

CRITERION IV: INFRASTRUCTURE AND PHYSICAL FACILITIES

- A. Students' Council Reports (2011-16)
- B. CPCSEA Registration Letter
- C. List of major equipment purchased (2011-16)
- D. Investigations 2015-16
- E. CSSD manual
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- I. Hospital infection control manual
- J. Health insurance data 2011-2016
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Students' Council 2011-12

Chairman	:	Dr BS Garg
Officer In charge	:	Dr AM Mehendale
General Secretary	:	Mr Supratim Roy

Event/Post	Officer In charge	Student In charge
Cultural	Dr Surekha Tayade	Mr Sandeep Meena
Sports	Dr Manish Jain	Mr Rupesh Hatwar
Literary	Dr Jyoti Jain	Ms P Keerthi Kundana
NSS	Dr Chetna Maliye	Mr Jagdish Choudhari
Magazine	Dr Sonia Jain	Mr Neeraj Dodke
Fete		Mr Mahipal
Ladies Representatives		Ms Preetam Salunkhe
		Ms Pooja Jadhav
Class Representatives		Ms Anchal Bhayana (2006)
		Ms Swati Shukla (2007)
		Mr Apul Gonde (2008)
		Ms Ankita Sharma (2009)
		Ms Anjali Singh (2010)
PTI	Mr GP Bhoware	

Cultural Activities:

The cultural activities of the Students' Council began with the Ganesh Festival from 1-3 Sep 2011. The idol of 'Ganpati Bappa' was installed in the Community hall and *pooja* was performed. The students put in a great effort to decorate the pooja pandal with a picturesque view of a temple. Students organised *rangoli* competition, dance and song sequences and *bhajan sandhya*. Dandiya Night was enjoyed with great enthusiasm and energy. The traditional *visarjan* saw Ganpati bappa being bid a tear-filled farewell on the Paunar ghat.

The Students' Council's cultural wing organised a wonderful *Sangeet Sandhya* on 12 Sep 2011, the Foundation Day of the institute. Various melodies were presented by students and faculty to the accompaniment of a swinging orchestra. On this occasion, Chief Guest, Dr Mrs P Narang, Secretary, Kasturba Health Society, gave a touching speech remembering our beloved Behenji, Dr Sushila Nayar.

The cultural wing also organised entertainment and cultural nights for delegates of various conferences and workshops organised by various departments, noteworthy amongst which was "The WHO Workshop on Care for Child Development" organised by the Department of Community Medicine. The delegates were impressed with the talents of the students who presented haunting melodies of yesteryears on the stage.

The Annual Social Gathering was held on 12-13 Feb 2012. The gathering was named "Ultrafest - The Pacemaker" and the live orchestra was named "Festin -O-Beats". The event was inaugurated by Smt. Jayashree Bhoj, District Collector, Wardha and Shri Dhirubhai Mehta, President, Kasturba Health Society. The Open Air Auditorium was replete with the decibels of sound produced by the brand new sound system procured by the institute for the Students' Council.

The event started with a magnificent *pooja* dance in the praise of Maa Durga. It was followed by stage performances based on the theme of 'unity in diversity'. There were dances from Maharashtra, Punjab, Gujarat, Bengal and the beautiful but intricate bamboo dance. We had salsa, Bollywood, hiphop, Tollywood, fusion and folk dances noteworthy of which was the *lavani*, puppet dance and the barbie dance performed in the classical dance style. We had a highly original "gravity defying dance" using UV lights and phosphorescence. It was appreciated by all and left the audience dumbstruck. The highlights of fashion show were the khadi round, accessory round, junkyard round and Indo-fusion round. The two skits '*Panditji ki shraddha*' and '*Dada Hoshiyar Chand*' were very enjoyable but also gave the message of taking care of our elders. The second day started with a striking performance by the Rock band 'Rhythm Extreme' of 2009 batch with English pop songs. The *Sargam* performed with a live orchestra and was a huge success. The highlight of the gathering was the participation of the faculty in the form of ramp walk on the tunes of Bollywood retro melodies.

Twenty of our students participated in MUHS Spandan -2011 held at GMC Miraj from 28 Apr to 1 May 2011. Ms P Keerthi Kundana (2008 Batch) won silver medal in classical vocal solo, Ms Bhagyashri Sarwey won silver medal in clay modelling. Ms. Rajani Gujar (2009) reached the final round in the fashion show. Mr Kewal Dhone (2009), Mr Madhav Bhondave (2009) and Mr Sridhar Reddy (2009) reached the final round of the quiz. Mr. GP Bhoware (Sports Teacher) won gold medal in creative presentation. Our Institute stood first among all allopathic medical colleges and was seventh overall among all participating colleges.

Thirty one of our students participated in 'Pulse' - organized by All India Institute of Medical Sciences (AIIMS), New Delhi from 16-23 Sep 2011. Aditi Sudhakar Kashikar bagged the third position and a cash prize of Rs. 2000 for the '*Slogan Writing Competition*' for 'Emergency Services Conference' which was organized in 2012 by the Department of Hospital Administration, AIIMS. Vinit Mishra secured the third position in the 100 m sprint for boys.

Sports

The Maharashtra University of Health Sciences, Nashik recognized MGIMS as a centre for organizing the Vidarbha Zone Sports Tournament of MUHS, Nashik from 29- 30 Sep 2011. Fourteen colleges with 7 coaches and 148 players participated in this tournament. Eleven of our students were selected in Vidarbha Zone Team for Inter Zonal Tournament. MUHS, Nashik had organized Inter Zone selection trials for Table Tennis at Solapur, swimming at Nashik, chess at Mumbai and badminton at Ahmednagar where our team participated in these selection trials.

This year, seven students were selected in the MUHS, Nashik team and were awarded colours. Mr Vedant Murkey, Ms Aayushi Gupta and Ms Shweta Morwal (2010) participated in the All India Inter University table tennis Tournament at RTM University Nagpur. Ms Niriti Choudhary and Ms Priyanka Meshram (2010) were also selected in the MUHS, Nashik team for the All India West Zone Inter University Swimming Competition.

Ms Payal Fendar, Mr Umesh Netam (kho-kho) and Mr Tushar Varshane, Mr Anurag Singh (basketball) participated in the state level Inter-university tournament 'Krida Mahotsav 2011" at Marathwada Agricultural University, Parbhani. Our sports teacher Mr. Girish Bhoware was selected as coach for MUHS, Nashik swimming team for the All India Inter-university tournaments at Kolkata and team manager of MUHS team for 'Krida Mahotsav 2011" at Marathwada Agricultural University, Parbhani.

Literary

The literary activities had a headstart on 5 Sep 2011 with the organization of a colourful and vibrant event on Teacher's Day where all the teachers enjoyed singing *antakshari*, cracking their skulls in the quiz and getting nostalgic about their younger days. The Taradevi Memorial Debate Competition organized in memory of Late Smt. Taradevi, mother of Dr. Sushila Nayar was conducted on 12 Sep 2011. The topic of the debate was "Dream of a corruption free India: a myth or a reality". Mr. Vijay Jawandia and Mr Basant Pandey

were the judges for the competition. Mr. Ratnakar Sirsat of Mahatma Gandhi International Hindi University won the first prize in favour of the motion and Miss Aditi Kashikar of MGIMS won by speaking against the motion. Miss Aditi also bagged the Best Interjector Award. The running trophy for the best team was collected this year by Mahatma Gandhi International Hindi University. Gandhi Jayanti was celebrated with great zeal by students from Kasturba Vidya Mandir (KVM), Kasturba Nursing College, Kasturba Nursing School and MGIMS. The programme started with the invocation song sung by the choir of KVM in the presence of Chief Guest Shri Gautam Bajaj. Many competitions (essay, cartoon, poster) were organized. An elocution contest on the topic "Relevance of Gandhian Ideology in today's economic growth" was also conducted. On the occasion of International Peace Day, the pledge for non-violence and peace was administered. Ms Aarti of 2010 batch participated in Late PR Dharmadhikari Memorial Intercollegiate Debate Competition on 25 Sep 2011 organized by the Rotary Club of Nagpur and won a cash prize of Rs.1000.

NSS Activities

The following activities were undertaken under NSS during the year 2011-2012:

NSS Special Camp Activity: The 'NSS Special Camp 2011' for 65 students of the 2011 batch of medical students of MGIMS, Sevagram was organized from 7-22 Oct 2011 at village Mandaogad under Kharangana PHC area.

Light & Sound show on Gandhiji's life was organized by Ashram Prathisthan and Rashtriya Yuva Manch, Sevagram on 30 Jan 2012 in the evening. Gandhiji's associates shared his life with the audience. The sound and light show focussed on different *kutis* of the ashram. A video clipping from a movie on Gandhi was also shown

Yuva Sammelan: A Yuva sammelan was organized by Ashram Prathisthan, Rashtriya Yuva Manch and Kasturba Health Society, Sevagram on 6 Mar 2012. Shri. Morari Babu addressed the gathering and talked on how to lead a peaceful life. NSS volunteers raised questions on current situations in the country and had lively interactions with Morari Babu.

The Red Ribbon Club: A Red Ribbon club was formed in which all the 65 students of the batch enrolled their names. The students took the pledge to fight against HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS.

Tree plantation activity: Tree plantation was organized in Mandaogad village. A total of 200 saplings were planted (*Karanji*, black jamun, *amaltaas*, *bakuli*, *dev-parati*, mango, *ashoka*, karvand). The students gifted a tree to each of their adopted families while 14 trees were planted in the village school and the *gram panchayat* premises.

Blood donation camp: A blood donation camp was organized on 14 Oct 2011 in Mandaogad village in assistance with the Department of Pathology in which 18 donors donated blood.

