable and CRBSI is suspected
7. If CRBSI is suspected, do not replace catheters over a guide wire.

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SOP for Arterial catheters

- The same principles for insertion, maintenance and removal as for CVC apply
- Preferably use disposable transducers. Use sterile reusable transducers in accordance with manufacturer's instructions, if disposable transducers are not available.
- Replace transducers at 72 hours intervals along with other components of the system including the tubing, the flush solution and the continuous flush device.
- Keep all components of the pressure monitoring system sterile.
- Minimize manipulations and ensure a closed flush system
- If the pressure monitoring system is accessed through a diaphragm, wipe the diaphragm with 70% alcohol prior to access.
- Do not use any parenteral fluids or dextrose containing fluids through the system.

SOP for Umbilical catheters



1. The same principles as for CVC apply.
2. Do not apply tincture iodine for skin disinfection.
3. Umbilical artery catheters should ideally not be left for more than 5 days. Remove earlier, and do not replace if CRBSI, thrombosis, vascular insufficiency is suspected.
4. Umbilical venous catheters can be kept up to 2 weeks if aseptic precautions are followed. Remove earlier, and do not replace if CRBSI/thrombosis is suspected.

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SOP for Administration sets, fluids, medication

1. Replace administration sets with add on devices (tubings, stopcocks, needle less devices) every 72 hours.
2. Replace sets used to administer blood, blood products, lipid emulsion every 24 hours.
3. Replace tubings used to administer propofol every 6-11 hours.
4. Complete infusions of lipids within 11 hours of initiation (max 24 hours), and blood products within 4 hours of initiation.
5. Use collapsible bags for IV fluids whenever possible especially for patients at high risk for nosocomial infections (avoid using needles for airinlets).
6. Preferably use single dose vials.
7. If multi dose vials are used, refrigerate after every use and wipe the access surface with 70% alcohol before inserting the needle.
8. Line filters are not routinely required.
9. Needle devices such as clave connectors should be used when a long stay in the ICU is anticipated and for oncology patients

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SOP for Proper Disposal of Needles and Sharps

- Needles and sharps are the commonest mode of transmission of blood-borne pathogens to the healthcare worker.
- Precautions should be taken to prevent injuries by sharp instruments, especially hollow bore needles that have been used for venipuncture or other vascular access procedures.
- Needles should not be recapped, bent or broken by hand. Disposable needles and other sharps should be disposed immediately after use into puncture-resistant containers which should be located at the site of the procedure.
- When a needle has to be removed from a syringe, do it with utmost care.
- Do not overfill a sharps container.

SOP for Good Practice for Safe Handling and Disposal of Sharps

- ALWAYS dispose of your own sharps.
- NEVER pass used sharps directly from one person to another.
- During exposure-prone procedures, the risk of injury should be minimized by ensuring that the operator has the best possible visibility; for example, by positioning the patient, adjusting the light source, and controlling bleeding.
- Protect fingers from injury by using forceps instead of fingers for guiding suturing.
- NEVER recap, bend or break disposable needles.
- Directly after use, place needles and syringes in a rigid container until ready for disposal

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OCCUPATIONAL EXPOSURE TO BLOOD / BODY FLUIDS

Prevention of Needle Stick Injury:

- I. Take responsibility to dispose your own sharps.
- II. Always wear gloves and use forceps while handling sharps.
- III. Dispose sharps only in puncture proof container.
- IV. Use safety devices wherever possible.
- V. Be aware about needle stick injury.
- VI. Do not neglect Anti HBsAg titre.
- VII. Do not recap, reuse, bend or break sharps.
- VIII. Do not pass the sharps to others for disposal.
- IX. Do not empty sharps in wrong bio medical waste disposal bags.X.

Needle Prick injury management flow chart

Any person exposed to following types of injuries:

Needle Prick

Injury with scalpel and blade

Injury during procedure leading to contamination with patient's blood and body fluids



Injury with sharp while handling bio-medical waste



Manage exposure site

Immediate Measures

Wash wound and surrounding skin with water and soap

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OR
 Irrigate exposed eye immediately with water or normal saline OR
 Rinse the mouth thoroughly, using water or saline And spit
 again

Don'ts
Do not panic
Do not put pricked finger in mouth
Do not squeeze wound to bleed it
Do not use bleach, chlorine, alcohol, betadine, iodine or any antiseptic or detergent



**Report immediately to:- on duty staff nurse or
 their supervisor**



On duty staff nurse shall direct such person to RMO





**On duty staff nurse shall provide Needle Stick injury form to injured person and
 Resident Medical Officer (RMO) shall explain about Post Exposure**



Prophylaxis (PEP)

**Injured person shall give consent for taking PEP and the RMO shall fill the form
 completely and will take further measures
 Establish eligibility for PEP**

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Categories of exposure	
Category	Definition and example
Mild exposure	mucous membrane/non-intact skin with small volumes E.g.: a superficial wound (erosion of the epidermis) with a plain or lowcalibre needle, or contact with the eyes or mucous membranes, subcutaneous injections following small-bore needles.
Moderate exposure	mucous membrane/non intact skin with large volumes OR percutaneous superficial exposure with solid needle E.g. : a cut or needle stick injury penetrating gloves
Severe exposure	Percutaneous with large volume e.g.: an accident with a high calibre needle (>18 G) visibly contaminated with blood; a deep wound (haemorrhagic wound and/or very painful); transmission of a significant volume of blood; an accident with material that has previously been used intravenously or intra-arterially.

HIV PEP Evaluation			
Exposure	Status of Source		
	HIV+ and Asymptomatic	HIV+ and Clinically symptomatic	HIV status unknown
Mild	Consider 2-drug PEP	Start 2- drug PEP	Usually no PEP or consider 2-drug PEP
Moderate	Start 2-drug PEP	Start 3- drug PEP	Usually no PEP or consider 2-drug PEP
Severe	Start 3-drug PEP	Start 3- drug PEP	Usually no PEP or consider 2-drug PEP

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PEP to be started within 2 hrs to 72 hrs
 Start Zidovudine (AZT) 300 mg plus Lamivudine (3 TC) (Duovir) with/ without a Protease inhibitor in case a 3 drug regimen is indicated (twice a day for 4 weeks)
 Simultaneously, do the lab testing of source and patients for HIV, HBsAg and Anti-HCV



and determine the hepatitis B vaccination status of the employee





In case the source is found to be negative for HIV antibodies, then PEP should be stopped.

Repeat the lab test for HIV at 3 months and 6 months

Management of Hepatitis B virus exposure:

HBV vaccination status of exposed person	Action after AEB
Never vaccinated	Give complete hepatitis B vaccine series
Vaccinated, anti-HB-S not known	Give Hep B Vaccine Booster
Vaccinated more than 5 years ago	Give Hep B Vaccine Booster



Note: If available, Hep B vaccine should be given as soon as possible after exposure. Testing for the antibody level (anti-HbS) is not necessary.
 Do not wait for anti-HbS results, if test is done.
 Adequate levels of serum Ab to HBsAg (i.e anti-HbS) is > 10 IU/L

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Proforma for occupational exposure to blood borne pathogens



Date/ Time _____ Filled by _____

1	Demographics	
1.	Name	
1.	Age	
1.	Sex	
1.	Employment number	
1.	HH Number	
1.	Department	
1.	Hepatitis B vaccination	Complete/ Incomplete/Unvaccinated
1.	Anti Hbs level in past	Done/Not done/ Value _____
2	Details of injury	
2.	Date/ Time	
2.	Time since injury	
2.	Source	Unknown/Known
2.	Source location/details	
2.	Source HIV/HbsAg/ HCV at time of exposure	Known/Unknown
2.	Body fluid	Blood/other body fluid

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2.7	Type of injury	Mucosal/superficial percutaneous	percutaneous/deep
2.8	Procedure	IM inj/SC inj/ Blood glucose/ IV access/garbage bag	
2.9	Wound care after injury		
3	Checklist for CMO		
3.1	Source blood sent	Yes/No	
3.2	Exposed blood sent	Yes/No	
3.3	HBV vaccine	Not indicated/ Indicated & given/Indicated & not given	
3.4	ARV starter pack	Not indicated/Indicated & given/Indicated & not given	
3.5	Time of starter pack since injury	NA/ Time in hrs _____	
3.6	Referral & counselling		
4	Follow up		
4.1	Source HIV/HBV/HCV status		
4.2	Exposed baseline HIV/HBV/HCV status		
4.3	HBV vaccination details		
4.4	ARV details (regime, duration, side effects, adherence)		
4.5	HIV/HCV/HBV of exposed at 3 mths		
4.6	HIV/HCV/HBV of exposed at 6 mths		

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HAND HYGIENE

Purpose

- i. To remove transient microbial contamination which has been acquired by recent contact with infected, or colonized patients, or environmental sources.
- ii. Reduce the resident microbial count to a minimum
- iii. Inhibit rapid rebound growth of micro-organisms
- iv. To prevent the transmission of potentially pathogenic organisms.



Definition

Hand hygiene is the vigorous rubbing together of lathered hands for at least 10 to 15 seconds, followed by thorough rinsing under a stream of clean water or cleaning of hands using hand rub solution. It can be achieved with either plain soap or antimicrobial products.

Indications for routine hand washing and hand antisepsis

- i. On arrival for duty at the hospital and on completion of duty.
- ii. Before having direct contact with patients.
- iii. Before donning sterile gloves when inserting a central intravascular catheter.
- iv. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- v. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- vi. After contact with body fluids or excretions, mucous membranes, non intact skin, and wound dressings.

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- vii. If moving from a contaminated-body site to a clean-body site during patient care.
- viii. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- ix. After removing gloves.

What to use for hand wash

- i. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non antimicrobial soap and water or an antimicrobial soap and water.
- ii. If hands are not visibly soiled, you may either use an alcohol-based chlorhexidine hand rub or antimicrobial soap and water in all clinical situations described above.
- iii. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.



Method of hand hygiene

9.5.1 HAND RUB

Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer’s recommendations regarding the volume of product to use.

The hand rub bottles should be dated and can be used till it gets over or till its expiry, whichever comes first.

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3.3.3 Steps on how to use alcohol-based hand rub (duration of the entire procedure is 20-30 seconds) (Figure 2).

Step 1 - Apply a palm full of the product in a cupped hand, covering all surfaces.

Step 2 - Rub hands palm against palm.

Step 3 - Right palm over left dorsum with interlaced fingers and vice versa. Step 4 - Palm against palm with fingers interlaced.

Step 5 - Backs of fingers to opposing palms with fingers interlocked.

Step 6 - Rotational rubbing of left thumb clasped in right palm and vice versa. Step 7 - Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Once dry, your hands are safe.

HAND WASH

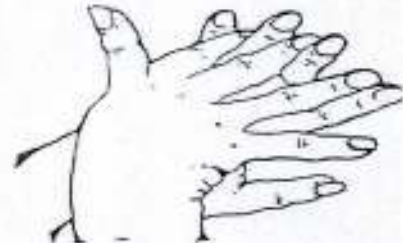
When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

- i. Liquid soap is dispensed at all hand washing areas. Use of bar soaps is discouraged, but if used it should be kept on soap racks that facilitate drainage.
- ii. Multiple-use cloth towels are not recommended for use in health-care settings.

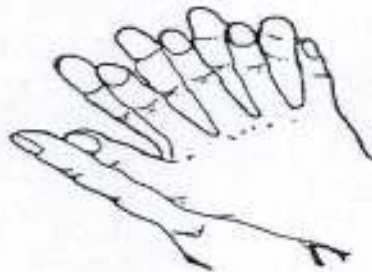
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1. Palm to palm



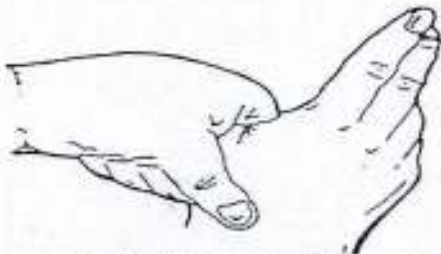
2. Right palm over left dorsum and left palm over right dorsum



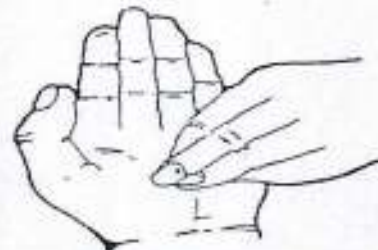
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked





5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Figure 1: Hand Washing and Antisepsis(Hand Rub)

Source: http://e-safe-anaesthesia.org/sessions/I3_02/d/ELFH_Session/370/tab_536.html

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Surgical hand wash

- i. Remove rings, watches, and bracelets before beginning the surgical hand scrub.
- ii. Remove debris from underneath fingernails using a nail cleaner under running water.
- iii. Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.
- iv. When using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, usually 2 – 6 minutes. Long scrub times (e.g., 10 minutes) are not necessary.
- v. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol solution, pre wash hands and forearms with non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.