Students' Council 2012-13

Chairman	:	Dr BS Garg
Officer In charge	:	Dr AM Mehendale
General Secretary	:	Mr Amit Kumar Sinha

Event/Post	Officer Incharge	Student Incharge
Cultural	Dr Surekha Tayade	Mr Dinesh Hinge
Sports	Dr Manish Jain	Mr Madhav Bhondwe
Literary	Dr Jyoti Jain	Ms Neha Singh
NSS	Dr Chetna Maliye	Mr Sanjeet Kumar
Magazine	Dr Sonia Jain	Mr Sridhar Reddy
Ladies Representatives		Ms V Radhika
		Ms Anu Kewlani
Class Representatives		Ms Amrita Kalantri (2007)
		Ms Deepika Bele (2008)
		Ms Sakshi Daga (2009)
		Ms Apoorva Maheshwari (2010)
		Ms Poshika Agarwal (2011)
PTI	Mr GP Bhoware	

Cultural Activities:

The cultural activities of the Students' Council began with the welcome of 2012 batch aptly named '*The Centurions*' as it was the first batch at MGIMS with a raised strength of 100 students. The traditional welcome was given where the 2009 batch worked with the 2012 newcomers to provide them with a homely atmosphere and presented refreshing dances, songs and drama. Vinita Tripathy was chosen as 'Miss Gorgeous', Sneha Shah was chosen as 'Miss Confident', Shreya Rasanian was chosen as 'Miss Smart', Akash Nagpure was chosen as 'Mr Confident', Sanjeev Sharma was chosen as 'Mr Fresher' and Harshal Tayade was chosen as 'Mr. Smart'. A hilarious drama '*Dulha bikta hai*' was also enacted by 2012 batch.

The cultural wing celebrated the Foundation Day of the Institute on 12 Sep 2012. The students performed splendidly at a gala event called *Umang* where all the batches and the whole MGIMS family participated to present a colourful night of dances on the theme 'Unity in diversity'. Here the culture of various states

of India was depicted by the students. The students and teachers together presented a drama based on the history of the foundation of the institute which showed the era of our beloved Bapu and our Founder president Dr Sushila Nayar. The students also presented a beautiful dance drama on 'Educating the girl child'.

The Ganesh Festival was held in September 2012 where a colossal Ganesha idol was installed in a beautiful display of art and fervour. With zeal and enthusiasm the students carried on the tradition of 'Sthapana' and daily 'Aarti' as is customary. This was followed by the most awaited 'Dandiya Night'. This year, there was a huge downpour on the day of 'Visarjan' as if even nature was aggrieved to bid adieu to beloved Ganesh. The students of course had a great time dancing in the rain enroute to Paunar.

Students of 2012 and 2009 batch participated in the dance competition which was organized by the Indian Medical Association, Nagpur on 26 Jan 2013. The theme was 'Folk dances of India'. The team presented

Marathi folk dance and won laurels in the form of the 'audience's favourite team' and kept the spirit of MGIMS held high.

This year's Annual Social Gathering '*Stimulus: Impulses Unleashed*' was a spectrum of the rainbow which exhibited colours of fashion shows of different ethnicity and background, cultural and folk dances and *Sargam*. The event was inaugurated by President KHS, Shri Dhirubhai Mehta. It started off with a beautiful *puja* dance and was followed by various stage performances by the students including dances from all the states of India. We also had salsa, bollywood, hiphop, tollywood, fusion, the traditional lavani and a variety of classical dances. The highlights of the fashion show were the khadi round, Bollywood round, celestial round, fairy tale round and the teachers round. The heart touching skit '*Pani tere kitne rang*' performed by the students under the guidance of Mr Kewal Dhone won the hearts of the audience. On the second day the band of 2009 batch Rhythm Extreme (Rx) put up a masterly show along with instrumentals by 2011 batch. The *Sargam* was enjoyed by all as there was a live orchestra with foot tapping music and melodious songs sung by students and faculty. Students were awarded for their excellence in performance in the cultural events at a prize distribution ceremony later.

Students of 2009 and 2010 batch participated in '*Spandan 2012*' organized by MUHS. Ms. Bhagyashree (2009 batch) won the first prize in clay modelling and Ms. Jayshree (2009 batch) won the first prize in on the spot painting competition.

Sports

The Maharashtra University of Health Sciences, Nashik recognized our Institute for organizing the Vidarbha Zone Sports Tournament of MUHS, Nashik on 27-28 Oct 2012. A total of 26 colleges with 5 coaches and 112 players (72 boys and 40 girls) participated in this tournament. 19 students from our Institute were selected in the Vidarbha Zone Team for Inter Zonal Tournament. MUHS, Nashik had organized Inter-Zonal selection trials for table tennis, swimming, chess and badminton at Seth Govindji Raoji Ayurved College, Solapur. Our Institute team participated in these

selection trials successfully. This year six students were selected in MUHS, Nashik team and got colours viz. Akhilesh Singh (2011 batch) participated in the All India Inter University Swimming Competition at Calcutta University, Kolkata. Khushbu Choudhary (volleyball,) Ms Urmila Phad (kho-kho) and Anil Kapoor, Vishal Nandeshwar and Rutuja Kolhe (basketball) participated in the State Level Inter University Tournament '*Krida Mahotsav 2012*' at Rashtrasant Tukdoji Maharaj Nagpur University, Nagpur. Our Sports teacher Mr. Girish Bhoware was selected as a coach for MUHS, Nashik Swimming Team for All India Inter University Tournament at Kolkata. Our Institute Table Tennis team of Anurag Singh (2011 Batch) and Vedant Murkey (2010 Batch) won the gold medal. Our badminton team Saurav Mohan (2011 Batch) and Ajaykumar Shukla (2011 Batch) won the silver medal in this tournament. MUHS, Nashik also entrusted following responsibilities to Mr. Girish Bhoware: Secretary of MUHS Board of Students Welfare Vidarbha Zone, Coordinator of MUHS Vidarbha Zone Sports Tournament, Member of MUHS Best Sport Teacher & Best Sportsperson Award Committee and Member of MUHS Selection Committee for Basketball, Swimming and Table Tennis.

Literary Activities

The Taradevi Memorial Debate Competition was organized in memory of Late Smt. Taradevi, beloved mother of Dr Sushila Nayar on 11 Sep 2012. The programme saw enthusiastic participation from various colleges of Wardha amidst the crowded audience in Anatomy Lecture Hall. The topic of the debate was '*Interference of media in the practice of medicine is justifiable*'. Well known personalities like Dr SN Jajoo, Dr VA Patki and Dr Anwar Siddiqui were present as judges for the competition. Amit Sinha of MGIMS won the first prize in favour of the motion and Prem Kumar of Mahatma Gandhi International Hindi University won against the motion. V Radhika of MGIMS bagged the Best Interjector Award. The running trophy for the best team was collected by Mahatma Gandhi International Hindi University.

Gandhi Jayanti was celebrated on 2 Oct 2012 by students from Kasturba Vidya Mandir, Kasturba Nursing College, Kasturba Nursing School and MGIMS.

The programme started with invocation song sung beautifully by the choir group of KVM in the presence of the Chief Guest Dr S Kumar. Many competitions (essay, cartoon, and poster) were arranged. Elocution competition on the topic 'Global relevance of social philosophy of Mahatma Gandhi' was won by Gauri Patki (2012 batch) Essay competition was won by Manthan (2012 batch). Special prizes of appreciation were also given to Nikhil Dorle and Aditi Rawal for their outstanding achievement in art. On the occasion of International Day of Peace, the pledge for non-violence and peace was administered.

It is commendable that our students also participated in competitions organized outside the Institute and brought laurels to the college. Manogna of 2011 batch and Gauri Patki of 2012 batch participated in 150th anniversary celebrations of Dhanwate College in Nagpur on 26 Dec 2012 and won the first prize. Amit Kumar Sinha of 2009 Batch represented MGIMS at the Indian Students' Parliament held from 10-12 January 2013 where he spoke on the topic '*Resolve conflict and seek peace*' and was felicitated.

Literary day was celebrated on 6 Feb 2013. Inter-batch competitions (elocution, quiz, words from a word, recitation and *antakshari*) were held. Mr Rajat won the elocution contest, Ms V Radhika and Ms Ankita Sharma won the Quiz, Ms V Radhika and Ms Sakshi Daga won Words from a Word, Ms Sanjeevni Ingole won the recitation contest, while Ms Jayashri Pendamkar and Ms Suchita Durge won the *antakshari*.

Magazine

Sushruta, the annual magazine of MGIMS was released on 12 Sep 2012, the Foundation Day of the Institute by Mr Mahendra Singh, Deputy Secretary, Ministry of Health and Family Welfare, Government of India, New Delhi. Shri Dhiru S Mehta, President KHS, Dr Mrs P Narang, Secretary KHS, Dr BS Garg, Dean, Dr SP Kalantri, Medical Superintendent and Dr AM Mehendale, Officer In-charge Students Council graced the occasion. Dr Sonia Jain, Officer In-charge Magazine and Mr Neeraj Dodake, Chief Editor,

Sushruta were present on the occasion. English section was edited by Neeraj, Dari, Pooja and Dipika; Marathi section was edited by Priyanka Date and the Hindi section was edited by Chandan and Bhumika. The new section *Secrets Unveiled* was created by Neeraj, Dipika, Puja, Dari and Pawan.

NSS Activities

NSS Special Camp Activity: The 'NSS Special Camp 2012' for the 2012 batch of medical students of MGIMS, Sevagram was organized from 26 October to 8 November, 2012 at village Sonegaon Station under Talegaon PHC area. This camp was attended by 100 students of 2012 batch.

NSS Regular Activities: The following activities were undertaken under NSS during the year 2012-2013:

The Red Ribbon Club: A Red Ribbon club was formed in which all the 100 students of the batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS.

Tree plantation activity: Tree plantation program was conducted in the village Sonegaon Station. Total 100 saplings were planted. The students gifted a tree to each of their adopted families.

Andhashraddha nirmulan: Mr Gajendra Surakar, the renowned social activist in the Wardha district presented a thought provoking talk on removing superstitions to students and the villagers.

Rural technology: The students were sensitized about appropriate rural technology by Mr Atul Sharma, Director, Institute of Rural Polytechnic, Pipari. Demonstration of smokeless chullah and sarai cooker was given to the students and the villagers.

Students' Council 2013-14

Chairman	:	Dr BS Garg
Officer In charge	:	Dr AM Mehendale
General Secretary	:	Mr Anurag Singh

Event/Post	Officer Incharge	Student Incharge
Cultural	Dr AM Tarnekar	Ms Saumya Shivkumar
Sports	Dr Manish Jain	Mr Tushar Varshney
Literary	Dr Anupama Gupta	Ms Minal Bhadrige & Ms Aarti
NSS	Dr Chetna Maliye	Mr Vineet Mishra
Magazine	Dr Sonia Jain	Mr Yash Paliwal
Ladies Representatives		Ms Afreen Bari
		Ms Payal Fendar
Class Representatives		Mr Neeraj Dodke (2008)
		Ms Sakshi Daga (2009)
		Ms Apoorva Maheshwari (2010)
		Ms Poshika Agarwal (2011)
		Ms Stuti Choudhary (2012)
		Ms Anju (2013)
PTI	Mr GP Bhoware	

Cultural Activities

The cultural activities for the year 2013-2014 started with the welcome programme organized by the 2010 batch for the students of 2013 batch. A series of dances, songs and skits were staged on 31 Aug 2013. The following awards were declared: Mr Fresher – Mr Himanshu Yadav, Miss Fresher- Ms Oshien Bhanu, Best Dancers- Ms Sadaf Azam and Mr Rishabh Lahoti, Mr Cute- Mr Prathamesh Patrikar, Miss Cute - Ms Krutika Sawant, Miss Naughty- Ms Akriti, Mr Naughty- Mr Anik Pal, Most Hardworking- Ms Minal Pachange, Mr Harendra Bind, Mr Kapil Chauhan and Mr Niraj Insan

Ganeshotsav started with the installation ceremony by Shri Dhirubhai Mehta, President KHS on 9 September. Different events like Garba, bhajans (by invited mandals), rangoli and sketching were organised on the first two days. On 11 September, the idol was taken to Pavnar in an energetic and boisterous procession for its immersion.

The evening of 12th September was made memorable by a colourful cultural programme on Foundation day. Mrs. Nandini Mehta released her new poetry collection in a musical show. After Mrs Mehta briefed the abstract of a poem, the lyrics were strung to melody by Mr. Prakash Thakare and his team. All the students of MGIMS organized a well synchronised cultural bonanza reflecting 'unity in diversity'. The dance 'Sare jahan se accha' was choreographed by Ms Anjali Singh (2010). Here students beautifully formed a waving tricolor on stage with their costumes.

A delegation of six students was sent to AIIMS New Delhi with Dr. Pawan Wankhede as Teacher Incharge, for participation in Pulse-2013.

The annual social gathering was held on 1-2 March. On Day after a brief address, Shri Dhirubhai Mehta released a book on 'Sleep' by Dr Sachin Pawar. The cultural programme kept the audience spellbound till the end. The use of U-V light was magnificently demonstrated by a UV dance item *Shiv stuti*. Innovative

dances (women empowerment), theme based fashion shows (Avian, khadi, chess round etc), mute skits regaled the audiences. Karaoke based solos and self orchestrated group songs were also presented in between. On day two, the college band performed followed by a series of fashion shows, dances and a stick show. Teachers of MGIMS performed on the ramp with the theme of national integrity which the students highly appreciated. Finally the Orchestra played with an eye catching audiovisual presentation of the history of MGIMS. Recent events organised by Student's council 2013-14 were also highlighted. Mr. Sandip Mohanty (2013 batch) was instrumental in preparation of this audiovisual programme with the organizing batch.

Sports

In 2013-2014 the Maharashtra University of Health Sciences, Nashik organized a Vidarbha Zone and Inter Zone Sports Tournament at GMC, Nagpur. Six of our students Ms Radhika Chavhan and Mr. Raghvendra Naik (basketball), Ms Raksha Rathi (kho-kho), Ms Snehal Kawale (volley ball), Mr Kamal Bandhate (athletics) and Mr Amol Duga (kabaddi) participated in this tournament. All were selected in Vidarbha Zone Team for Inter Zonal Tournament. MUHS, Nashik had organized Inter Zone selection trials for swimming and lawn tennis at Shri Sumatibhai Shaha Ayurved College, Hadapsar, Pune. Our institute team participated in these selection trials successfully. This year four students were selected in MUHS, Nashik team and got colours.. Ms. Shivani Kshirsagar (2012 batch) & Mr. Harshal Tayade (2012 batch) participated in the All India Inter University Swimming Competition at Guru Nanak Dev University Amritsar. Mr Karansingh (2012 batch) participated in the All India West Zone Inter University Tournament at Veer Narmad South Gujarat University Surat. Mr Raghvendra Naik (2012 batch) participated in State level Inter University Tournament '*Krida Mahotsav 2013*' in basketball.

Our sports teacher, Mr Girish Bhoware, was selected as a Coach-cum-Team Manager for MUHS, Nashik swimming and basketball team for the All India Inter University Tournaments at Amritsar and State level Inter University Tournament '*Krida Mahotsav 2013*'

at Nashik. MUHS, Nashik also entrusted following responsibilities to Sports Teacher Mr. Girish Bhoware: Secretary of MUHS Nashik Board of Students Welfare Vidarbha Zone and Member of MUHS Nashik Selection Committee for Swimming for All India Inter University Championship.

Literary:

The literary society of the Students' Council was constituted in the month of August with Ms Minal Bhadrige as the Literary Secretary and Dr Jyoti Jain as the Officer-in-Charge. The year began with the Taradevi Memorial inter-college Debate Competition on 20 Sep 2013. The topic of the debate this year was "The new food security bill- boon or bane". The chief guest of the function was Shri Mahendra Singh. Mr Amit Sinha of MGIMS won the first prize in favour of the motion and Mr Piyush Gadegone of MGIMS won speaking against the motion. Miss Kirti Paliwal of Sharad Pawar Dental College bagged the Best Interjector Award. The running trophy for the best team was collected this year by Sharad Pawar Dental College. Dr Anupama Gupta took the charge of Officer in charge Literary society from Dr Jyoti Jain in last week of September 2013.

Gandhi Jayanti included several activities like essay competition (Topic-Relevance of khadi in today's world, participants- 80), Cartoon competition (topic-Food security bill, participants-40) and poster competition (Topic-Gandhi in nuclear age, participants- 24). Students from Kasturba Vidya Mandir, Kasturba Nursing College, Kasturba Nursing School and MGIMS participated with great zeal in these events. The main event was organized on 2 Oct 2013. The chief guest for the occasion was Prof Manoj Kumar, Director, Mahatma Gandhi Fuji Guruji Shanti Adhyayan Kendra, Mahatma Gandhi International Hindi University, and a well known scholar on Gandhian Literature. The chief guest addressed the gathering on the topic given by the University, "from non-violence to humanity". An elocution competition on "What if Gandhiji would be declared as prime ministerial candidate for 2014 Loksabha election" was the chief event. This was followed by Pledge for non violence and peace by one and all present.

This year our students participated in a national level literary event organized by United Nations Information Centre for India & Bhutan in collaboration with an NGO Sri Ramachandra Mission (SRCM). This All India essay writing event was on the topic "It is not what you look at that matters but what you see". Radhika Vellore (2010 batch) secured Zonal level first position In Vidarbha Zone and Rasika Zade (2011 batch) second position.

The much awaited College Literary Day was celebrated on 12 Feb 2013. The day was highlighted by a lot of inter-batch competitions like quiz, words from a word, poem recitation, antakshari, short games. It was a huge success with enthusiastic participation from all batches.

Magazine

Sushruta, the annual magazine of MGIMS was released on 12 Sep 2013, the Foundation Day of the Institute by Mr Abinash Kumar, Superintendent of Police, Wardha. Dr Sonia Jain, Officer In-charge Magazine and Mr Sridhar Reddy, Chief Editor, Sushruta got the magazine released by the chief guest on the occasion. The English section of the magazine was designed by Ms. Sakshi Daga and Ms. Ankita Sharma. The Marathi section was designed by Balasaheb Dhumal, Suchita Durge, Ankita Lodam. The Hindi section was edited by Avinash Tiwari, Sanjeev Dwivedi, Rajni Gurjar, Huma Khatib. The Clinical section was designed by Akash Gholve, Anu Kewlani and the Arts section by Rashmi Mahajan and Sugat Wasekar.

NSS Activities

NSS Special Camp Activity

The 'NSS Special Camp 2013' for the 2013 batch of medical students was organized from 14-28 Oct 2013 at village Selu Kate under Talegaon PHC area. This camp was attended by 100 students of 2013 batch.

NSS Regular Activities

The following activities were undertaken under NSS during the year 2013-2014:

The Red Ribbon Club

A Red Ribbon club was formed in which all the 100 students of the batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS.

Tree plantation activity

Tree plantation program was conducted in the village Selu Kate. A total of 110 saplings were planted. The students gifted a tree to each of their adopted families.

Andhashraddha nirmulan

Mr Gajendra Surakar, the renowned social activist in the Wardha district presented a thought provoking talk on *andhshradhha nirmulan* to students and the villagers.

Rural technology

The students were sensitized about appropriate rural technology by Mr Atul Sharma, Director, Institute of rural polytechnic, Pipari. Demonstration of smokeless chullah and sarai cooker was given to the students and the villagers.