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The handrubbing technique for surgical hand preparation must be performed on perfectly clean, dry hands. On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water. After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g. the glove is punctured).

Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 17).



1 Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser



2 Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds)



3 Images 3-7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



4 See legend for Image 3



5 See legend for Image 3



6 See legend for Image 3



7 See legend for Image 3



8 Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your right hand, using the elbow of your other arm to operate the dispenser



9 Dip the fingertips of your left hand in the handrub to decontaminate under the nails (5 seconds)



10
Smear the handrub on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



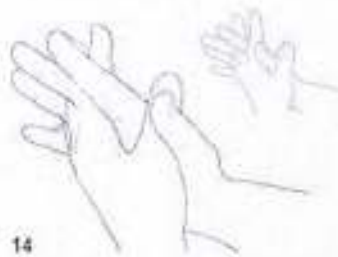
11
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists, and ensure that all the steps represented in Images 12-17 are followed (20-30 seconds)



12
Cover the whole surface of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement



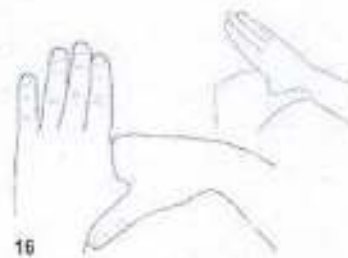
13
Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa



14
Rub palm against palm back and forth with fingers interlinked



15
Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement




16
Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa



17
When the hands are dry, sterile surgical clothing and gloves can be donned

Figure 2: Method of Performing Hand Hygiene with Alcohol-based HandRub & Hand Wash

(Source: http://e-safe-anaesthesia.org/sessions/13_02/d/ELFH_Session/370/tab_536.html)

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3.3.4 Steps on how to wash hands when visibly soiled (otherwise, use handrub. Duration of the entire procedure is 40-60 seconds):

Step 0 – Wet hands with water.

Step 1- Apply enough soap to cover all hand surfaces. Step 2 -

Rub hands palm against palm.

Step 3 - Right palm over left dorsum with interlaced fingers and vice versa. Step 4 -

Palm against palm with fingers interlaced.

Step 5 - Backs of fingers to opposing palms with fingers interlocked.

Step 6 - Rotational rubbing of left thumb clasped in right palm and vice versa. Step 7 -



Rotational rubbing, backwards and forwards, with clasped fingers of right hand in left palm and vice versa.

Step 8 - Rinse hands with water.

Step 9 - Dry hands thoroughly with a single use towel.

Step 10 - Use towel to turn off faucet; your hands are now safe.

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HOUSE KEEPING IN WARDS

Patients who are admitted in the hospital can develop infection due to bacteria which always survive in the environment. Therefore, it is very important to clean the environment thoroughly on regular basis..

- The floor is to be cleaned at two times in 24 hours. ICU, NICU and IMCU cleaned in each shift 3 times a day. Detergent and copious amounts of water should be used during one cleaning. Freshly prepared 1% sodium hypochlorite may be used to mop the floor for the remaining times.
- The walls are to be washed with a brush, using detergent and water once a week and wiped with 1% sodium hypochlorite.
- High dusting is to be done with a wet mop once a week
- Fans and lights are cleaned with soap and water once a week.
- All work surfaces are to be disinfected by wiping with freshly prepared 1% Sodium Hypochlorite and then cleaned with detergent and water twice a day in general areas and thrice a day in ICU, NICU and IMCU.
- Cupboards, shelves, beds, lockers, IV stands, stools and other fixtures are to be cleaned with detergent and water once a week and then wiped with 1% Sodium Hypochlorite.
- Curtains are to be changed once a month or whenever soiled. These curtains are to be sent for regular laundering. In certain areas as ICU, ICCU, NICU curtain change once in 15 days are required.
- Patient's cot is to be cleaned every week with detergent and water. 1% hypochlorite to be used when soiled with blood or body fluids. In the isolation ward, cleaning is done daily.
- Store rooms are to be mopped once a day and high dusted once a week.

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- The floor of bathrooms is to be cleaned with a broom and detergent in each shift and then disinfected.
- Toilets are cleaned with a brush using a detergent thrice a day in each shift. Disinfection and stain removal solution should be used.
- Wash basins are to be cleaned thrice a day in each shift.
- Regular AC maintenance is required.



Patient linen

- Bed linen is to be changed daily and whenever soiled with blood or body fluids.
- Dry dirty linen is to be sent to the laundry for regular wash.
- Linen soiled with blood or body fluids, and all linen used by patients diagnosed to have **HIV, HBV and HCV is to be decontaminated before being sent to the laundry.**
- Patient and their relatives are encouraged to change the patient's clothes every day.

iii. Miscellaneous items

Kidney tray, basins, bed pans, urinals, etc. to be cleaned with detergent And water and disinfected with 1% Sodium hypochlorite for 30 minutes.

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HOUSE KEEPING IN THE OPERATION THEATRE

Theatre complex should be absolutely clean at all items. Dust should not be allowed accumulate at any region in the theatre.

Soap solution along with silver peroxide is recommended for cleaning floors and other surfaces. Operating rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week.

Before the start of the 1st case

Wipe all equipment, furniture, room lights, suction points, OT table, surgical light reflectors, other light fittings, slabs etc. with soap and warm water then alcohol based solution. This should be completed at least one hour before the start of surgery.

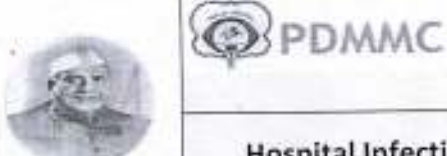
i. Linen & gloves

Gather all soiled linen and towels in the receptacles provided. Take them to the service corridor and place them in trolleys to be taken for sorting. The dirty linen is then sent to the laundry. Use gloves while handling dirty linen.

ii. Instruments

Used instruments are cleaned immediately by the scrub nurse and the attender. They are then sent for sterilization in the CSSD. After septic cases the instruments are sent in the instrument tray for autoclaving. Once disinfected, they are taken back to the same instrument cleaning area for a manual wash described earlier. They are then packed and re-autoclaved before use.

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iii. Environment

Wipe used equipment, furniture, OR table etc., with detergent and water. If there is a blood spill follow spill management protocol.

Empty and clean suction bottles and tubing with disinfectant.

iv. After the last case

The same procedures as mentioned above are followed and in addition the following are carried out.



- Wipe over head lights, cabinets, waste receptacles, equipment, furniture with 2% Bacillocid
- Wash floor and wet mop with liquid soap.
- Clean the storage shelves scrub & clean room.

v. Weekly cleaning procedure

- Remove all portable equipment.
- Damp wipe lights and other fixtures with detergent.
- Clean doors, hinges, facings, glass inserts and rinse with a cloth moistened with detergent.
- Wipe down walls with clean cloth mop with detergent.
- Scrub floor using detergent and water.
- Stainless steel surfaces – clean with detergent, rinse & clean with warm water.
- Wash (clean) and dry all furniture and equipment (OT table, suction holders, foot & sitting stools, Mayo stands, IV poles, basin stands, X-ray view boxes, hamper stands, all tables in the room, holes to oxygen tank, kick buckets and holder, and wall cupboards)

After washing floors, allow disinfectant solution to remain on the floor for 5 minutes to ensure destruction of bacteria



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INFECTION CONTROL GUIDELINES FOR SUPPORT SERVICES

Laundry & Linen Services Guidelines:

- i. Place used linen in appropriate bags at the point of generation
- ii. Do not rinse or sort linen in patient care areas (sort in appropriate areas).
- iii. Handle all linen with minimum agitation to avoid aerosolization of pathogenic micro-organisms.
- iv. Separate clean from soiled linen and transport/store separately.
- v. The housekeeping personnel should use heavy duty gloves while doing this Laundry & Linen Services Guidelines:
- vi. Temperature during washing cycle of soiled linen should be monitored regularly to achieve clean and hygienic linen output.
- vii. All the linen items in patient care areas should be stored in clean cabinets.
- viii. Clean linen should be transported in well maintained clean & covered trolleys
- ix. Proper fumigation and pest control should be done of all the linen storage areas, both in the laundry and patient care areas.
- x. Any kind of pins / staple pins should not be used for patient linen.
- xi. Regular checks should be done in patient care areas to discard the mattress which has bed bugs.
- xii. All laundry bags should be properly maintained to prevent any spill /leakages from soiled linen.

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Laundry & Linen Services:



Guidelines for Infection Control Practices for Linen & Laundry Services:

Infection Risk and Prevention.

- Used linen is potentially contaminated with pathogens. To minimize the risk, linen should be handled carefully and stored in a manner that reduces risk of cross contamination from dirty to clean items
- Compliance with Standard Precautions while handling soiled linen will reduce the risk of exposure to blood and body fluids.

Handling, Sorting and Separation of Used Linen

- Standard Precautions apply at all times.
- Handle used linen with care.
- Do not shake or throw in patient-care areas or in laundry processing areas.
- Place used linen in laundry bag at the point of use. Bag immediately and do not place temporarily on floors, chairs or other furniture.
- Do not carry contaminated linen against clothing
- Do not sort or pre-rinse used linen in patient care areas
- Linen soiled with blood or body fluids or from infectious patients should be sent to the laundry in a water-soluble bag that has been placed inside the red linen bag. These items should be carefully rolled inside the dry dirty linen to help prevent any potential breakdown of the water-soluble bag during collection and transport.
- Always perform hand hygiene after handling used linen.

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Linen Bag Use

- No sharps or other objects are to be put in linen bags.
- Bags should not be filled more than ¾ full.
- Always ensure that full laundry bags are closed securely before putting down laundry chute or when awaiting soiled linen collection.
- Water-soluble liner bags must be used inside ALL red bags. Red bags are used for foul (soiled with blood or body excretions) infectious, isolation and cytotoxic linen. Please tie off the water soluble liner within the red linen bag when it is about ¾ full before securely closing the outer bag.
- Water-soluble liner bags should be stored in an airtight container or in an area of low humidity to maintain integrity.
- There are a variety of coloured bags for segregating different linen types. See Laundry Bag Categories below.
- Linen Disposal Bag Colour Coding shall be followed.

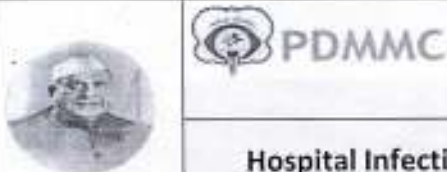
SAFE HANDLING OF USED LINEN

Linen Disposal Bag Colour Coding

Which bag would you use for this?

Linen must be handled with care to prevent contamination of your uniform/clothes, equipment and environment.



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Segregate as follows:

Bag Color	Linen type
Yellow	All other used linen
Red	(lined with a water soluble bag) Fouled (soiled with blood or body fluids) , infectious, isolation and cytotoxic (attach a cytotoxic label)
Green	Operating Theatre/Delivery/Birthing Suite (with water soluble liner) *see note below
White	Staff uniforms, theatre compel and scrubs
Black	Heat sensitive items and Hospital owned or labeled items e.g. manual handling equipment / tri-pillow cases, sheepskins / baby linen and curtains, medication vests. Iffouled Infectious or soiled items should be put in a water soluble bag first.
Blue	Baby linen (all), green linen trolley covers
Orange	Kitchen linen (If Applicable)
Lavender	(Return Linen, printed on the bag) Non fit for purpose linen e.g. clean linen found to have rips, stains or other faults/damage that renders it unfit touse.
* Theatre linen bags with grossly wet linen, which may pose a risk of strike through occurring, should be placed inside a clear outer plastic bag	



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Transportation and Storage of Soiled Linen

- Soiled linen should be transported in identifiable carts, trolleys or hampers, separately from clean linen.
- Soiled linen hampers or trolleys with lids should be foot operated
- Soiled linen trolleys or hampers should be cleaned with a detergent wipe when the soiled linen bag is removed, allowed to air dry before attaching a new bag.
- Soiled linen bags must not be dragged along floors to collection points
- This equipment should not pass through food preparation or food storage areas.
- Laundry chutes should be continuously ventilated to reduce airborne microbial contamination when the chute door opens. Receiving areas for chutes should be located in well ventilated fire-proof rooms and not in corridors.
- Soiled and infectious linen once collected while awaiting transport to the laundry should not be accessible to the general public.
- Note: Covers are not needed on soiled linen trolleys in patient care areas

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SOP for Preoperative Guidelines for Prevention of Surgical Siteinfections

1. Do not remove hair preoperatively unless the hair or around the incisionsite will interfere with the operation.
2. If hair is removed, remove immediately before the operation, preferablywith electric clippers or depilatory cream.
3. Keep preoperative hospital stay as short as possible
4. Instruct patients to shower or bathe with chlorhexidine 4%, an antisepticagent twice preoperatively, or at least the night before the operative day.
5. Patient shall be shifted to the operation theatre on the stature or wheelchair with hospital attendant.
6. Patient shall wear clean clothes, and hygienic status of the patient e.g.Clean hands, nails ,legs ,leg fingernails shall be checked before it is shifted to O.T.

Bio Medical Disposal Guidelines 2018

A) Black Bag



**Office papers
Paper cups Tissue
papers Kitchen
waste.**

B) Yellow Bag:



**Human anatomical waste
Organs and body Parts**

**Cytotoxic drugs –ampoules and vials
Expired or discarded drugs.**


**Blood soaked cotton, gauze piece,
Dressing Material
Un-used blood bags.**

C) Red Bag:



**I.V. tubings.
Rubber-catheters**

**Infected Intravenous sets Cannulas Ryles
tube ,Gloves ,Plastic syringes**

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D) Blue bag: Cardboard boxes





a) Glassware: Broken or discarded an contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes

b) Metallic Body Implants

E) Sharps [Puncture Proof Container]:



This has 1% hypochlorite. Needles, Scalpels, Blades, The hospital is using the needle cutters for Mutilation / shredding.



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Bio Medical Waste management Policy in Context with COVID 19

Health Care Facilities having isolation wards for COVID 19 patients need to follow these steps of Safe Handling & Disposal of Biomedical Waste.

- ❖ Keep separate colour coded bins with bags in wards.
- ❖ Maintain proper segregation of waste as per BMW rules 2016 as amended by CPCB for implementation (2019)
- ❖ As a precaution double layered bags used for collection of waste from COVID-19 isolation wards.
- ❖ Use a dedicated collection bin labeled as COVID-19 to store COVID-19 waste.
- ❖ **Label should be non-washable and prominently visible**
(The contents of Label as given in the Format)
- ❖ Keep separately in temporary storage room prior to handling over to CBWTF.
- ❖ Use dedicated trolleys & collection bins in COVID -19 isolation wards.
- ❖ Maintain separate record of waste generated from COVID-19 isolation wards.
- ❖ inner & outer surface of containers/bins/trolleys used for storage of COVID -19 waste should be disinfected with 1% sodium hypochlorite solution.
- ❖ General Waste not having contamination should be disposed as solid waste as per Municipal corporation Rules.

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Format of labels



<p>Waste category Number</p> <p>Waste quantity.....</p> <p>Sender's Name and Address:</p> <p>Phone Number</p> <p>Fax Number</p> <p>Contact Person</p> <p>In case of emergency please contact :</p> <p>Name and Address :</p> <p>Phone No.</p>	<p>Day Month</p> <p>Year</p> <p>Date of generation</p> <p>Receiver's Name and Address:</p> <p>Phone Number:.....</p> <p>Fax Number.....</p> <p>Contact Person</p>
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COVID -19

Biohazard symbol label shall also be put on the bag





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**Bio Medical Waste management Guidelines in Context with COVID 19 For
CBWTFs (Reference: CPCB guideline 2020)**

1. COVID-19 waste should be disposed-off immediately upon receipt at facility.
2. In case it is required to treat & dispose more quantity of BMW generated from COVID 19 treatment, CBWTF may operate their facility for extra hours by giving information to State Pollution Control Centre.
3. Operator of CBWTF shall maintain separate record for collection, treatment & disposal of COVID-19 waste.
4. Do not allow any worker showing symptoms of illness to work at the facility.

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Policies for Laboratory Services

Laboratory workers are at risk for occupational exposure agents and hazardous chemical. **Infection can be acquired from exposure to contaminated blood, tissue and other biological material.**

However good laboratory practices with standard precautions like personal protective equipment (PPE), safety devices and proper decontamination and disposal of bio hazardous wastes can drastically reduce these risks.

Following safety precautions should be taken by the laboratory worker.



- Handling Of Specimen
- Handling Chemicals
- House Keeping And Miscellaneous Safe Practices
- Decontamination
- Bio-Medical Waste Management

Precautions for Handling of Specimen:

Gloves

- Wear gloves and laboratory coats (aprons) at all times when handling and processing patient specimen, decontaminating instruments and cleaning.
- Bandage open cuts and scratches on the hand and then wear gloves.
- Wear gloves when performing phlebotomy and handling actual blood specimens.
- Wash hands before wearing gloves and immediately after gloves are removed, after a task that involves heavily contaminated matter and before leaving the laboratory.

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Precautions for Handling of Specimen:

Specimen Transport

- Always transport specimens to the laboratory in leak proof containers.
- Do not accept grossly soiled or contaminated specimens. Notify the individual responsible for submitting such a specimen.

Needles and syringes



- Use plastic disposable syringe-needle units.
- Never bend the needles, after use do not recap discard them in the sharps container.
- Secure blood culture bottles before inserting needles into the bottle (e.g. place bottle in support rack).

Precautions for Handling of Specimen:

Tubes

- Always carry tubes in racks
- Use plastic tubes when possible
- Uncap tubes carefully; avoid splashes or sprays (e.g when removing tops from vacuum tubes). In case of splash or spray follow needle prick or splash protocol.
- Do not use glass tubes that are broken or damaged at the mouth. Discard such tubes into the sharps container.

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Centrifuges



- Centrifuge tubes must be intact and properly balanced when centrifuged.
- Clean the centrifuge once daily after use to remove any contaminating material on the inner side of the centrifuge.

Hand washing

- Frequent hand washing after removing gloves, before leaving the laboratory are absolutely essential.
- Use alcohol based hand disinfectant followed by thorough hand washing for accidental skin contamination.



Handling Chemicals

- Wear appropriate PPE when handling hazardous chemicals.
- Label all reagents with their chemical names and appropriate hazard warnings provided from their **materials safety data sheets (MSDS)**.
- Keep MSDS for all chemicals either in the laboratory or in the office nearby.
- Store all hazardous chemicals, including chemicals, reagents and dyes, below eye level.

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House Keeping And Miscellaneous Safe Practices

- Avoid or minimize activities associated with transmission of infectious agents.
- Designate clean and contaminated work area.
- Clean and disinfect all surfaces after spills and at the end of each work shift.
- Keep all work areas neat and uncluttered.
- Do not store personal items in the work area.
- Remove coats before leaving the laboratory.
- Dispose all contaminated materials according to the hospital infection control protocol.



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DRY FOGGING PROTOCOLS
Revised SOP FOGGING

Instructions For Pre Fogging Of O.T. and I.C.U.



- Remove all the dust from area where fogging has to be carry out.
- Clean the room thoroughly and mop the surface. (Floors, OT table, OT lamp and other OT instruments.)
- It is suggested and advised to use FLOOROX surface disinfectant liquid for surface cleaning and disinfection which is Sporicidal, Fungicidal, Bactericidal and Virucidal.
- After cleaning and moping check the room whether it becomes dry or not. Make sure entire room should be dry. Then only follow the below step. If the room or surface is wet allow it to become dry by use of fan and air conditioning.
- After making confirm that floor and surfaces becomes dry then close all the vents, Windows, fans and air conditioning systems.
- Use necessary PPE's (Personal protective equipments like masks, hand gloves and goggles.)

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Fogging Procedure


- See the Dry fogging chart for instruction which is given for the use of dry fogging disinfectant liquid EIROX as per the area SIZE of O.T. and I.C.U.
- Note down the required time given in chart for dry fogging as per SIZE recommendation.
- Read Material safety data sheet carefully before handling and use of the dry fogging disinfectant liquid.
- Check the fogger machine Aerofogger-Pro storage tank, if the tank is empty then first fill it by 250 ml of EIROX liquid in the tank. For every fogging operation it is strictly noted that to check the storage tank of fogger machine.
- The adding of 250ml of EIROX liquid to the tank is necessary for the proper suction of the liquid. As there is clearance between the suction pipe and bottom surface of the storage tank.
- After that fill the EIROX dry fogging disinfectant liquid as per the given quantity of the chart for respective area. While filling the EIROX liquid to the storage tank it is strictly advised to use hand gloves, masks and goggles.
- Make sure that the adding or filling of EIROX liquid to the fogger machine is as per the recommendation use given in chart. One should strictly bound and follow the instruction given in the dry fogging char

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Fogging Procedure continued

- The EIROX liquid is ready to use solution; Means there is No requirement for diluting it with water (Tap/Distilled) or No requirement of mixing it with other chemicals.
- EIROX liquid is a dry fogging disinfectant liquid which creates only dry fog in submicron particles and it is suspended in air only.
- No need to cover up any instrument or equipment in O.T & I.C.U while fogging. It is completely dry fogging.
- After doing the above activities, once again check all the activities is being carried out which were mentioned in the instruction for pre-fogging.
- Make sure that no person will present in the area or room of fogging apart from the person who is carrying the fogging operation. If any person other than the operating person is present then take him/her out of the room or area.
- The person who is carrying out the operation should be aware of the fogger machine mechanism and handling of the EIROX dry fogging disinfectant liquid. If not so then make him/her trained for the same.
- Once the fogger machine is ready to use for the fogging operation then insure and make the proper place for the machine. Keep the fogger machine on ground floor only; find out the suitable location for the machine as per the availability of power plug.



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Fogging Procedure continued

- Make sure that while placing the fogger machine, there should not be any barrier in front of the fogger machine nozzle. 2 to 3 feet empty space must be there. As per this guideline make the suitable placement of fogger machine.
- Once the machine is kept properly, then it is time to set the time on digital clock which is inbuilt in the fogger machine.
- Make sure that the fogger machine nozzle is kept at 45 degree angle to the ground floor. If not so it is strictly advised to make the angle at 45 degree to the ground floor.
- The operating person must know how to set the time in digital clock and start the operation. If not so then give proper instruction and trained him/her accordingly.
- Set the time in inbuilt digital clock of the fogger machine as per the time given in dry fogging instruction chart for the respective area of O.T. / I.C.U.
- Before pressing start button of the fogger machine, once again make sure that all vents, windows, fans and air conditioning system is shut down, if not so then do it and then only press start button of the fogger machine.
- After pressing the start button of fogger machine, the operating person will get 30 second time come out of the room.
- After 30 second the machine will start automatically and it will stop automatically of the settled time in the digital clock.

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Instructions For Post Fogging Of O.T. and I.C.U.

- After stopping of fogger machine operation, the fogged area must be isolate for one hour. It is strictly advise that not to enter in the area for at least one hour after the fogging machine stopped.
- After one hour of isolation, one should start the air conditioning system for 10 minutes.
- After then take the respective area for use or it is ready to use.

Instruction For Taking Post Sampling Of O.T. and I.C.U.

- To take the post sampling of surfaces, it must be taken after 1 hour of completion and before starting the fan and air conditioning.
- To take the post air sampling through plate,
- Put up the sampling air plate at the centre of the room.
- Keep the sampling plate for 20 minutes after 1 hour of isolation and before start up of the fan or air conditioning system.
- After 20 minutes take it out.
- After that start fan and air conditioning system for 10 minutes, after it take the respective area or room in use.