Chairman	:	Dr KR Patond
Officer In charge	:	Dr AM Mehendale
General Secretary	:	Mr Hardik More

Event/Post	Officer Incharge	Student Incharge
Cultural	Dr AM Tarnekar	Mr Shiv Joshi
Sports	Dr Manish Jain	Mr Akhilesh Singh
NSS	Dr Chetna Maliye	Mr Mayur Ingle
Literary	Dr Anupama Gupta	Mr Ram Kumar Pandey
Magazine	Dr Sonia Jain	Mr Khushboo Karoo
Ladies' Representatives		Mr Rajat Sharma
		Ms Yoyaphy Shim Ray
		Ms Poshika Agrawal
Class Representatives		Ms Apurva Puranik (2009)
		Ms Apoorva Maheshwari (2010)
		Mr Shyam Meda (2011)
		Ms Stuti Chowdhary (2012)
		Mr Akshay Yadav (2013)
PTI	Mr GP Bhoware	

Cultural Activities

It was an unusual start to the activities of the Students' Council. The then Govt of Maharashtra directed all colleges to hold elections to constitute a Students' Council, while the University restricted the constitution of Students' Council for the year 2014-15 till clear directions were received. Finally, in October 2014, after the new government was sworn in, the status quo was maintained and the University directed its affiliated institutions to constitute the Council as per previous criteria. In MGIMS the Students' Council was constituted on 8 Nov 2014, just a couple of days before the University exams of the organising 2011 batch began.

The students of 2014 batch were welcomed on 23 Aug 2014 by the Organizing Team of 2011 batch. The new students participated in group events such as dances, poetry and skits and entertained all. A skit on corruption and a mime on religious harmony came in for much appreciation. The 2011 batch students had

nice arranged A-V display about the items and participants. Allen Shambharkar was declared Mr Fresher and Amrita Kedar was Ms Fresher.

Ganesh festival celebrations were held from 29-31 Aug 2014. Once again the venue was college auditorium. Students took time out of their busy schedule and decorated the hall, arranged rituals for installation, daily aarti and havan. A novel Bhajan Sandhya was arranged where teachers and students participated. Garba, Rangoli and drawing competitions were also organized.

Annual day was held on 7 Sep 2014 where academic prize distribution was followed by cultural programmes in the college auditorium. The audience was left mesmerised with performances by the students. Students also entertained delegates of the National Conference on Health Professions Education on 26 Sep 2014. The students of 2014 batch enthralled everyone on stage and also managed to rope in delegates in their song and dance.

The annual social gathering, 'Zion' -every soul awakened- was organized on 25-26 Feb 2015. The authorities agreed to raise the budget for the gathering. The most applauded features were 'Raktacharita' calling for prevention of female foeticide; a nicely synchronized dance with great commentary on "Nirbhaya" and the need to safeguard women; innovative fusion dances and robotics. Spectacular costumes and varied dance sequences (Spanish, MJ vs classical, tribute to Madhuri, Mauli-Mauli), theme-based fashion shows and a novel vocal and instrumental musical performance left the audience spellbound. On Day 2 the college band 'Rhythm extreme' performed and 'Sargam' added to the musical bonanza.

Sports

Inter batch tournaments were held at MGIMS from 29 Jan to 15 Feb 2015. Annual Sports Day was organized on 18 Feb 2015.

MGIMS was recognized by Maharashtra University of Health Sciences (MUHS) Nashik as a venue to hold a Vidarbha Zone Sports Tournament from 10-11 Nov 2014. Seventeen colleges with 12 coaches and 212 players participated in this tournament. Nineteen of our students were selected in the Vidarbha Zone Team for the Interzonal tournament held at Manjara Ayurved College, Latur on 13 – 14 Nov 2014. MUHS Nashik had organized Interzone selection trials for swimming and lawn tennis at Shri Gangadhar Shastri Gune Ayurved College, Ahmadnagar on 11 Sep 2014 and teams from our institute participated in the selection trials. MUHS, Nashik had organized Interzone selection trials for badminton, table tennis and chess at MIMSR, Medical College, Latur on 16- 24 Sep 2014 and teams from MGIMS participated in these selection trials. This year seven students were selected in the MUHS, Nashik swimming team and got colours. Ms Isha Gandhi (2013 batch) and Mr Sarang Bombatkar (2013 batch) participated in the All India Inter University Swimming Competition at Jain University, Bangalore. Mr Amber Dixit (2013 batch), Mr Himanshu Yadav (2013 batch), Ms Shiva Manwatkar (2013 batch) were selected in MUHS, Nashik Basketball team. Mr Nikhil Darade (2013 batch) and Ms Apurva Bhagat (2013 batch) were selected in

MUHS, Nashik Kho-Kho team. They participated in the State level Inter University Tournament 'Krida Mahotsav' organized at Dr Babasaheb Ambedkar Marathwada University, Aurangabad.

Mr Girish Bhoware was selected as MUHS Nashik University Coordinator for State level Inter University Tournament 'Krida Mahotsav' at Dr Babasaheb Ambedkar Marathwada University, Aurangabad. Mr Girish Bhoware was also made Secretary of MUHS Nashik Board of Students Welfare Vidarbha Zone, Committee member of the panel for the renewal of rules and regulation to select Best Sports Teacher and Best Sports person award at MUHS, Nashik and Member of MUHS Nashik Selection Committee for swimming and basketball for All India Inter University Championship and State level Inter University tournament.

Literary activities

Rashtrakavi Maithilisharan Gupt Jayanti celebrations were held on 3 August 2014. The poetry competition in Hindi for undergraduate students was won by Mayur Ingle (first prize), Pankaj Randhir and Vijay Singh (second prizes), and Pranjal Singh (third prize). Dr. Girishwar Mishra, the Honourable Vice Chancellor of Mahatma Gandhi International Hindi University was the chief guest. The attraction of the programme was a Hindi-Urdu-Marathi *Kaavya goshti* by around 18 eminent poets of Vidarbha region. The session was highlighted by music composition of Guptji's famous poem '*Panchvati*' by Mr Prakash Thakre and his team.

On 12 Sep 2014, on the foundation day of MGIMS the prestigious Taradevi intercollegiate debate was held. This year the topic of the debate was "*the social status of women is declining*". Teams from ten leading colleges of Wardha debated on the issue heatedly. The judges were Ms Nootan Malvi, the well-known women rights activist of Wardha, Advocate Mrs Archana Wankhede Pethe, the public prosecutor of district court and Dr Abdul Baari, Principal of G S College of Commerce. Mr Navneet of Anuvaad Avam Nirvachan Vidyapeeth, MGAHU was awarded with prize of the best speaker for the motion and Ms V Radhika of MGIMS as speaker against the motion. Ms

Pratiksha Deodhare of Datta Meghe Institute of Engineering and Technology was declared the best interjector. The best debating team was MGIMS but the running shield for the event went to the runners-up team from MGAHU.

Gandhi Jayanti and International Peace and Non-violence Day was celebrated on 2 Oct 2014. Students of MGIMS, Kasturba Vidya Mandir, Kasturba Nursing School and Kasturba Nursing College participated in the various competitions organized. Dhanshree R Pajai won the cartooning competition on "India's new foreign policy". Pooja Patharkar won the Poster competition on "Cleanliness is invocation to God". Anagha Potharkar won the essay competition on "there is more to life than increasing its speed". Amardeep Kaur won the elocution competition on "Poverty is the greatest violence". The chief guest for the occasion was Professor Anwar A Siddiqui from Translation and interpretation Vidyapeeth, Mahatma Gandhi International Hindi University, Wardha. This was followed by a pledge for 'Clean India Campaign'.

Literary day was celebrated on 20 Feb 2015 where students showcased their literary talents. Stephen Sangma won the essay competition on 'Viva, an awkward situation'. Parvej Aalam won the poetry competition while Anagha Potharkar won the short story writing competition. Shiva Manwatkar won the English handwriting competition while Ram Pandey won the Hindi version. Antakshari was won by the team from 2013 batch of Rajat, Nurul and Manoj. The team from 2011 batch (Rajat Sharma and Urmila Phad) won the Quiz competition. Mayur Ingle walked away with the extempore speech prize.

Magazine

The 2014 edition of Sushruta was officially released on 12 Sep 2014 by Shri Mahendra Singh (Director, Ministry of Health & Family Welfare, Government of India). Yash Paliwal was Editor in chief. Saumya Shivkumar, Aditi Kashikar, Avinash Kumar, Naved Anjum, Aafreen Bari, Aditya Devalla, Sawan MK, Avishek Palsapure, Mr. Satish and Laxmi Raj were instrumental in compiling the best contributions of students.

NSS Activities

The 'NSS Special Camp 2014' for the 2014 batch of medical students of MGIMS, Sevagram was organized from 28 Sep to 11 Oct 2014 at village Dhanora under Kharangana PHC area. This camp was attended by 65 students of 2014 batch.