Shri Shivaji Education Society's Amravati
Dr. PANJABRAO alias BHAUSAHEB
DESHMUKH MEMORIAL MEDICAL
COLLEGE, AMRAVATI



Shivaji Nagar, Amravati-444603

PDMMC/Micro./440 /2022



DATE: 19/09/2022

Certificate No. PEH-2021-1399

DEPARTMENT OF MICROBIOLOGY

Teaching Schedule for Practical as per CISP- AB 2020 Batch Term / II
 Month of September- 2022

Sr. No.	Title	Batch	Date & Time	Teacher
01	Hospital infection control II: sterilization & Disinfection	A-1	5/9/2022	Dr. A. P. Nikam/ Dr. Arun Kumar Dr. N. G. Mundhada Dr. P.A. Meshram Dr. Nuzhat Firdos
		A-2	3.00 pm to 5.00 pm	
		A-3		
		A-4		
		B-1	6/9/2022	Dr. A. P. Nikam/ Dr. Arun Kumar Dr. N.G.Mundhada Dr. P.A. Meshram Dr. Nuzhat Firdos
		B-2	3.00 pm to 5.00 pm	
		B-3		
		B-4		
02	Hospital Infection Control II: BMW, Needle stick Injuries	A-1	7/9/2022	Dr. A. P. Nikam Dr. N.G.Mundhada/Dr.Arun kumar Dr.P.A.Meshram Dr. Nuzhat Firdos
		A-2	3.00 pm to 5.00 pm	
		A-3		
		A-4		
		B-1	8/9/2022	Dr.A.P.Nikam Dr.N.G.Mundhada/Dr.Arun Kumar Dr. P.A. Meshram Dr. Nuzhat Firdos
		B-2	3.00 pm to 5.00 Pm	
		B-3		
		B-4		
03	General principles of Laboratory diagnosis of parasitic diseases stool examination	A-1	19/9/2022	Dr. A. P. Nikam Dr.N.G.Mundhada Dr.P.A.Meshram/Dr.Arunkumar Dr. Nuzhat Firdos
		A-2	3.00 pm to 5.00 Pm	
		A-3		
		A-4	20/9/2022	
		B-1	3.00 pm to 5.00 pm	Dr. A. P. Nikam Dr. N.G.Mundhada Dr.P.A.Meshram /Dr.Arunkumar Dr.Nuzhat Firdos
		B-2		
		B-3		
		B-4		
04	Ziehl- Neelsen staining	A-1	26/9/2022	Dr. A. P. Nikam Dr. N. G. Mundhada Dr. P. A. Meshram Dr.NuzhatFirdos /Dr.Arunkumar
		A-2	3.00 pm to 5.00 Pm	
		A-3	Pm	
		A-4		
		B-1	27/9/2022	Dr. A. P. Nikam Dr.N.G.Mundhada Dr.P.A.Meshram Dr.Nuzhat Firdos /Dr.Arunkumar
		B-2	3.00 pm to 5.00 pm	
		B-3	pm	
		B-4		

Signature

Chairperson - Criteria No. 2
 NAAC Steering Committee
 Dr. P. D. M. M. C. Amravati

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

Signature

Prof. & Head
 Dept. of Microbiology
 Dr. P. D. M. M. College, Amravati
 PROFESSOR & HEAD OF THE DEPT.
 DEPARTMENT OF MICROBIOLOGY
 Dr. Panjabrao alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College

Shivaji Nagar, Near Panchavati Square, Morshi Road
Amravati - 444603, Maharashtra

has been assessed and found to comply with NABH
Entry Level -Hospital requirements.
This certificate is valid for the Scope as specified in the
annexure subject to continued compliance with the
Entry Level requirements.

Date of first Certification: January 12, 2021

Date of Previous Cycle
January 12, 2021 to January 11, 2023

Valid from : January 12, 2023

Valid thru : January 11, 2025



Certificate No.
PEH-2021-1399

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 015099



NABH as an organisation is ISQua Accredited



SI No. 015166



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

National Accreditation Board for Hospitals & Healthcare Providers
5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

SCOPE OF SERVICES

ENTRY LEVEL - HOSPITAL

**Dr. Panjabrao Alias Bhausahab Deshmukh
Memorial Medical College**

Shivaji Nagar, Near Panchavati Square, Morshi Road
Amravati - 444603, Maharashtra

Certificate No. PEH-2021-1399

Date of First Certification: January 12, 2021

Date of Previous Cycle
January 12, 2021 to January 11, 2023

Valid from : January 12, 2023

Valid thru : January 11, 2025

Clinical Services

- Anaesthesiology
- Dentistry
- Dermatology & Venerology
- Emergency Medicine
- General Medicine
- General Surgery
(Including Laparoscopic Surgery)
- Obstetrics & Gynaecology
(Including High-Risk Pregnancy)
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology
- Paediatrics
- Psychiatry (Including IPD)
- Respiratory Medicine

Diagnostic Services

- 2D Echo
- CT Scanning
- DSA Lab
- EEG
- EMG/EP
- Holter Monitoring

- Mammography
- MRI
- Spirometry
- Tread Mill Testing
- Ultrasound
- X-Ray

Laboratory Services

- Clinical Bio-Chemistry
- Clinical Microbiology and Serology
- Clinical Pathology
- Cytopathology
- Haematology
- Histopathology

Pharmacy

Transfusions Services

- Blood Transfusions Services
- Blood Bank

Professions Allied to Medicine

- Ambulance
- Audiometry
- Dietetics
- Physiotherapy
- Psychology



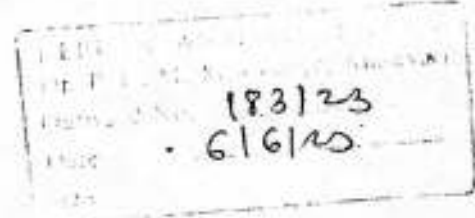
NABH as an organisation is ISQua Accredited



Dr. Atul Mohan Kochhar
Chief Executive Officer

Dr. Panjabrao Deshmukh Memorial Medical College,
Shivaji Nagar, Amravati
Department of Anaesthesiology

To,
Dr.S.S.Pande
Prof & Head *Physiology*
Department of Anaesthesiology



Subject: - B.L.S. demonstration for I MBBS students 2022 batch.

Reference:- Letter No. 166/2023 Date 05/06/2023

Respected Madam,

Duty Arrangement for BLS training & Workshop at skill lab for 8th to 10th June 2023 as follows.

Date	Time	Faculty	JR -2	JR -1
08/06/2023	3.pm to 5.pm	Dr. Samruddhi Lawhale	Dr. Bhagyshri Paighan	Dr. Madhura Atre
09/06/2023	3.pm to 5.pm	Dr. Utkrsha Bhojane	Dr.Sayli Ubhad	Dr. Ankita Mate
10/06/2023	3.pm to 5.pm	Dr. Anup Wanskar	Dr. Mayuri Salunke	Dr. Shardha Bhalerao

Sample

Copy to -

1) The Dean, Dr.P.D.M.M.C, Amravati

2) Copy to Incharge Skill Lab

Chairperson - Criteria No. 8,
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

B.S.P.
Asso. Prof. & Head
Dept. of Anesthesiology
Dr. P.D.M.M.C, Amravati

DEAN
Dr Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati.
SHIVAJI NAGAR, AMRAVATI

SKILL LAB

Date:- 08/06/2023

**CPR (BLS) training Activity at Skill Lab
for I MBBS batch 2022**

Roll No.	Name of the Student	Sign
22097	Maitily Patil	
22098	Shranya Patil	
22060	Sejal Jizilwar	
22055	Sakshi Jagtap	
22091	Vaishnavi Male	
22096	Mahima Paryani	M.H. Paryani
22051	Amruta Hofore	
22064	Jamunija Khan	
22059	Manjeeri Tichkar	
22070	Kishika Kathalkar	
22088	Pallavi Mokle	
22093	Shivani Pandey	
22068	Tanushree Kokate	
22077	Manasvi Dongre	
22072	Ruchi Lajurkar	
22074	Biddhi Lohave	
22100	Suyash Patil	
22083	Akash Meshram	
22082	Rahul Meshram	
22069	Amod Kondeola	
22095	Ashutosh Pradhi	
22099	Sumadh Patil	
22071	Abhishek Kute	
22092	Saurabh Nage	
22085	Upam R Mhaskey	

Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati.
SHIVAJI NAGAR, AMRAVATI
SKILL LAB

Date:- 09/06/2023

**CPR (BLS) training Activity at Skill Lab
for I MBBS batch 2022**

Roll No.	Name of the Student	Sign
22141	Wagh abhishek	
22101	Ajay Pawale	
22106	Krushna Rathod	
22139	shivkumar wad	
22123	Roshan wanjare	
22124	Aditya A. Sunwar	
22150	Parikshit A. Bhamkar	
22117	Toufik Shaikh	
22116	Sarthak Waghmare	
22113	Nyankatesh Sahu	
22109	Abhinav A. Ramare	
22138	Atharv Medhatrak	
22103	Pawar sushant	
22115	Aniket sarpate	
22107	chaitanya Raut	
22149	Mohd saad shaikh	
22145	Piyush Wattamwar	
22147	Bhavesh Zamare	
22140	Vaibhav Wadje	
22118	Abhinandan Shende	
22144	Aniket. Warghat	
22121	shubham V. Dorade	
22129	Dhiraj Thakre	
22131	Abhishek Thorve	
22110	Rishikesh Nawgaje	

Chairperson - Criteria No. 8,
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati.
SHIVAJI NAGAR, AMRAVATI
SKILL LAB

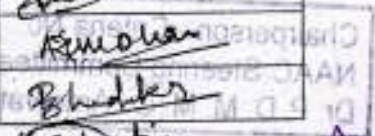
Date:- 10/06/2023

**CPR (BLS) training Activity at Skill Lab
for I MBBS batch 2022**

Roll No.	Name of the Student	Sign
22001	Chirag Agrawal	
22035	Harshvardan Deshmukh	
22033	Laxmikant K. Debrake	
22042	Vishesh P. Gattewate	
22016	Mithraayan Bhongle	
22005	Saijay Anarase	
22045	Tushar Ghanskar	
22023	Shrinivas Chaure	
22026	PRATIK CHAWARJOL	
22038	Ranjit Dhange	
22039	Akshay T. Dumbre	
22013	Vinit R Bhansali	
22036	Ritesh Deshmukh	
22011	Rushikesh Bhadange	
22047	Yash Ghundival	
22008	Ayesha Fatema Khatib	
22048	Pratha Gite	
22030	Manasvi Dahiphale	
22034	Anushka Deshmukh	
22046	Dhamashri Ghatge	
22020	Gauri Bodke	
22028	Payal Chordia	
22009	Pranjal Asati	
22002	Atisha Mohan	
22014	Ridhya Bhendekar	
22032	Soukhi Dattir	
22049	Khushi Gulhane	
22050	Shravani Gundale	

Chairperson - Criteria No. 7.3
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Supriya Deshmukh
Radhika Parooqui




DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati



Shri Shivaji Education Society's Amravati
Dr. PANJABRAO alias BHAUSAHEB DESHMUKH
MEMORIAL MEDICAL COLLEGE, AMRAVATI
 Shivaji Nagar, Amravati-444603



PDMMC/ANE/	/2021		DATE: 25/06/2021
Certificate No. PEH-2021-1399			
DEPARTMENT OF ANAESTHESIOLOGY			

To,
 The HOD
 Dept. of Gynae & Obst.
 Dr.P.D.M.M.C. Amravati.

DEPT. OF ANAESTHESIOLOGY
 Dr. P. D. M. M. C. College, Amravati
 Outward No. 138/21
 Date 25/6/21
 Sign.

Subject: - Schedule for **Basic life Support (BLS) workshop.**

Respected sir,

Herewith sending the schedule for Basic life Support (BLS) workshop for interns to be held from 28/06/2021 to 1/07/2021

You are requested to relieve the interns on respective day as per Schedule.

Thanking you.

[Handwritten signature]

Blawhale
Prof. & Head
 Dept. of Anaesthesiology
 Dr. P.D.M.M.C, Amravati

[Handwritten signature]

[Handwritten signature]

Chairperson - Criteria No. 8
 NAAC Steering Committee
 Dr. P. D. M. M. C. Amravati

DEAN
 Dr Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

DEPT OF GYNACOLOGY
 Dr. P. D. M. M. C. Amravati
 269/21
 25/6/21
[Handwritten initials]



Shri Shivaji Education Society's Amravati
Dr. PANJABRAO alias BHAUSAHEB DESHMUKH MEMORIAL
MEDICAL COLLEGE, AMRAVATI
 Shivaji Nagar, Amravati-444603



PDMMC/ANE/ 173 /2021



DATE: 25/06/2021

Certificate No. PEH-2021-1399

DEPARTMENT OF ANAESTHESIOLOGY

SCHEDULE FOR "BASIC LIFE SUPPORT WORKSHOP"-FOR INTERNS

Date	Day	Group of Interns	Faculty & RESIDENTS
28/6/2021	Monday	Group A1, B1, C1, D1, E1, F1	Dr. Shirish Mahure Dr. Tanaji Ardak
29/06/2021	Tuesday	G2, A2, B2 ,C2, D2, E2, F2	Dr. Shirish Mahure Dr. Rahul Bhelkar
30/06/2021	Wednesday*	G3, A3, B3, C3, D3,E3,F3	Dr.Santosh Pande Dr.Mayuri Tambakhe
01/07/2021	Tuesday	G4, A4 , B4, C4, D4, E4, F4 & All newly joined interns.	Dr.Santosh Pande Dr.Minal Kokate

VENUE- SKILL LAB,
 Physiology Dept.
 Dr. P.D.M.M.C.Amravati

Time - 11.30. A.M.

Signature

Signature

M. Anthale
Prof. & Head
 Dept. of Anaesthesiology
 Dr. P.D.M.M.C, Amravati

Signature

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

Chairperson - Criteria No. 8
 NAAC Steering Committee
 Dr. P. D. M. M. C. Amravati

Signature

DEPT OF GYNAECOLOGY
 Dr. P. D. M. M. College, Amravati
 Inward No.
 Date

Signature



Shri Shivaji Education Society's Amravati
Dr. PANJABRAO alias BHAUSAHEB
DESHMUKH MEMORIAL MEDICAL COLLEGE,
AMRAVATI
Shivaji Nagar, Amravati-444603



PDMMC/OBGY/ 177 /2021

Certificate No. PEH-2021-1399

DATE: 29/06/2021

Department of Anesthesiology

Basic Life Support Workshop

Attendance sheet

Sr. No.	Name	Signature
1.	Anjali Kumbhare	An
2.	Mamish Thakre	Mamish
3.	Sanjana Chaurasia	Sanjana
4.	Shivani Srinawane	Shivani
5.	Veelika Metker	Veelika
6.	Hemangt Chetkar	Hemangt
7.	Smritha Chavhan	Smritha
8.	Anjali Chapekar	Anjali
9.	Maitrayee Hawalkar	Maitrayee
10.	Devati Torase	Devati
11.	Payal Chougale	Payal
12.	Sakshi Purohit	Sakshi
13.	Maitrayee Kale	Maitrayee
14.	Sakshi Zambod	Sakshi
15.	Ankita Madhakar	Ankita
16.	Renuka Male	Renuka
17.	Riya Vadhye	Riya
18.	Vandhi Thakre	Vandhi
19.	Syali Pande	Syali
20.	Shehal Chomburkar	Shehal
21.	Helina Kalam	Helina

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati



Shri Shivaji Education Society's Amravati
Dr. PANJABRAO alias BHAUSAHEB
DESHMUKH MEMORIAL MEDICAL COLLEGE,
AMRAVATI
Shivaji Nagar, Amravati-444603



PDMMC/OBGY/179/2021

DATE: 30/06/2021

Certificate No. PEH-2021-1399

Department of Anesthesiology

Basic Life Support Workshop

Attendance sheet

Sr. No.	Name	Signature
1)	Aniket Pathane	
2)	Aravesh Dandage	
3)	Sanchit Nagre	
4)	Sankalp Kumar	
5)	Ahbul Raza	
6)	Swabhu	
7)	Arjun Deshmukh	
8)	Faizham Ahmad	
9)	Shubhangi Wadwade	
10)	Vidya Deshmukh	
11)	Ankit Mawghare	
12)	Afaqur Khan	
13)	Pratibha Raut	
14)	Dhanashri Samay	
15)	Pratik Chavhan	
16)	Nikhil Jagtap	
17)	Renuka Mali	
18)	Pratibha Bora	
19)	Shreef Shankar	
20)	Sayali Pande	
21)	Ankit Mahare	
22)	Piyush Mahare	
23)	Vijul Meshram	

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Ameya Fire-Tech Engineers

9, Kamal Shree Apartments, Dhantoli, NAGPUR - 440 012.
Cell - 7588578955, 9423101630, Email - ameyafire@rediffmail.com

FIRE-SAFETY AUDIT REPORT

PROJECT NAME:

PROJECT LOCATION:-

- 1) Name & Address of the building :- DR. PANJABRAO ALLAS BHUSAHEB DESHMUKH
MEMORIAL MEDICAL COLLAGE , HOSPITAL ,
RESEARCH CENTER ,AMRAVATI
- 2) Type of Occupancy :- HOSPITAL
- 3) Details of Previous Fire NOC :- 06/04/2022 TO 05/04/2023
- 4) Fire Safety directives letter no.
- 5) Date of inspection :- 07/04/2023
- 6) Name of the inspectin officer/Agency :- Ameya fire tech engineers nagapur
(Meharkumar zilpelwar)
- 7) Name & Designation of Officer if any, representing the owner/ occupier of the building :- Dean , Dr.deshmukh
- 8) Total built-up area A/C to MAP :- 18455.49
- 9) Year of construction of building :- 1998 /2000/2010
- 10) Total number of floors :- B+ Ground + 7
- 11) Hight of the bulding :- 21.30 Mtr

Sr. No.	Minimum Standards for the Fire Prevention and Fire Safety	Requirement as per NBC 2016	Provided at site	Remarks(Meets/Dosen't meet Requirement)
1	Access to the building - Road width - Gate width - Width of internal road	7.5 M 3M NA	5M 3M NA	meet Requirement -- --

MEHERKUM AR MADHAO ZILPELWAR
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Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

DEAN
Dr. Panjabrao Alias Bhusaheb Deshmukh
Memorial Medical College, Amravati

Ameya Fire-Tech Engineers


9, Kamal Shree Apartments, Dhantoli, NAGPUR - 440 012,
Cell - 7588578955, 9423101630, Email - ameyafire@gmail.com

2	Means of egress a. Number of staircases - Upper floors. - Basements. b. Width of staircases - Upper Floors - Basements. c. Protection of exits - Fire Check door - Pressurization d. No. of continuous staircases to terrace e. Staircase lobby f. Width of Corridor g. Door Size	02 1.5 NA 01 nos	02 1.5 NA 01	Meet requirements Meet requirements NA Meet requirements
3	Compartmentation Fire check door Sealing of electrical shafts Fire rating of shafts door Fire Dampers	NA NA NA NA	NA NA NA NA	NA NA NA NA
4	Smoke Management System Basement Upper floors	NA Require	NA Provide	NA Meet Requirements
5	Fire Extinguishers System -Total Numbers - Types -IS Marking	Require	Provide ABC/CO2 ABC -322 NOS CO2 - 45NOS	Meet Requirements Meet Requirements Meet Requirements
6	First Aid Hose Reel -Total number on each floor -Length of Hose Reel -Nozzle diameter	Require 04 NOS 30M 19.MM	Provide Provide Provide Provide	Meet Requirements Meet Requirements Meet Requirements Meet Requirements
7	Automatic Fire Detection and Fire Alarm System -Type of detector -Location of main panel - Location of repeater panel - Alternate source of power -Hooter's location	Require Optical Reception Batry	Provide Provide Provide Provide	Meet Requirements Meet Requirements Meet Requirements Meet Requirements
8	Manually Operated Electrical Fire Alarm System	Require	Provide	Meet Requirements
9	Public Address System	NA	NA	NA
10	Automatic Sprinkler System -Basement -Upper floors	Require Require	Provide Provide	Meet Requirements Meet Requirements

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Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

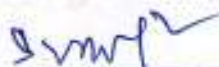

DEAN
Dr. Panjabrao Alias Bhausaheb Deshm
Memorial Medical College, Amravati

Ameya Fire-Tech Engineers

9, Kamal Shree Apartments, Dhantoli, NAGPUR - 440 012.
Cell - 7588578955, 9423101630, Email - ameyafire@gmail.com

	-Sprinkler above false ceiling			
11	Internal Hydrants -Size of riser/Down comer - Number of hydrant / floors - Hose Box	Requird 100.MM 01 01	Provide Provide Provide Provide	Meet Requirements Meet Requirements Meet Requirements Meet Requirements
12	Yard Hydrants -Number of hydrants -Hose Box	Requird Requird Requird	Provide Provide Provide	Meet Requirements
13	Pumping Arrangements -Ground level -Discharge of main pump -Head of main pump -No. of main pumps -Jockey pump out put -Jockey pump Head -Standby pump out put -Standby pump Head -Auto Starting / Manual Stopping -Pump House Access -Terrace level -Discharge of pump -Head of pump - Power supply -Auto Starting of pump	Requird Requird 2280 54 mtr 01 180LPM 70 mtr Disel pump 54 Mtr Yes Yes NR NR NR NR NR	Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide Provide	Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirement Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements Meet Requirements
14	Captive Water Storage for FireFighting -Underground tank capacity -Overhead tank capacity	Requird 150000.ltr 20000.ltr	Provide 200000 100000.Ltr	Meet Requirements Meet Requirements Meet Requirements
15	Exit Signage	Requird	Provide	Meet Requirements
16	Provision of lifts -Pressurization of lift shaft -Pressurization of lift Lobby -Communication facility in lift -Fireman's Grounding Switch -Lift Signage	Not Requird	Not Provide	Meet Requirements
17	Stand by power supply	Requird	Disel Generator	Meet Requirements
18	Refuge Area - Total area -Location	Not Requird	Not Provide	Meet Requirements
19	Fire Control Room -Control Panel -Detector system -Flow Switch Panel -PA system panel	Not Requird	Not Provide	Meet Requirements

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ZILPELWAR Date: 2023.04.11
18:29:46 +05'30'



Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Ameya Fire-Tech Engineers

9, Kamal Shree Apartments, Dhantoli, NAGPUR - 440 012.
Cell - 7588578955, 9423101630, Email - ameyafire@rediffmail.com

	-Batter backup if any -Building floor plans			
20	Special Fire Protection System for Protection of Special Risks	Not Required	Not Provide	Meet Requirements

The fire protection system is provided in the building at the time of inspection. Keeping in view the extent of compliance of the minimum standards on fire prevention & fire safety required under the rules is as follows

Place: Amravati

Date:

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Date: 2023.04.11 18:29:46 +05'30'



Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati



DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Office Of The Medical Superintendent
Dr. Panjabrao Deshmukh Hospital & Research Center, Amravati.



NABH Cer. NO :- PEH-2021-1399.

Phone No.0721-2662323,Ext -206, 207
Fax:0721-2661742
Email ID:- drpdhrc2015@rediffmail.com
Web:- www.pdmmc.com

Out.No. : PDHRC/ /2022

Date:-25/01/2022

To,
Ameya Agencies
215, Chhatrapati Nagar
Nagpur.

Sub :- Fire Fighting system testing & training to our staff at PDMMC
Amravati.

Reg :- Our letter no 257/2022 date.20.01.2022 againt our work order on
SSES/Const/12/219/2020 date.20.01.2020

With reference to above subject we have successfully received testing & training to our working staff at PDMMC Amravati, training given by Mr.Swapnil Jambhulkar, Mr. Dnyaneshwar Chopde & Mr. Rajesh Kherde of ameya agencies Nagpur on two days dt.24.01.2022 & at 25.01.2022. All the fire fighting system is ready to work at the time of emergency.

List of training attended persons are attached here.

DEAN

Dr. Panjabrao Alias Bhausahab Deshmukh
Memorial Medical College, Amravati

Medical Superintendent
Dr.PDMMC,Hospital Amravati.

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati



SHRISHIVAJI EDUCATION SOCIETY, AMRAVATI'S
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College
 Shivaji Nagar, Amravati-444603



Dr. Anil T. Deshmukh
 M.D. (Pathology)
 DEAN

Harshwardhan P. Deshmukh
 PRESIDENT



Office: Tel. (0721) 2552353 • Fax.: (0721) 2552353 • E-mail: drpdmmc2007@rediffmail.com, drpdmmc@amravati@gmail.com • Website: http://pdmmc.edu.in

No. PDMMC/3461/2022 Date: 01/11/2022

Subject: - NABH training Session with Dr. Sengupta on Dt. 02/11/2022.

We are conducting a NABH training Session as per NABH norms with Municipal Firefighting Committee Members.

Training Topic: - Fire Fighting Drill.
 Training Time: - 02:00 Pm to 04:00 Pm.
 Training Venue: - J. P. Modi Hall.

Medical Superintendent

Dr. PDMMC, Amravati

To,

(Handwritten Signature)
 DEAN

Copy for Information: - Hon'ble Dean, Dr. PDMMC, Amravati
 Dr. Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

(Handwritten Signature)
Chairperson - Criteria No. 5
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Training

BVG. India Ltd.
Staff NurseFire Fighting Equipment
Training

Sr. No.	Name of Employee	Sign.
	Roshni Dhanraj Bhangre	
	Rohini Mohanrao Somkuwar	
	Diksha ChhatraPati Raut	
	Himmat Dipak Vasnik	
	Trishula Gajanan Gawande	
	Vijaya Janardhan Waghmare	
	Priyal Bhaskar Pawar	
	Priti Bijju Thorat	
	Vishakha Sureshrao Makeswar	
	Babita Ramdas Ingle	
	Vaishali Parashram Dhole	
	Swapnil Deomanrao Kaple	
	Pragati Purushottam Raut	
	Shubhangi vijayrao Savadh [Bondade]	
	Rupali Ravindra Nile	
	Prashant Kalya Bethe	
	Tejal Ramji Gajbhiye	
	Radha Puran Ghurade	
	Priyanka Mahendra Wadurkar	
	Roshani Ravindra Warghat	
	Bhumika Vinod Raut	
	Komal Manojrao Sarode	
	Harshada Pandurang Lavhale	
	Prachi Somdev Dethe	
	Pooja Gajanan Khapare	
	Sadhana Prakash Chavhan	
	Rupali Raju Sahare	
	Karuna Ramaji Jagtap	
	Bhawana Dilip Dhumale	
	Jyotsna Wasudeo Mundane	
	Shubham Gajanan Dahake	
	Pallavi Anandrao Zombade	
	Priya Ashok Surkar	
	Tejaswini Kailas Jetha	
	Jyoti Vishnu Shelke	
	Ashwini Gajanan Mhaske	
	Ashwini Sudhakar Sule	
	Manisha Dipak Kamble	
	Vaishnavi Gajananrao Shivankar	
	Neeta Manikrao Wankhade	
	Shrutika Rajendra Barskar	
	Renuka Laxman Patel	
	Sneha Arvindrao Mhala	
	Chanda Uttramrao Jarunde	
	Mangala Bhimrao Dudande	
	Rabiya Jeevandas Londhe	
	Rashmi Rajkumar Sadanshiv	
	Diksha Hemraj Nagrale	
	Kousalya Ramsing Gaharwal	