The following activities were undertaken under NSS during the year 2014-2015:

A Red Ribbon club was formed in which all the 65 students of the batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS. Tree plantation program was conducted in the village Dhanora. Total 100 saplings were planted. The students gifted a tree to each of their adopted families. Mr Gajendra Surakar, the renowned social activist in the Wardha district presented a thought provoking talk on andhshraddha nirmulan to students and the villagers. The students were sensitized about appropriate rural technology by Mr Atul Sharma, Director, Institute of rural polytechnic, Pipari. Demonstration of Smokeless chullah and Sarai Cooker was given to the students and the villagers

Students' Council

2015-16

	Chairman	:	Dr K R Patond
	Officer In charge	:	Dr Satish Kumar
	General Secretary	:	Mr Harshal Tayade
Event/Post	Officer Incharge		Student Incharge
Cultural	Dr AM Tarnekar		Nikhil Dorle
Sports	Dr Manish Jain		Karan Singh
NSS	Dr Chetna Maliye		Manthan Indurwade
Literary	Dr Anupama Gupta		Anshika Kulshreshtha
Magazine	Dr Sonia Jain		Lalit Chondekar
Research	Dr Bhupendra Mehra		Harshal Tayade
Ladies Representatives			Ms Shruti Pansare
			Ms Rutuja Darokar
Class Representatives			Ms Apoorva Maheshwari (2010)
			Mr Shyam Meda (2011)
			Ms Stuti Choudhary (2012)
			Mr Akshay Yadav (2013)
			Mr Aneesh Karwande (2014)
			Mr Shivansh Yadav (2015)
			Ms Rutuja Bhongale (2015)
PTI	Mr GP Bhoware		

Cultural Activities

The Students' Council 2015-16 organized a welcome programme, '*The Alchemists*', for the new entrants of 2015 batch students on 18 Aug 2015.

A grand cultural evening was organized on 11 Sep 2015. The program started with pooja dance on Shri Ganesha. A small act 'Bapu ki Beti' portraying Mahatma Gandhi and Dr Sushila Nayar was performed giving the message that the seed that Bapu and Behenji had sown has grown into a big tree giving fruits to society. The social issue of 'Farmers' suicide' was brought to the forefront in the form of a skit. The evening ended with a very touching show offering "A tribute to the Indian army".

The preparation for cultural events began with Natraj Pujan on 9 Feb 2016. 'ENCORE' was the title and the tag line was "Spirit of Togetherness with Centurions". The catchy performances of the cultural evenings were the Ardhanarishwar classical devotional dance; Malhari, Bollywood Contemporary, Kollywood, Pathaka Guddi, Hip-Hop and Retro group dances

including a special sequence dance dedicated to Madhuri Dixit; Sargam, K'pop, Nostalgia melodious songs; Requiem and Jugalbandi musical recitations by our college band; The Living Painting, a miraculous dance on the command of the painter, a dance on Beauty and the Beast theme, a special dance act dedicated to the acid victims. Besides, an Aqua, Lastly a 'Bollywood through the years' an award winning dance performance presented in the Vidarbha Zonal Competition by our students was also showcased to the audience.

The Ganesh festival celebrations started on 17 Sep 2015 in the auditorium. Different events like Garba, Bhajans, Rangoli, Painting, Kavi sammelan etc. were organized on the first two days of the occasion and on third day, the idol was taken to Paunar in an energetic and boisterous procession for its immersion.

Literary activities

On the occasion of the 129th Rashtrakavi Maithlisharan Gupta Jayanti celebrations, a Hindi poetry competition was organized by the Literary society on 30 Jul 2015 in

which Pranjal Singh, Pankaj Randhir and Anshika Kulshreshtha were declared first, second and third position winners respectively. On 2 Aug 2015, Dr Girishwar Mishra, the Honorable Vice Chancellor of International Hindi University, Wardha presided over the function. The Pro Vice Chancellor of the university Mr Chitranjan Mishra was the chief guest for the occasion. A seminar on the topic “Hindi Kavya ka badalta swarup- Beesvi sadi se aaj tak” was the highlight of the event in which many notable scholars of Wardha city participated.

Tara Devi Memorial Intercollegiate Debate Competition was organized on 12 Sep 2015 in the fond memory of Late Smt Tara Devi, the beloved mother of Dr. Sushila Nayar, our Founder President. The topic of debate was ‘Clean India Mission - Is it a viable solution to get rid of dirt?’. Speakers from 9 different colleges debated for and against the motion. Dr Ravi More and Dr Shipra Singam, law faculty members from Yashwant Law College, Wardha judged the competition. MGIMS team comprising of Miss Divya Dixit and Miss Shubhra Chhazed was adjudged as the Best Team and won the running trophy. SP Dental College team was adjudged as the runners up team and was handed over the trophy as per the tradition. Miss Shubhra Chhazed from MGIMS was adjudged as the Best debater against the motion, while Miss Divya Dixit from MGIMS and Miss Simran Sangani from SP Dental College tied up for Best Debater position for the motion.

On 2 Oct 2015 the literary society, in association with the Department of Community Medicine, Indian Association of Leprologists and Gandhi Memorial Leprosy Foundation, Wardha organized the “Gandhi and Shastri Jayanti celebrations”. “Leprosy elimination in India –myth or reality” was the theme of the day. Poster competition among Kasturba Vidya Mandir students (Topic- “Mahatma Gandhi and his social service mission”); debate competition (Topic- “leprosy elimination in India is a myth”) among students of MGIMS, Kasturba Nursing School and Kasturba Nursing College (KNC) and a symposium on the theme of the day; were the events organized. Chief guest Dr. Swapan Samant, President of the Indian Association of Leprologists; Guest of honour, Dr VV Dongre, Director Dattapur Leprosy foundation, Dr BS Garg, Secretary KHS were the dignitaries who graced the occasion. Mr. Vaibhav Besekar, Mr.

Harshawardhan Vairagade and Mr. Ankit Dhole got 1st, 2nd and 3rd prizes respectively in poster competition. In debate competition, Mr. Sarang Bombatkar from MGIMS received best debater against the motion and Ms Aishwarya Benedict from KNC received best debater for the motion trophies. The best institutional team” trophy was won by KNC.

College Literary Day was celebrated on 20 Feb 2016. A lot of inter-batch competitions were organized. Essay writing, handwriting competition, short story writing competition were the off stage events which were held on 17 Feb 2016. Beside this, quiz, extempore, dumb charades, anatakshri were the on stage events. Anuprva Potharkar from 2015 batch won 1st prize in English handwriting competition and Anagha Potharkar from 2013 batch won 1st prize in Hindi handwriting competition. Shruti Loudiya from 2014 won 1st and Mr Vidit Panchal from 2013 batch won 2nd in essay writing competition. Anuksha Dhepe from 2014 batch won 1st and Ms Bhoomika Pal won 2nd prize in short story writing competition. Vidit Panchal and Anagha Potharkar (2013 batch) won 1st position in quiz; 2nd position went to 2012 batch team of Karan and Sachin. Payal and Charulata Maske from 2012 batch won 1st position in dumb charades. Sonika Kumari won 1st and Vidit Panchal won 2nd prize in extempore. 2012 batch team of Pankaj and Nikhil won the 1st position in Antakshari.

This year our team also participated in the Vidarbha level inter-college debate competition organized by Pharmacy College, Wardha. Bhumika Pal of 2014 batch won second prize on the topic of debate, “The amendment in adolescent-act denies opportunities of change of heart in adolescent criminals”.

Academic Programme

The academic prize distribution programme was held on the Foundation Day of our Institute, 12 Sep 2015. Shri Ashutosh Salil, IAS, Collector Wardha district, was the chief guest. Dean Dr Patond presented the academic report. Shri Dhirubhai Mehta delivered the presidential address followed by an address by the Chief Guest of the function. Hardik More and Shiv Joshi, the outgoing general secretary and cultural secretary of the MGIMS Students’ Council 2014-15 presented the Students’ Council Report and vote of thanks respectively.

Magazine

The 2015 edition of Sushruta was officially released on 12 Sep 2015 by Collector of Wardha, Shri Ashutosh Salil. Rajat Sharma was Editor-in-chief with Khushboo Karoo as the Co-editor. Rutuja, Rashmi were incharges of Hindi Section. Bratalee, Manognya and Sammrudhi looked after the English Section. Mayurand and Urmila were incharge of the Marathi Section. Shiv, Poshika and Ditsha were incharges of the Clinical Section. Prachi and Annie looked after the Art Section. Darshana, Khushbu Choudhary, Yoyaphy Shimray and Neeraj Yadav were in-charge of the cover and back-page of the magazine.

Sports

The Maharashtra University of Health Sciences (MUHS), Nasik recognized our Institute for holding a Vidarbha Zone and Mega event Inter Zone Sports Tournaments of MUHS, Nasik. Vidarbha Zone tournament was organized from 10-11 Nov, 2015. A total of 22 colleges with 20 coaches and 293 players (boys -187 and girls -106) participated in this tournament. 27 of our students were selected in the Vidarbha Zone team for the Inter Zonal Sports Tournament. MUHS Mega event i.e. Inter Zone Sports Tournament was organized on 14-15 Nov 2015. 756 students from these 6 zones participated along with 36 coaches and team managers, 25 selectors and 50 officials. MUHS organized Inter Zone selection trials for Swimming and Chess at Ayurved College, Peth Wadgaon, Dist. Kolhapur, Badminton and Table Tennis at Manjra Ayurved College, Latur and Lawn Tennis at Sumatibai Shah Ayurved College, Hadapsar, Pune. Our institute team also participated in these selection trials successfully. This year six students were selected in MUHS team and got colours. Mr Nikhil Darade (2013) batch participated in All India West Zone Inter University Table Tennis Tournament at RGPV, TIT University, Bhopal. Mr. Raghvendrasingh Koka (2014 batch) was selected in MUHS team for participation in All India Inter University Swimming Competition at Punjab University, Chandigarh. Ms Harshita Motwani (2014 batch) and Mr. Aneesh Karwande (2014 batch) for basketball, Mr. Mayank Pradhan (2014 batch) for volleyball and Mr. Pradeep Kumar Sanga (2014 batch) for kho-kho were selected in MUHS team for participation in State Level Inter University Tournament "Kridamahotsav - 2015",

organized under the supervision of Honorable Governor of Maharashtra at Swami Ramanad Tirth Marathwada University, Nanded.