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Sample

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Shubhangi Chandramani Chahande	
Alfiya Anjum Chand Kha Pathan	
Vaishnavi Vinodrao Khekade	
Shital Ramdas Bhovate [Gourkhede]	
Bebinanda Sukhdev Meshram	
Anjali Rajendra Bobade	
Sonali Jayram Dhurve	
Pranali Subhashrao Hajare	
Swapnil, Shivpal Gajbhiye	
Shraddha Bandu Patil	
Dhahshri Anandrav Waghmare	
Kanchan Khemraj Umare	
Supriya Duryodhan Rangari	
Nikita Manohar Purbhe	N. Murbhe
Swati Prabhakar More	More
Amruta Vinodrao Bondre	
Kanchan Vijay Patil	
Priti Panjabrao Sirsat	
Darshana Dhanraj Humane	
Pallavi Gajanan Korange	
Nikita Devidas Patil	
Samita Subhash Barde	
Manisha Shriram Pawar	
Aishwarya Anil Vadekar	
Manisha Kisanrao Sawai	Manisha Sawai
Vaishnavi Sahebrao Mule	
Vaibhav Shridhar Nasre	
Pranita Prabhakarrao Dhawane	P. Dhawane
Sweta Dipak Aher	
Ashwini Sanjayrao Dhore	A. S. Dhore
Madhuri Vinod Sonone	
Priya Suren Thorat	
Ankita Shamuvel Ghadage	(Ghadage)
Sharon Anil Salve	Salve
Megha Chintamanrao Alone	
Aparna Diliprao Dongare	
Madhuri Tukaramji Bondade	Madhuri Bondade
Puja Suraj Wankhade [Gawali]	Puja Wankhade
Srushti Muneshwar Kamble	Kamble
Nilima Sharad Wasekar	
Prachi Bramhanand Buchunde	Buchunde
Snehal Yakob Ingale	
Ruchika Jagdish Wankhade	
kanchan Babarao Chakranaryan	
Priyanka Nilesh Gajbhiye	
Kunal Jaydev Warghat	
Priyanka Chandrakant Goundkar	
Pratibha Madhukarao Shendre	
Dhiraj Sharad Wane	Dhiraj Wane
Dipali Bhimrao Ramteke	

Ashwini Khandge

(A)

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

	Alliya Nurlieg Mirza	
	Sneha Ruprao Savadh	
	Payal Sanjay Jawade	
	Pranita Shriram Bisandare	<i>Pranita</i>
	Diksha Gagangadhar Nakhale	
	Divya Vanraj Mohod	
	Sonali Gopal Sawalkar	
	Pranali Rahul Patil	
	Vaishnavi Dipakrao Takarkhede	
	Pranali Gopalrao Lonkar	<i>Palele</i>
	Neha Anjum Rahim Khan Pathan	<i>Neha</i>
	Regina Samuel	
	Sonali Shrikrushna Wankhade	
	Vaishnavi Chandrakant Dolas	
	Sneha Pravin Kale	
	Priyanka Devidas Nerkar	
	Bhagyashri Rameshrao Taywade	
	Hinu Sunil Tamgadge	
	Suraksha Suvanand Chahare	
	Pratiksha Anil Kokane	
	Nayna Ramesh Jadhao	
	Punam Shaligram Dudhe	
	Sagar Rameshrao Fate	
	Nisha Dipak Bannore	
	Sujata Vijayrao Aswar	
	Vishakha BhimPrakash Mhaiskar	
	Sujata Khushalrao Ramteke	<i>S. Ramteke</i>
	Laxmi Vinod Mishra	<i>5/11</i>
	Karuna Sudhir Shekhar	<i>Shekhar</i>
	Kirti Ramesh Tayde	
	Shashikant Umesh Dhiwar	
	Damini Rameshrao Dhawle	
	Smita Niranjan Wawre	
	Vandana Pundlikrao Guladekar	
	Chatan Dnyaneshwor Kamdi	
	Anjum Parveen Rahim Shaha	
	Deliya Denil Meghwa	
	Shubhangi Rameshwar kalbande	
	Madhuri Girijappa Bahirat	
	Akanksha Ravindra Dhage	
	Pranali Rajendra Bhongade	
	Snehal Anil Wankhade	
	Ranjana Panditrao Khadse	
	Pallavi Nilesh Bodade	
	Vishakha Panjabrao Khadse	
	Rupali Narendra Band	
	Minakshi Vijay Thamke	
	Anita Shankar Gorkale	<i>Gorkale</i>
	Sapna Dhammapal Shingnapure	<i>5/11</i>
	Saroj Gurnant Khandare	

DEAN

Dr Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Krutika Purushottam Kolhe	
Anita Arvind Jawanjai	<i>Arvind</i>
Sonu Avdhutrao Jawanjai	<i>Sonu</i>
Priya Prakash Solanke	
Mamta Ganeshrao Iratkar	<i>Mamta</i>
Komal Dipakrao Yawale	
Sulabha Narayan Deolekar	
Vaishnavi Janardanrao Bobade	
Archana Ravindrakumar Khandare	
Madhuri Kishor Wagade	
Payal Dineshrao Maheshgawali	
Nayah Santoshrao Chandane	
Asha Dayaram Nagle	<i>Nagle</i>
Prathibha Ravi Apotikar	
Vidya Anantrao Sonune	
Manisha Sanjay Saragate	
Ambika Nagodas Bhagat	
Harshana Vijay Ingale	
Tushar Sudhakarrao Akhare	<i>Akhare</i>
Kajal Vitthalrao Akhare	<i>Kajal</i>
Pushpa Shivaji Kawane	<i>Pushpa</i>
Swati Bhushan Dhawane [Makeshwar]	
Ashish Ramchandra Bokade	<i>Ashish</i>
Kalpna Gopichand Patil	<i>Kalpna</i>
Rahul Prabhakar Karanjekar	<i>Rahul</i>
Sachinkumar Ashokrao Jaiswal	<i>Sachin</i>
Pavan Shivali Mahalle	<i>Pavan</i>
Yash Manoharrao Sundarkar	
Sujata Vijayrao Aswal	<i>Sujata</i>

5/1

Pooja Ganeshrao Gawali

Total 57 Persons. Fire Fighting equipments training given

~~Final Summary करके ही~~

Imp

Sanil P. B.
(04/01/22)

DEAN
Dr. Parajharao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

BVG India Ltd. HK Staff

PRMMC - Amravati Fire Fighting Equipment Training 24-01-2022

Sr. No.	Name	Sign.
1		
2		
3	ANIL WAMANRAO MULE	
4	MAYUR DILIP SAWAJI	
5	DNYANESHWER VASANTA THAKARE	
6		
7	SWATI SUDHAKAR THAKARE	
8	KANTA BABNARAO DABHADE	कान्ता दबाडे
9	RANJANA SURYABHAN KANDEKAR	रान्जना कान्देकार
10	FULAN PURUSHOTTAM-KHANDARE	फुलान पुरुशोत्तम खान्दारे
11	MANDABAI NARAYAN TIKKAS	मन्दाबाई तिकस
12	SUNITA PRAKASH DABHADE	सुनीता दबाडे
13	SANGITA ANAMAT KHIRALE	सांगिता खिराले
14	RAJU HARIBHAU SHRIRAO	राजू शिरीरौ
15	TARA MUKED TATAD	तारा मुकेद ततड
16	MANGLA TRYAMBAKRAO AWARE	
17	CHANDRAKANT GANPATRAO WANASKAR	
18	KOKILA AMBADAS LONDE	कोकिला अम्बादास लोन्डे
19	MINAKSHI RAMDAS CHITWAR	मिनाक्षी रामदास चितवार
20	JAYRAJ FULCHAND DESHBHRATAR -	
21	RANJANA KIRANRAO DESHMUKH	
22	ARCHANA PRABHUDAS SHIRSAT	
23	TARA RAMESH CHEKE	
24	VAISHALI NIRNJAN INGOLE	वािशाली निरंजन इंगोले
25	KALPANA DEVENDRA KAMBALE	
26	SEEMA ARUN MANOHARE	
27	CHHAYA RAMESHROA LAVHALE	
28	RATNA ASHOK SAWANDRE	रत्ना अशोक सावन्दरे
29	USHA MAROTI INGALE	उषा मारोती इंगाले
30	LATA SANJAY GHODESWAR	लाता संजय गोडेश्वर
31	MANIK BAPURAO DHANDAR	
32	PRATIBHA SUBHASH WANKHADE	प्रतिभा सुबश वान्काडे
33	SANGITA RANGRAO KHADSE	सांगिता रंगराव खाडसे
34	PANCHFULA DNYANESHWAR WAKPANJAR	पंचफुला दन्यनेश्वर वाकपान्जार
35	RANJANA PRAKASH GADE	रान्जना प्रकाश गडे
36	SAVITA RAMDASJI POTE	साविता रामदासजी पोटे
37	VANMAMALA MOHANRAO SOMKUWAR	
38	RANJANA GORKHNATH SHENDE	रान्जना गोरखनाथ शेन्डे
39	MALU JANARDHAN WANKAHDE	मालु जानार्धन वान्काडे
40	PRATIBHA YOGESH MESHRAM	
41	VAISHALI GAUTAM INGALE	वािशाली गौतम इंगाले
42	SANGHMITRA RAMCHNDRA BHORKHDE	

[Handwritten Signature]

**Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

[Handwritten Signature]

DEAN
Dr. Panjabrao Alias Bhausahab Deshmukh
Memorial Medical College, Amravati

49	REKHA ASHOKRAO UKE	
50	SANJAY KISANRAO SHIVANKAR	
51	RAJ BHIMRAO CHOUDHARY	Prof Choudhary
52	ANIL MAHADEVRAO SAWAI	
53	REENA SANJAYSINGH CHAVHAN	
54	SUNITA SAMADHAN SHENDE	
55	SUNITA RATAN DHAKADE	
56	ARCHANA RAMESH CHOPADE	प्रिन्सिपल, कोर्स
57	SANGITA VILAS TAMBAT	सहायक प्रिन्सिपल
58	PUSHPA-ONKAR MANADAWKAR	Pr. Mandekar
59	PRATIBHA HEMANT SHENDE	Pr. Shende
60	CHAYA KAILAS BORKAR	प्रिन्सिपल, कोर्स
61	RANJANA GANESH MESHARAM	
62	MALUTAI GHYANESHWAR ASATKAR	प्रिन्सिपल, कोर्स
63	VANMALA SAHADEVRAO MANKAR	
64	VANMALA GAJANAN DONGARE	प्रिन्सिपल, कोर्स
65	VAISHALI RAJU SHIVANKAR	
66	AMRAPALI AMAR KUTTARMARE	
67	VARSHA PURUSHOTTAM PAWAR	
68	JYOTSNA RAJU NAGPURE	
69	SHALINI CHNDRAKANT GHODE	
70	ALKA RAVINDRA RAMTEKE	
71	SUNITA SUDHAKAR MESHARAM	
72	USHA PRAMOD MANOHARE	प्रिन्सिपल, कोर्स
73	UMA DADARAO UKE	
74	RAKSHATA GAJANAN BODKHE	प्रिन्सिपल, कोर्स
75	CHITRA RAMESH GANVEER	C. R. Ganvite
76	AMINA SHABBIR HUSSAIN	
77	AKSHAY ASHOKRAO LOKHANDE	
78	RATAN MANIRAMJI BORKAR	- Ratan Borkar
79	PREMILA HEMANT RAMTEKE	
80	PRAMODINI SANJAY WANKHADE	
81	UJWALA BANDU DABHADE	
82	SEEMA GAJANAN TAYDE	
83	DIPAK BAPURAO WANKHADE	
84	MEENA HARIDA SHENDE	
85	SAGUNA BHANUDAS MEKALE	
86	JAYA VINAYAK METANGE	
87	RAVI DAMODHAR SURYVANSHI	- Ravi
88	NILIMA RAJENDRA GAWANDE	
89	PRADEEP PAVASING CHAVHAN	
90	MINA BALU AADOLE	
91	KISAN GANGARAM PATIL	
92	RAVIRAJ RAJARAM MESHARAM	प्रिन्सिपल



**Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

98	VARSHA KISHOR INGALE	वर्षा किशोर इंगले
99	VARSHA JAGDISH INGOLE	वर्षा जागदिस इंगले
100	ANAND RAMCHARAN PANDE	अनंद रामचरण पान्दे
101	MUKESH DADARAO INGALE	
102	PRATIBHA RANJIT BHALERAO	
103	BABY PRADEEP PAWAR	
104	MANGALA KAILAS DONGARE	
105	MAHESH BHANUDAS PARVE	महेश भानुदास पारवे
106	SANGITA LAWHALE	
107	MAHENDRA NATTHUJI DONGARE	महेंद्र नाथुजी दोंगरे
108	ASHOK MADHUKAR WASNIK	
109	PUSHPA RAMESHRAO MESHARAM	
110	SHALU VIJAY SHIRSATH	
111	NANDKISHOR RAMKRISHNA POKALE	
112	Sunay Rameshram Mesharam	
113	AJAY RAJKUMAR GAWAI	

Total 45 persons, Fire fighting Equipment Training @

हेतुग समाधान करक होत

Dr. Saji
Mayur Sai
(24/01/22)

Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Department of Community Medicine
Memorial Medical College, Amravati
Outward No. 452/21
Date 18/10/21

To,
HOD Ob-Gyn
Dr. P.D.M.M.C, Amravati

Subject: Mobilization of Faculty for Internship Orientation Programme
Ref : Office Order /P.D.M.M.C/SS/5607/2021 dated 16/10/2021

As per above cited subject and reference, the department of Community Medicine has organized Internship Orientation Programme for interns of our college on dated 21/10/2021 to 25/10/2021 at Department of Community Medicine, Dr. P.D.M.M.C. Amravati.

You are requested to mobilize one faculty from your department to deliver lecture on department wise topic as per scheduled attached herewith.

Thanking You.

Note: Contact Dr. Wasnik, I/C Internship Programme (Mob no-9673017591)

S.M.
Prof & Head
Dept. Community medicine,
Dr. P.D.M.M.C, Amravati

Copy to Hon'ble Dean, Dr. P.D.M.M.C, Amravati

[Handwritten Signature]
**Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

**NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

*Dr. Bijore to
do the needful*

[Handwritten Signature]

Dr. **DEEPA BYNAGOLEDY**
Amravati
Date: 18/10/21
Sd/- *[Signature]*

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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Schedule For Orientation Programme Of Interns – Summer 2021 Batch

Date	Topic	Dept.	Time	Place	Name of Faculty
21/10/21	1) Introduction to orientation program	Dept of Comm	11.00 am to 11.45 am	Dept of Comm	Dr.A.K.Jawarkar
	2) Doctor-Patient relationship	Medicine	11.45am to 12.45 pm	Medicine	Dr.Manjusha Deotale
	3) Disaster Management		12.45 am to 1.45pm		Dr. Deepa Ghundiyaal
22/10/21	1) ABC Poly trauma	Ortho	10 am –12am	Dept of Comm	Dr.-----
	2) RNTCP	Chest Ill	12 am to 2.00pm	Medicine	Dr.-----
23/10/21	1) Ethical & Medical Issues	FMT	10.45 -11.45am	Dept of Comm	Dr.-----
	2) Critical Medicine	Medicine	11.45 am -12.45 pm	Medicine	Dr.-----
24/10/21	1) MNCS/SAM	Pediatric	10.30 am to 12.00am	Dept of Comm	Dr.-----
	2) Communication Skill	Com Med	12.00 to 2.00 pm	Medicine	Dr.V.R.Wasnik
25/10/21	1) Critical care	Anesthes	10.00am to 12.00am	OT Complex	Dr.-----
	2) Emergency Obstretic care	Obstet	12.00 to 1.30 pm	Com Med	Dr. <i>Bijam</i>

DEAN

Dr Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

**Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

**DR. PANJABRAO ALIAS BHAUSAHBH DESHMUKH MEMORIAL
MEDICAL COLLEGE,
SHIVAJI NAGAR, AMRAVATI.**

9189/22
25/11/2022

FOUNDATION COURSE 2022 BATCH

No.	Date	Time	Topic/Programme	Co-Ordinator	Teacher Name
1	28/11/22 Mon	09-10am	Orientation to Medical Education and MBBS programme	MEU	Dr.S.S.Pande
		10-12 pm	ARC- Rules & Regulations Interaction with senior students	Anti Ragging Committee	Dr.S.S.Rawlani Dr.D.G.Vadhale Dr.G.U.Yadgire
		3.00-4.00 pm	Visit to Hospital - Batch A Visit to Library & IT - Batch B Visit to other facilities Batch C (Gym, Play ground, common room, etc)	Preclinical Dept Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Khurbade (MSW) Mr. S. Kadu(MSW)
		4.00-5.30 pm	Inauguration/Welcome Hon'ble President and Dean address Lecture on "Drug Abuse"	Venue:- Auditorium	All Faculty Dr. Kasat Surgeon, Mumbai
2	29/11/22 Tue	9am - 12 pm	University Examination rules, Attendance LAC rules	MEU	Dr.S.S.Pande
		3.00-5.00 pm	Visit to Hospital - Batch B Visit to Library & IT - Batch C Visit to other facilities Batch A (Gym, Play ground, common room, etc)	Preclinical Dept Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Khurbade (MSW) Mr. S. Kadu(MSW)
3	30/11/22 Wed	9am - 12 pm	Stress of Management Time management	Psychiatry	Dr. A.V.Sahoo
		3.00-5.00 pm	Visit to Hospital - Batch C Visit to Library & IT - Batch A Visit to other facilities Batch B (Gym, Play ground, common room, etc)	Preclinical Dept Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Khurbade (MSW) Mr. S. Kadu(MSW)
4	01/12/22 Thurs	09-12pm	Health care system & its delivery National health priorities & policies	Community Medicine	Dr. P.A Warbhe
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr. Deepa Ghundiyal Dr. V.D.Khanande Dr.L.B.Tetu
5	02/12/22 Fri	09-12pm	Universal Precautions Vaccination	Community Medicine	Dr. P.A Warbhe
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr. Deepa Ghundiyal Dr. V.D.Khanande Dr.L.B.Tetu
6	03/12/22 Sat	09-12pm	Community based learning Charak Shapath	Community Medicine	Dr.M.K.Deotale
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr. Deepa Ghundiyal Dr. V.D.Khanande Dr.L.B.Tetu

F. Vadhale
H.O.D.
Anatomy
Prof. & Head
Department of Anatomy
P.D.M.M.C. Amravati

Hande
H.O.D.
Physiology
PROF. & HEAD
Dept. of Physiology
Dr. P. D. M. C. Amr

M.S.S.
H.O.D.
Biochemistry
PROFESSOR & HEAD
Dept. of Biochemistry
Dr. P. D. M. Medical College
AMRAVATI

F. Vadhale
PROFESSOR & HEAD
Community Medicine
P.D.M.M.C. Amravati
Dean
Dr. P.D.M.M.C. Amravati
DEAN

- Copy to:-
- The H.O.D., Department of Anatomy/Physiology/Biochemistry/Community Medicine Dr.P.D.M. Medical College, Amravati
 - All Notice Board

**Chairperson - Criteria No. 8
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati**

Department of Community Medicine
Clinical posting 4th Semester (AB-21 C- Batch)
(Time Table: 9A.M – 12P.M) (25/05/23-21/06/23)

Date	Topic	Teacher
25/5/23	Clinical case presentation	Dr. S.U. Dakhode
26/5/23	Family case presentation	Dr. V.R. Wasnik
27/5/23	Case taking & Discussion- Pulmonary Tuberculosis	Dr. P.A. Warbhe
29/5/23	Case taking & Discussion- Malaria, Dengue	Dr.V.D. hanande
30/5/23	Case Taking & discussion – Typhoid fever	Dr. S.U. Dakhode
31/5/23	Case Taking & discussion - Hepatitis (Jaundice)	Dr. V.R. Wasnik
1/6/23	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. Ghundiyaal
2/6/23	Family Visit - Housing condition & Sanitary Survey	Dr. Ghundiyaal
3/6/23	Case Taking & Discussion – Mumps & Measles	Dr. M.K. Deotale
5/6/23	Case Taking & Discussion- ARI & Pneumonia	Dr. P.A. Warbhe
6/6/23	Family Visit - Entomological Survey of a household	Dr. Ghundiyaal
7/6/23	Field Visit – Water Treatment Plant	Dr V. Nistane
8/6/23	Visit – BMW Management at Dr. PDMMC	Dr.V.D. hanande
9/6/23	Case Taking- Diphtheria, Pertussis & Influenza	Dr. S.U. Dakhode
10/6/23	Case taking - Diarrheal diseases & food poisoning	Dr.V.D.Khanande
12/6/23	Family Visit –Community Survey and its findings	Dr. Ghundiyaal
13/6/23	Case Taking – Polio	Dr. V.R. Lunge
14/6/23	Field Visit- District Public Health Lab	Dr V. Nistane
15/6/23	Case discussion- HIV /AIDS & STD	Dr. V.R. Wasnik
16/6/23	Family Visit- Organizing health education session for community	Dr. Ghundiyaal
17/6/23	Family Visit -Community Survey and its findings	Dr. Ghundiyaal
19/6/23	Field Visit- District Health Office	Dr V. Nistane
20/6/23	Field Visit- District Disaster Management office	Dr. Ghundiyaal
21/6/23	Field Visit – Primary Health Center (PHC), Walgoan	Dr V. Nistane

Note- Mr. Tetu will be assisting in family allocation and family visits.


Professor & Head

Department of Community Medicine DEAN
Dr PDMMC, Amravati

Dr. Ravi Brao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Department of Community Medicine
Clinical posting 4th Semester (AB-21 C- Batch)
(Time Table: 9A.M – 12P.M) (22/05/23-19/07/23)

Date	Topic	Teacher
22/6/23	Clinical case history taking -discussion	Dr. S.U. Dakhode
23/6/23	Family case history taking & discussion	Dr. V.R. Wasnik
24/6/23	Field visit-District Public Health lab.	Dr V Nistane
26/6/23	Case Taking- Diphtheria, Pertussis & Influenza	Dr. GhundiyaI
27/6/23	Case Taking & discussion – Typhoid fever	Dr. S.U. Dakhode
28/6/23	Case Taking & discussion - Hepatitis (Jaundice)	Dr. Deotale
30/6/23	Field Visit – Water Treatment Plant	Dr V Nistane
1/7/23	Family visit- Clinico -socio -cultural details & Demography of family & community	Dr. GhundiyaI
3/7/23	Case Taking & Discussion HIV/AIDS & STD	Dr Wasnik
4/7/23	Case Taking & discussion-Polio	Dr. Lunge
5/7/23	Family Visit - Housing condition & Sanitary Survey	Dr. GhundiyaI
6/7/23	Case Taking & Discussion – Mumps & Measles	Dr. M.K. Deotale
7/7/23	Case taking & Discussion- Pulmonary Tuberculosis	Dr. P.A. Warbhe
8/7/23	Case taking - Diarrheal diseases & food poisoning	Dr.V.D.
10/7/23	Case taking & Discussion- Malaria, Dengue	Dr.S.U. Dakhode
11/7/23	Family Visit - Entomological Survey of a household	Dr. GhundiyaI
12/7/23	Field Visit – Primary Health Center (PHC), Walgoan	Dr V Nistane
13/7/23	Family Visit- Organizing health education session for community	Dr. GhundiyaI
14/7/23	Field Visit- BMW Management at Dr. PDMMC	Dr Kahnande
15/7/23	Case Taking & Discussion- ARI & Pneumonia	Dr. Warbhe
17/7/23	Family Visit -Community Survey and its findings	Dr. GhundiyaI
18/7/23	Field Visit- District Disaster Management office	Dr V. Nistane
19/7/23	Family Visit –Community Survey and its findings	Dr. GhundiyaI

Note- Mr. Tetu will be assisting in family allocation and family visits.