Shri Girish Bhoware, Director, Physical Education was selected as Coach-cum-Team Manager for MUHS Table Tennis and Judo team for All India West Zone Inter University and All India Inter University Tournament at RGPV, TIT University, Bhopal and KIT University, Bhubaneswar. Besides, MUHS also entrusted the following responsibilities to Shri Girish Bhoware: Secretary of MUHS Board of Student Welfare Vidarbha Zone, Member of MUHS Selection Committee for Lawn Tennis, Coordinator of MUHS Inter Zone Sports Tournament and Coordinator of MUHS Vidarbha Zone Selection Trials.

NSS Activities

NSS Special Camp Activity

The 'NSS Special Camp 2015' for the 2015 batch of medical students of MGIMS, Sevagram was organized from 6 to 20 October, 2015 at village Padegaon under Talegaon PHC area. This camp was attended by 96 students of 2015 batch.

NSS Regular Activities

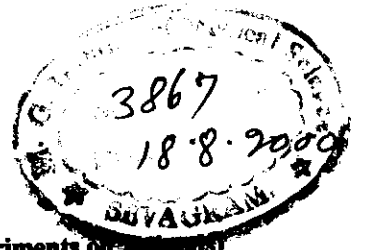
The following activities were undertaken under NSS during the year 2015-2016:

The Red Ribbon Club: A Red Ribbon club was formed in which all the 96 students of the batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS.

Tree plantation activity: Tree plantation program was conducted in the village Dhanora. Total 100 saplings were planted. The students gifted a tree to each of their adopted families.

Andha shraddha nirmulan: Mr Gajendra Surakar, the renowned social activist in the Wardha district presented a thought provoking talk on andh shraddha nirmulan to students and the villagers.

Rural technology: The students were sensitized about appropriate rural technology by Mr Atul Sharma, Director, Institute of rural polytechnic, Pipari. Demonstration of smokeless chullah and Sarai Cooker was given to the students and the villagers



No.25/199-AWD
Government of India
Ministry of Social Justice and Empowerment
(Committee for the Purpose of Control and Supervision of Experiments on Animals)

Shastri Bhavan, New Delhi-110001.
Dated the 1st August, 2000

✓ To
Dr. O.P. Gupta,
Dean,
Mahatma Gandhi Institute
of Medical Sciences,
Sevagram, Wardha, Gujarat-442102

Subject : Registration of Establishments/ Breeders under Rule 5(a) of the "Breeding of and Experiments on Animals (Control and Supervision) Rules 1998".

Sir,

With reference to your application on the above-mentioned subject, this is to inform that your Establishment is hereby registered for "Research and Breeding". Your Registration Number is 250/CPCSEA. Mr. Arvind Kumar Sheth will be the nominee of the Institutional Animal Ethics Committee of the Establishment.

2. You are requested to quote the above Registration Number in all your future correspondence with the Committee.
3. For further correspondence you are requested to contact Office of CPCSEA at Chennai, at the address given below:

Office of the CPCSEA,
Ministry of Social Justice and Empowerment,
3rd Sea Ward Road, Walmiki Nagar,
Thiruvanmayur, Chennai.

Yours faithfully,


(A.K. JOSHI)
MEMBER SECRETARY(CPCSEA)
Tel. No.3387539
Fax No.3384918

- Copy to:-1. Mr. Arvind Kumar Sheth, 1, Ajay Apartments, Opp: IRMA Gate, Anand-388001
Kindly acknowledge receipt of the letter on the Chennai address.
2. Ms. Prema Veeraraghavan, Expert Consultant(CPCSEA), Chennai.

Dr. MVR Reddy
Prof. B. S. Chennu
[Signature]

List of Major Equipment procured during the last four years (2011-2015)
(costing above Rs. 5 Lakhs)

SN	Name of the Equipment	Model	Qty.
1.	Linear accelerator Clinac IX with dynamic IMRT incl. Standard accessories, eclipse treatment planning system & aria oncology information system (usd 10,92,000)	Clinac IX	1
2.	MRI machine	Avanto 1.5 Tesla	1
3.	Cathlab (ceiling suspended lab with all accessories)	Philips Allura Xper Fd10c	1
4.	Excimer laser system	Mel 80 Crs	1
5.	Twin dome & mobile OT lights (LED) with inbuilt camera system with all standard accessories	Dr. Mach	1
6.	Four/five sections electro hydraulic OT table with standard accessories	Mediland C600k	1
7.	Computerized radiotherapy system	Kodak/Carestream 2000 Rt Cr Plus System	1
8.	Microkeratome with 1000 blades	Amadeus 2	1
9.	Flow Cytometer	BD Facscanto II	1
10.	Radiation field analyser (dosimetry system) with necessary accessories		1
11.	Constellation table top with all accessories		1
12.	Carl Zeiss Fundus camera FF450 plus with Visupac 481 & zk-5		1
13.	Upgradation of existing plato brachytherapy planning system to oncentra brachytherapy planning system with necessary software modules		1
14.	Multi spot green laser with accessories - quantel medical (euro 36,000)	Vitra Multispot 532 Nm	1
15.	High performance liquid chromatography (HPLC) with computer and printer	Variant Ii (Cat No. 2702001)	1
16.	X-ray machine (Siemens Polyskop 5 / Polydoros lx - 1 tube, fluorovision 3000 Standix, image management software)	(1 Unit)	1
17.	Urology instruments includes: endovision camera, medical grade monitor, PCN & PCNL set, ureterorenoscopy, cystoscopy etc		1

18.	Color Doppler ultrasound	Voluson S6	1
19.	Zeiss opmi lumera i surgical microscope		1
20.	Fully Automated Biochemistry Analyzer with Standard Accessories	Au 480 With Ise	1
21.	Moving Lasers, hit3 red with sVSIM with CT room IT package	Sp007-0012 + Pa002-0200 + 9999-9904	1
22.	Arthroscopy operative system with accessories		1
23.	Sonomed Ultrasonic Biomicroscope (UBM) - 1 Unit & SONOMED 300AP+A-Scan / Pachymeter with Prager Shell - 1 Unit		1
24.	Anesthesia workstation (advanced)	Draeger Primus	1
25.	Anesthesia Workstations (Model: Aisys CS2 - 3 Nos., 9100c - 3 Nos.) with Multipara Monitors (Model: B 40 V II - 6 Nos.)	Wipro Ge	6
26.	Ventilator (infant) with compressor & accessories	Sle 5000	1
27.	Anesthesia machine with multipara monitor	Fabius Plus	2
28.	Advanced ALS and Emergency Care Simulator	Model: S300.100 + S300.100.007 + S300.100.001	1
29.	Central oxygen system with all accessories		1
30.	COBAS e411 Analyzer	COBAS E411	1
31.	IUI lab equipment		1
32.	Lamellar keratoplasty unit	Amadeus Ii	1
33.	Battery operated saw & drill with all accessories	Stryker Power System 6	1
34.	Zeiss Opmi Movena surgical operating microscope with all accessories	Opmi Movena	1
35.	Gastrointestinal videoscope	Hwpl01321	1
36.	Carl Zeiss automated perimeter HFA III	HFA 750i	1
37.	Laparoscopic attachments equipment with all accessories		1
38.	Accessories for Carl Zeiss surgical operating microscope model Opmi Vario		1
39.	Video bronchoscope with accessories	Eb-1970k	1
40.	Led OT lights ceiling mounted with camera	Magnaled Sphere 700/700	1
41.	Vitrectomy machine with all accessories	Turbo Vit	1
42.	Anesthesia workstation with b40 monitor with AGM	9100c	1

43.	GE marquette stress test machine (TMT) with treadmill and all essential accessories	Case Premium With T2100	1
44.	Anesthesia workstation	Draeger Fabius Plus	2
45.	Operation table (electro hydraulic)	Tanvi 3018	1
46.	Peripheral PDEXA bone densitometer with lifter	OstyoSys Pdexa-3000	1
47.	Cryostat with all standard accessories	Leica Cm 1850	1
48.	Manikins for skill lab		1
49.	C-arm image intensifier	Mm 5e	1
50.	Automated microbial identification & antibodies susceptibility testing system	Vitek 2 Compact 30	1
51.	USG machine (portable)	Logiq E Bt12	1
52.	Ventilator	Maquet Servo - I	10
53.	Bactec MGIT 320 system		1
54.	Ophthalmic LED operating zoom microscope	Aaom 2000 Legend	1
55.	Ventilator	Maquet Servo - I	1
56.	Automatic tissue processor	Myr Stp 120 Spin	1
57.	HPLC system	511009497	1
58.	Laser ablation system (surgical diode EVLT)	Kathir Evlt 30	1
59.	Intubation fiberscope with intubation video system (5.5 x 65)	Karl Storz Make	1
60.	Telecam DX II camera (chip camera control unit and Carl Storz telescope 0, 30, 45 degree)		1
61.	Anesthetic gas scavenging system with all accessories (AGSS)	Duplex Dags11 With Remote	1
62.	Pressure injector for Cathlab (Angiomat Illumina with accessories)	Part No. 601195	1
63.	Carl Zeiss operating microscope	Opmi Movena Stereo	1
64.	Hemodialysis machine	4008s V10 M204001	1
65.	Anesthesia workstation	Datex Ohmeda 9100c	1
66.	Anesthesia work station (Datex Ohmeda) with integrated ventilator		3
67.	Microplate spectrophotometer, auto microplate washer & manifold	Cat No. EON + Elx50/8 And 40705138	1
68.	Automatic OT table with accessories	Magnatek Multistar 4s	1
69.	Intubation fiberscope with intubation system (3.7 x 65)	Karl Storz Make	1