8

8/11

DEAN
Professor & Head
 Dr. Panjabrao J. Patil Maharashtra Deshmukh
 Department of Community Medicine
 Dr PDMMC, Amravati

Chairperson - Criteria No. 2
 NAAC Steering Committee
 Dr. P. D. M. M. C. Amravati

Department of Community Medicine
Clinical posting 4th Semester (AB-20 A- Batch)
(Time Table: 9A.M – 12P.M) (16/10/22- 12/11/22)

Date	Topic	Teacher
17/10/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
18/10/22	Family Visit - Family allocation & Introduction	Dr.D.P. Ghundiya
19/10/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
20/10/22	Field Visit District Public Health Lab	Dr. S. Tidke
21/10/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. V.R. Lunge
22/10/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr.D.P. Ghundiya
25/10/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. S.U. Dakhode
27/10/22	Field Visit – Water Treatment Plant	Dr. V. Avchare
28/10/22	Family Visit - Housing condition & Sanitary Survey	Dr.D.P. Ghundiya
29/10/22	Field Visit – Office of vector borne disease control Program	Dr. S. Tidke
31/10/22	Case Taking & Discussion – Malaria , Dengue	Dr. M.K. Deotale
1/11/22	Family Visit - Entomological Survey of a household	Dr.D.P. Ghundiya
2/11/22	Case Taking & Discussion – Mumps & Measles	Dr. P.A. Warbhe
3/11/22	Field Visit- District office of communicable diseases	Dr. V. Avchare
4/11/22	Field Visit- District Disaster Management office	Dr. S. Tidke
5/11/22	Case taking - Diarrheal diseases & food poisoning	Dr.V.D. Khanande
7/11/22	Family Visit –Community Survey and its findings	Dr.D.P. Ghundiya
9/11/22	Family Visit- Organizing health education session for community	Dr.D.P. Ghundiya
10/11/22	Case Taking – HIV /AIDS & STD	Dr. S.U. Dakhode
11/11/22	Visit – BMW Management at Dr. PDMMC	Dr. S. Tidke
12/11/22	Case Taking – Typhoid fever	Dr. V.D. Khanande

Note- *Mr. Tetu will be assisting in family allocation and family visits.

Stt - **Professor & Head**
Department of Community Medicine
Dr PDMMC, Amravati

DEAN
Dr Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Chairperson - Criteria No. 2
NAAC Steering Committee
Dr. P. D. M. M. C. Amravati

Department of Community Medicine
Clinical posting 4th Semester (AB-20 B- Batch)
(Time Table: 9A.M – 12P.M) (18/09/22- 15/10/22)

Date	Topic	Teacher
19/9/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
20/9/22	Family Visit - Family allocation & Introduction	Dr. D.P. Ghundiyaal
21/9/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
22/9/22	Field Visit District Public Health Lab	Dr. V.R. Nistane
23/9/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. V.R. Lunge
24/9/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. D.P. Ghundiyaal
26/9/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. D.P. Ghundiyaal
27/9/22	Field Visit – Water Treatment Plant	Dr. V.R. Nistane
28/9/22	Family Visit - Housing condition & Sanitary Survey	Dr. D.P. Ghundiyaal*
29/9/22	Field Visit – Office of vector borne disease control Program	Dr. V.R. Nistane
30/9/22	Case Taking & Discussion – Malaria , Dengue	Dr. M.K. Deotale
1/10/22	Family Visit - Entomological Survey of a household	Dr. Ghundiyaal *
3/10/22	Case Taking & Discussion – Mumps & Measles	Dr. P.A. Warbhe
4/10/22	Field Visit- District office of communicable diseases	Dr.V.R. Nistane
6/10/22	Field Visit- District Disaster Management office	Dr.V.R. Nistane
7/10/22	Family Visit –Community Survey and its findings	Dr. D.P. Ghundiyaal
8/10/22	Case taking - Diarrheal diseases & food poisoning	Dr. V.D. Khanande
10/10/22	Family Visit- Organizing health education session for community	Dr. D.P. Ghundiyaal
11/10/22	Case Taking – HIV /AIDS & STD	Dr. S.U. Dakhode
12/10/22	Field Visit – Sewage treatment plant	Dr.V.R. Nistane
13/10/22	Visit – BMW Management at Dr. PDMMC	Dr.V.R. Nistane
14/10/22	Field Visit - District disease Surveillance Unit	Dr. V. R. Nistane
15/10/22	Case Taking – Typhoid fever	Dr. V.D. Khanande

Note- *Mr. Tetu will be assisting in family allocation and family visits.

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Department of Community Medicine
Dr PDMMC, Amravati

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 Amravati Medical College, Amravati

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Dr. P. D. M. M. C. Amravati

Department of Community Medicine
Clinical posting 4th Semester (AB-20 C- Batch)
(Time Table: 9A.M – 12P.M) (21/08/22-17/09/22)

Date	Topic	Teacher
22/8/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
23/8/22	Family Visit - Family allocation & Introduction	Dr. Ghundiya/Dr.Kapale
24/8/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
25/8/22	Field Visit District Public Health Lab	Dr.Adatiya/Dr.Nistane
26/8/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. D.P. Ghundiya
27/8/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. Ghundiya/Dr.Kapale
29/8/22	Field Visit – Water Treatment Plant	Dr.Adatiya/Dr.Nistane
30/8/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. M.K. Deotale
1/9/22	Family Visit - Housing condition & Sanitary Survey	Dr. Ghundiya/Dr.Kapale
2/9/22	Field Visit – Office of vector borne disease control Program	Dr.Adatiya/Dr.Nistane
3/9/22	Case Taking & Discussion – Malaria , Dengue	Dr. P.A. Warbhe
5/9/22	Family Visit - Entomological Survey of a household	Dr. Ghundiya/Dr.Kapale
6/9/22	Field Visit- District office of communicable diseases	Dr.Adatiya/Dr.Nistane
7/9/22	Case Taking & Discussion – Mumps & Measles	Dr. V.D. Khanande
8/9/22	Field Visit- District Disaster Management office	Dr.Adatiya/Dr.Nistane
9/9/22	Family Visit –Community Survey and its findings	Dr. Ghundiya/Dr.Kapale
10/9/22	Case taking - Diarrheal diseases & food poisoning	Dr. S.U. Dakhode
12/9/22	Field Visit - District disease Surveillance Unit	Dr.Adatiya/Dr.Nistane
13/9/22	Case Taking – HIV /AIDS & STD	Dr. V.R. Wasnik
14/9/22	Field Visit – Sewage treatment plant	Dr.Adatiya/Dr.Nistane
15/9/22	Visit – BMW Management at Dr. PDMMC	Dr.Adatiya/Dr.Nistane
16/9/22	Case Taking – Typhoid fever	Dr. D.P. Ghundiya
17/9/22	Family Visit- Organizing health education session for community	Dr. Ghundiya/Dr.Kapale

Note- Mr. Tetu will be assisting in family allocation and family visits.


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PDMMC

Dr. Panjabrao Deshmukh Memorial Medical College & Hospital Amravati.

Care of Patient

Surgical Safety Checklist

UHID No.	Patient Name	Surgeon Name
Before Induction of Anesthesia →		Before Skin Incision →
SIGN IN ✓/x/NA		TIME OUT ✓/x/NA
Preoperative Ward Area Check		Operation Theatre Room Check
Patient has confirmed • Identity • Site • Procedure • Consent		Confirm all team members have introduced themselves by name and role
Site Marked (Confirm against supportive Document)		Surgeon, Anesthetist and Nurse verbally confirm • Patient • Site Procedure
Inspect the site marked before leaving ward		Anticipated critical Events Surgeon reviews what are the critical or unexpected steps, operative duration and anticipated blood loss ?
Jewelry removed ?		Anesthesia team, reviews : are there any patient specific concerns ?
Anesthetic Room Check		NURSING TEAM REVIEWS : Has sterility (Including indicator results) been confirmed ?
Mark is inspected prior to anesthesia		Are there equipment issue or any concern ?
Recheck imaging studies		Has antibiotic prophylaxis been given within the last 60 minutes ?
Anesthetic Safety Check Completed		Is essential imaging displayed ?
Operation Theatre Room Check		Any previous surgery, metal work, pacemaker
Presence of Correct Patient and Site Marked		
Procedure to be performed		
Does patient have a known allergy?		
Pulse Dosimeter on patient & Functioning		
Difficult airway aspiration risk ?		
Equipment/ Assistance Available		
Adequate intravenous access and fluids planned		
Risk of > 500ml blood loss (7 ml/kg in children)?		
		Before Patient Leaves Operating Room
		SIGN OUT ✓/x/NA
		Nurse verbally confirm with the team
		The name of procedure performed
		That instrument spong & needle counts are correct (or Not Applicable)
		How the specimen is labeled (Including patient name)
		Whether there are any equipment problems to be addressed
		Surgeon, Anesthetist, and Nurse review the key concerns for recovery and management of this patient

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CONSENT FORM

Patient's Information

Relative's Information

Name :	Name :
Sex : <input type="checkbox"/> Male/ <input type="checkbox"/> Female Age Years	Sex : <input type="checkbox"/> Male/ <input type="checkbox"/> Female Age Years
Registration No : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Add :
Diagnosis	
Operation's Title :	Relationship with the Patient :

I _____ the undersigned

GIVE CONSENT for MY OWN/ FOREMENTIONED PATIENT'S above mentioned operation and / or medication / investigation / anaesthesia / therapy / procedure etc.

1. The necessity of this medication / investigation / anaesthesia / operation / therapy / procedure, the ill effects if this is not performed, hazards and complications in the therapeutic modalities other than operation, have been explained to me by _____
2. I have been explained clearly that any medication / investigation / operation / therapy is not totally safe and that such procedure or anaesthesia can be a risk to life of an otherwise healthy person also.
3. Doctors have explained to me that excessive bleeding, infection, cardiac arrest, pulmonary embolism and complications like this can arise suddenly and unexpectedly while undergoing medication / investigation / operation / therapy / procedure or anaesthesia.
4. I give consent for any change in the anaesthesia or operative procedure as well as for removal of any organ as deemed necessary by the Doctors at the time of medication / investigation / operation / therapy / procedure.
5. I have been made aware that after the above operation / medication / investigation / therapy / procedure and anaesthesia, instead of desired benefit, some complications may arise e.g.

_____ and I believe that to avoid such complication, if any, appropriate care shall be taken by

Dr. (Surgeon) _____

Dr. (Anaesthetise) _____

or any other doctors suggested by them.

I have read the above writing. / The above writing has been read out to me.

I have understood the aforesaid and I am giving my consent willingly.

Witness

Witness

Patient / Relative

<div style="border: 2px solid black; padding: 2px; margin-bottom: 5px;"> Chairperson - Criteria No. 5 NAAC Steering Committee Dr. P. D. M. M. C. Amravati </div> Sign : Name : Add. : Age : Year Dt. / / 20	Sign : Name : Add. : Age : Year Dt. / / 20	Sign. and or L.H.T.I. Date : / / 20 DEAN Panjabrao Alus Bhausaheb Memorial Medical College
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**Dr. PANJABRAO Alias BHAUSAHEB DESHMUKH
MEMORIAL MEDICAL COLLEGE & RESEARCH CENTRE, AMRAVATI.**

High Risk Consent / Critical Condition Consent

Patient's Name _____

Age :- _____

Sex :- _____

IPD Regi. Number _____

Ward No. :- _____

Diagnosis :- _____

Treatment required :- _____

Probable complications due to underlying disease or treatment _____

I / We have been explained aforementioned factors in detail by my / our doctor. I / we have also been explained about seriousness of my / our patient's general condition and that I / My patient may have danger to his life / permanent disability due to underlying disease in the process of treatment. I / We give consent for further treatment of my patient in this hospital.

Date :- _____

Signature of doctor : _____

Witness's Sign : _____

Patients / Relative's Sign :- _____

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Dr. P. D. M. M. C. Amravati

Dr. Panjabrao Deshmukh Hospital, Amravati.

Consent for Anesthesia

Name : _____ Age : _____ Male/Female _____

OP No : _____ IP No. : _____ Date : _____ Time : _____

AM/PM

The Anaesthesiologist is authorized by this consent to employ forms of invasive monitoring technology necessary to provide anaesthetic medical services.

My anaesthesiologist has discussed the following types of Anaesthesia, General and Regional and or Epidural Anaesthesia Care with me and the selected choice will be reflected in the patient Medical Record.

I understand the procedure, benefits, complication, effect, alternative options to Anaesthetic plan and have been informed of the risks. Although uncommon, anaesthesia procedure may be associated with sore throat, vomiting, backache or other minor discomforts. Sometimes, unexpected complications with anaesthesia can occur and can include the remote possibility of drug causing allergic reaction,

functions, paralysis and rarely brain damage, heart attack or other complications which may culminate in death.

My signature on this form indicates that (1) I have read and understood the information provided in this form, (2) the anaesthesia plan of care has been adequately explained to me by anaesthesiologist, (3) I have had a chance to ask questions.

I have received all of the information's concerning the anaesthesia plan of care and

I authorize and consent to the anaesthesia plan and alternative type of anaesthesia if necessary.

Date : _____ Time : _____ AM/PM

Signature (Patient / Parent / Guardian) (Witness) :

Anaesthesiologist Certification

I, the undersigned physician, hereby certify that I have discussed the procedure described in the consent form with this patient's (or Patient's legal representative), including :

- The anaesthesia plan
- The type of anaesthesia to be used are - (a) Spinal Anaesthesia (b) General Anaesthesia
- The risks, complication, effect, alternative options to Anaesthetic plan were discussed.
- Any adverse reactions that may reasonably be expected to occur.
- The potential problems that may occur during recuperation.
- The likelihood of achieving treatment goals.

Above information has been completed to the best of the patient knowledge

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