70.	Computerized radiography system with dry imager (CR system)	Cr 10-X	1
71.	Bipolar cautery with all accessories	Shalya Vista +Ve	1
72.	Ozone generator (ozomed basic instrument for spine)	Ozomed	1
73.	Advanced phaco emulsification unit with video overlay unit	Alcon Infinity Vision System 3.0	1
74.	Fully Automated Biochemistry Analyzer with Standard Accessories	Cobas C 111	2
75.	Carl Zeiss trinocular fluorescence microscope	Axio Lab A1	1
76.	Multipara monitor with anaesthesia gas analyser	BPL Sign E12	2
77.	Setting up of wi-fi at Anji, Bhidi, Sushila Nayar Colony, Dhanwatari Nagar		1
78.	Semi automatic 4.5 CF ETO sterilizer with essential accessories	PCI Make	1
79.	LED OT lights (ceiling twin dome)	Magnaled Tru 700/700 Camera Ready	1
80.	LED OT lights (ceiling twin dome)	Magnaled Tru 700/700 Camera Ready	3
81.	High speed autoclave	Statim 5000	1
82.	Fully Automated Biochemistry Analyzer with Standard Accessories	A-15	1
83.	X-Ray Machine 500ma with Motorized Table	Allengers 525/Fc/Allpose/Dt	1
84.	Color Doppler Ultrasound scanner system with all accessories	GE Logic Book Xp Enhanced	1
85.	Breast board with accessories	Mt350n + MTTASL + MTTASR + MTTWSS	1
86.	Dr speech diagothrapy #2 with vocal assessment (voice & egg)	Dr Speech Endostrob	1
87.	Mortuary chamber (4 body)		1
88.	Mortuary chamber (4 body)		2
89.	Sony 3 CCD camera & computer workstation with monitor		1
90.	LED slit lamp with imaging system with all accessories	SI-Cam Icm-7	2
91.	Coagulation & platelet function analyzer	Sonoclot Sep1	1

Investigations 2011-12

Pathology					
Total Investigations: 3, 41, 864					
Clinical Pathology OPD: 143737					
CBC automated counter	35281	Hemoglobin	208	BT/CT	1874
Peripheral smear	17152	Sickling	4577	Stool (blood)	154
PS for malarial parasite	7549	AEC	665	ESR	2711
Blood grp & Rh typing	13894	TLC/DLC	118	Urine	58567
Bence Jones Proteins	50				
Hematology : 65754			Blood Bank : 90029		
CBC	329990	Retic count	341	Blood grouping & Rh typing	
Peripheral smear	18779	G6PD	58	In patients	17345x2
ESR	799	Indirect Coombs'	191	In donors	6738x2
PS for Malarial parasite	236	Direct Coombs'	32	Subgrouping: A1 & A2	1683
Bone marrow	22	AD test	1	Blood bags collected	6738
Sickling	2763	Osmotic fragility	12	Total screening tests	33704
Hb electrophoresis	1951	HBsAg	5100	Total units issued	
AEC	117	Hb Elect. (Quantitative)	85	-Whole blood	5700
<i>Coagulation Lab</i>		Serum elect. (Quantitative)	41	-Packed red cells	776
Prothrombin time	1477			-Platelet concentrate	622
APTT	759			-Fresh Frozen Plasma	780
Cytology : 23190			Histopathology : 13741		
Cervicovaginal smears	2424	Specimens	4192	Total cross match	6476
FNAC	2537	Paraffin blocks	13741	Blood donation camps	47
Cervicovaginal smears (Camp)	524	Autopsies	32	Blood issued to	
Body fluids	1556			-thalassemia patients	323
Sputum	131			- SCD patients	137
Endometrium	526			Camps:	5222
Bronchial wash	08			Social service camp	5222
Miscellaneous	07			Special Investigations	196
Total smears	23190			Immunohistochemistry	105
				Antithyroid antibodies	11
				Serum ferritin	75
Biochemistry					
Total investigations: 211441					
Blood/Serum					
Sugar/Glucose	40230	Urea	25027	Sec. osmolality	54
Cholesterol	198	Creatinine	33014	Ser.LDH	445
Lipid Profile	2956	Sodium	29717	Bilirubin	17169
Apolipoproteins	19	Potassium	30292	AIK Phosphatase	586
CPK/CK MB	2460	Calcium	1262	GTT	641
Chloride	8	Lithium	25		
Liver Panel	5582	Phosphorus (Inorg)	56	Hormones	7428
Lipase	679	ABG	1006	In arrangement with Thyrocare	
Amylase	577	Albumin	907		
Liver enzymes	7521	Renal panel	105	Filarial Ag/Ab	156
Other Fluids				Seva TB ELISA	309
Sugar	659				
Proteins	780	Urine			
Chloride + phosphate	19	24 Hrs Albumin	67		
Amylase	37	Creatinine	5		
Albumin	219	Na	93		
Tri-glyceride	7	K	70		
Glucose, Protein (Pus)	4	Ca & Chloride	23		
LDH, Cho, HCO ₃ , Cl	37	Protein : creatinine ratio	71		
		Microalbumin	14		
		Osmolality	61		
		Others	7		

Investigations 2011-12

Microbiology					
Total Investigations :52,940					
BACTERIOLOGY : 19631					
Culture	17886	Drain	157	Stool	220
Aerobic	17068	Drinking water	97	Tissue	22
Aspirate	142	Endometrial tissue	07	Swabs	3769
Antral wash / BAL	03	Fluids	471	Urine	8087
Bile	02	Miscellaneous	23	Whole blood	56
Biopsy	28	Placenta	03		
Blood	2759	Product of conception	08	Anaerobic	818
Blood bags	23	Pus	506	Routine	60
CSF	461	Semen	14	PHC O.T.	311
Corneal scrapping	10	Infection Control	447		
Discharge	03	Sputum	197		
Microscopy	1745	Gram staining	1045	Hanging drop	165
DGI	02	Wet mount	533		
MYCOLOGY : 776					
Culture	110	Fluids	06	Tissue	11
Aspirates	02	Nail	06	Swabs	08
Biopsy	01	Pus	14	Urine	03
Blood	02	Scraping	50	Microscopy	666
CSF	03	Sputum	03	KOH	666
Drain	01				
MYCOBACTERIOLOGY : 4098					
Culture	1640	MGTI	1350	LJ & BACTEC	236
LJ / Bactec	290				
Microscopy	2222	Smear for AFB	1890	Slit Skin Smear	310
Fluorescent	22				
PARASITOLOGY : 855					
Microscopy	855	Stool (Village Camp)	723	Stool (Dept.)	132
SEROLOGY & IMMUNOLOGY : 27580					
Bacteriology	10657	Leptospira IgM	60	VDRL	5424
ASO	311	RA	860	Widal	2458
CRP	1542	TPHA	02	Toxo(ELISA)	04
Parasitology	3700	Malaria	3696		
Virology	13223	HIV (routine)	2936	Paul Bunnell	11
Dengue	2013	HIV(PPTCT)	5788		
HCV	2475				

ANATOMY	PHYSIOLOGY	RADIOLOGY
Cytogenetics 86	<i>Neurophysiology Unit</i>	X Rays 79770
FORENSIC MEDICINE	NCV & EMG 232	USG 22485
Toxicology 1077	VEP 85	CT 4192
MEDICINE	BERA 468	MRI 1275
ECG 10692		IVU 502
Echocardiography 235	<i>Reproductive Biology Unit</i>	Mammography 98
Ward lab 2375	Semen Analysis 323	Barium Swallow 68
		Barium Meal + FT 18
		Barium Enema 5
OBS/GYN		HSG 13
USG 6011	PSYCHIATRY	Sinography/Fistulography 18
	EEG 348	MCU RGU/Cystography 40
	IQ Testing 384	

Investigations 2012-13

Pathology					
Total Investigations: 3, 59, 688					
Clinical Pathology OPD: 152575					
CBC automated counter	31107	Hemoglobin	154	BT/CT	814
Peripheral smear	17647	Sickling	4024	Stool (blood)	305
PS for malarial parasite	5123	AEC	619	ESR	2546
Blood grp & Rh typing	13184	TLC/DLC	20	Urine	59115
Bence Jones Proteins	51			Blood Bank : 85500	
Hematology : 71941			Blood grouping & Rh typing		
CBC	26592	Retic count	638	In patients	15172x2
Peripheral smear	22944	G6PD	32	In donors	6635x2
ESR	534	Indirect Coombs'	175	Subgrouping: A1 & A2	1697
PS for Malarial parasite	386	Direct Coombs'	27	Blood bags collected	6635
Bone marrow	29	AD test	10	Total screening tests	32789
Sickling	3651	Osmotic fragility	5	Total units issued	
AEC	239	HBsAg	10057	-Whole blood	5335
<i>Coagulation Lab</i>		Hb Elect. (Quantitative)	370	-Packed red cells	1065
Prothrombin time	1587	Serum elect. (Quantitative)	33	-Platelet concentrate	478
APTT	857	Hb electrophoresis (Qual)	1331	-Fresh Frozen Plasma	1035
Cytology : 25613		Histopathology : 15118		Total cross match	6400
Cervicovaginal smears	2420	Specimens	5051	Blood donation camps	44
FNAC	2879	Paraffin blocks	15118	Blood issued to	
Cervicovaginal smears (Camp)	167	Autopsies	37	-thalassemia patients	437
Body fluids	1385			- SCD patients	224
Sputum	83			Camps: 8799	
Endometrium	799			Social service camp	8281
Bronchial wash	28			Diagnostic camp	518
Miscellaneous	24			Special Investigations 142	
Total specimens	8415			Immunohistochemistry	131
Total smears	25613			CD4 count/percent	06
				HLA B27	05
Biochemistry					
Total investigations: 267096					
Blood/Serum					
Sugar/Glucose	47198	Urea	31411	Ser. osmolality	244
Cholesterol	238	Creatinine	40221	LDH	640
Lipid Profile	3871	Sodium	40265	Bilirubin	14060
Apolipoproteins	04	Potassium	41252	All Phosphatase	721
CPK/CK MB	3157	Calcium	2067	Acid phosphatase	10
Chloride	44	Lithium	71	GTT	638
Liver Panel	8263	Phosphorus (Inorg)	80	Uric acid	676
Lipase	1161	ABG	2733		
Amylase	1160	Albumin	1232	Filarial Ag/Ab	168
Liver enzymes	7789	Renal panel	2977	Seva TB ELISA	179
Other Fluids		Urine			
Sugar	549	24 Hrs Albumin	131	Special Investigations	11270
Proteins	880	Creatinine	34	(Hormones, Tumor	
Chloride + phosphate	4	Na	273	markers, TORCH, etc.)	
Amylase	60	K	138		
Albumin	365	Ca & Chloride	29		
Tri-glyceride	14	Protein : creatinine ratio	115		
Glucose, Protein (Pus)	4	Microalbumin	61		
LDH, Cho, HCO ₃ , Cl	392	Osmolality	312		
		Others	35		

Investigations 2012-13

Microbiology					
Total Investigations :54,824					
BACTERIOLOGY : 19542					
Culture	17472	Drain	136	Stool	178
Aerobic	16682	Drinking water	14	Tissue	30
Aspirate	146	Endometrial tissue	06	Swabs	2932
Antral wash / BAL	05	Fluids	456	Urine	8335
Bile	06	Miscellaneous	14	Whole blood	145
Biopsy	26	Placenta	04		
Blood	3118	Product of conception	09	Anaerobic	790
Blood bags	08	Pus	516	Routine	538
CSF	393	Semen	04	PHCO.T.	220
Corneal scrapping	20	Infection Control	32	Infection control	32
Discharge	09	Sputum	172		
		Gram staining	1399	Hanging drop	171
Microscopy	2070	Wet mount	498		
DGI	02	MYCOLOGY : 1347			
		Fluids	19		
Culture	707	Nail	14	Tissue	05
Aspirates	02	Pus	23	Swabs	51
Blood	03	Scraping	571	Urine	01
Drain	01	Sputum	12	Microscopy	640
		Discharge	01	KOH	634
		Hair	04	India ink	06
		MYCOBACTERIOLOGY : 3172			
Culture	853	MGIT	502	DRT	
LJ	90			LJ	261
Microscopy	2319	Smear for AFB	1963	Slit Skin Smear	347
Fluorescent	09			Stool (Dept.)	203
		PARASITOLOGY : 1243			
Microscopy	1243	Stool (Village Camp)	1040		
		SEROLOGY & IMMUNOLOGY : 29520			
Bacteriology	10474	Leptospira IgM	130	VDRL	4875
ASO	270	RA	963	Widal	2241
CRP	1990	TPHA	05	Toxo (ELISA)	06
Parasitology	4262	Malaria	4256	Paul Bunnell	03
Virology	14784	HIV (routine)	5288		
Dengue	1618	HIV(PPTCT)	4304		
HCV	3571				

ANATOMY	PHYSIOLOGY	RADIOLOGY
Cytogenetics 103	<i>Neurophysiology Unit</i>	X Rays 59479
FORENSIC MEDICINE	NCV & EMG 180	USG 23976
Toxicology 1077	VEP 88	CT 4353
MEDICINE	BERA 359	MRI 1193
ECG 12738		IVU 560
Echocardiography 544	<i>Reproductive Biology Unit</i>	Mammography 148
	Semen Analysis 325	Barium Swallow 124
		Barium Meal + FT 48
		Barium Enema 11
	PSYCHIATRY	HSG 23
	EEG 478	Sinography/Fistulography 43
	IQ Testing 226	MCU RGU/Cystography 96
	ECT 06	T tube cholangiography 02
		Interventional procedures 04

Investigations

2013-14

Pathology					
Total Investigations: 3, 44, 463					
Clinical Pathology OPD: 142160					
CBC automated counter	31521	Hemoglobin	210	BT/CT	740
Peripheral smear	19846	Sickling	3746	Stool (blood)	302
PS for malarial parasite	2761	AEC	774	ESR	3057
Blood grp & Rh typing	13608	TLC/DLC	128	Urine	65431
Bence Jones Proteins	36				
		Hematology : 74659			
CBC	33686	Retic count	579	Blood grouping & Rh typing	
Peripheral smear	18056	G6PD	52	In patients	12665x2
ESR	1055	Indirect Coombs'	188	In donors	6343x2
PS for Malarial parasite	686	Direct Coombs'	67	Subgrouping: A1 & A2	1610
Bone marrow	49	Osmotic fragility	4	Blood bags collected	6342
Sickling	3854	HBsAg	11520	Total screening tests	31794
AEC	161	Hb Elect. (Quantitative)	182	Total units issued	
<i>Coagulation Lab</i>		Serum elect. (Quantitative)	47	-Whole blood	5267
Prothrombin time	1810	Hb electrophoresis (Qual)	1457	-Packed red cells	1078
APTT	1224			-Platelet concentrate	397
				-Fresh Frozen Plasma	1119
				Total cross match	6345
				Blood donation camps	43
				Blood issued to	
				-thalassemia patients	132
				-SCD patients	178
				Camps:	9701
				Social service camp	9352
				Diagnostic camp	349
				Special Investigations	744
				Immunohistochemistry	448
				CD4 count/percent	15
				HLA B27	281
Cytology : 25397					
Cervicovaginal smears	1774	Specimens	5173		
FNAC	3390	Paraffin blocks	14037		
Body fluids	1592	Autopsies	58		
Sputum	148				
Endometrium	787				
Bronchial wash	79				
Miscellaneous	100				
Total specimens	7869				
Total smears	25397				
Histopathology : 14037					
Biochemistry					
Total investigations: 245376					
Blood/Serum					
Sugar/Glucose	39493	Urea	26328	Ser. osmolality	668
Cholesterol	246	Creatinine	33502	LDH	592
Lipid Profile	3559	Sodium	37517	Bilirubin	8596
CPK/CK MB	2375	Potassium	38168	Alk Phosphatase	704
Chloride	32	Calcium	2798	Lactate	27
Liver Panel	10483	Lithium	52	GTT	520
Lipase	1124	Phosphorus (Inorg)	141	Uric acid	1034
Amylase	1108	ABG	3218	Troponin T	1817
Liver enzymes	6406	Albumin	1142	Filarial Ag/Ab	99
Other Fluids		Renal panel	6304	Seva TB ELISA	179
Sugar	560				
Proteins	1118	Urine			
Amylase	9	24 Hrs Albumin	57	Special Investigations	12593
Albumin	317	Creatinine	36	(Hormones, Tumor	
Tri-glyceride	62	Na	688	markers, TORCH, etc.)	
Glucose, Protein (Pus)	5	K	404		
LDH, Cho, HCO ₃ , Cl	328	Ca & Chloride	27		
		Protein : creatinine ratio	203		
		Microalbumin	81		
		Osmolality	712		
		Others	38		

Investigations

2013-14

Microbiology					
Total Investigations : 57,740					
BACTERIOLOGY : 19907					
Culture	17588	Drain	100	Stool	873
Aerobic	16783	Endometrial tissue	07	Tissue	43
Aspirate	165	Fluids	649	Swabs	2700
Antral wash / BAL	06	Miscellaneous	14	Urine	8606
Bile	16	Placenta	03	Whole blood	277
Blood	2911	Product of conception	05		
Blood bags	59	Pus	628	Anaerobic	805
CSF	308	Semen	09	Routine	152
Corneal scrapping	64	Sputum	354	PHCO.T.	211
Discharge	08			Infection control	442
Microscopy	2121			Hanging drop	129
Gram staining	1276	Wet mount	716		
		MYCOLOGY : 1260			
Culture	666	Fluids	31		
Aspirates	02	Nail	15	Tissue	17
Biopsy	02	Pus	20	Swabs	46
Blood	01	Scraping	526	Microscopy	640
Drain	02	Sputum	04	KOH	594
		MYCOBACTERIOLOGY : 2678			
Culture	366	MGIT	338	DRT	31
LJ	28			LJ	31
Microscopy	2281				
Fluorescent	09	Smear for AFB	1866	Slit Skin Smear	406
		PARASITOLOGY : 898			
Microscopy	898	Stool (Village Camp)	182	Stool (Dept.)	716
		SEROLOGY & IMMUNOLOGY : 33195			
Bacteriology	10995	Leptospira IgM	149	VDRL	5179
ASO	182	RA	1095	Widal	2344
CRP	2225	TPHA	03		
Parasitology	5238	Malaria	5237	Toxo (ELISA)	01
Virology	16962				
Dengue	2869	HIV (routine)	7053	Paul Bunnel	01
HCV	4760	HIV(PPTCT)	2279		

ANATOMY		PHYSIOLOGY		RADIOLOGY	
Cytogenetics	95	<i>Neurophysiology Unit</i>		X Rays	83215
FORENSIC MEDICINE		NCV & EMG	385	USG	21105
Toxicology	1102	VEP	127	CT	5091
MEDICINE		BERA	238	MRI	1967
ECG	9357			IVU	79
Echocardiography	259	<i>Reproductive Biology Unit</i>		Mammography	150
TMT	39	Semen Analysis	344	Barium Swallow	20
PFT	149			Barium Meal + FT	11
Side lab	377	PSYCHIATRY		Barium Enema	23
		EEG	516	HSG	13
		IQ Testing	362	Sinography/Fistulography	05
		ECT	186	MCU RGU/Cystography	29
				T tube cholangiography	02
				Interventional procedures	48

Investigations

2014-15

Pathology					
Total Investigations: 391550					
Clinical Pathology OPD: 163636					
CBC automated counter	40931	Hemoglobin	853	BT/CT	1294
Peripheral smear	24681	Sickling	3433	Stool (blood)	851
PS for malarial parasite	2461	AEC	710	ESR	2689
Blood grp & Rh typing	27303	TLC/DLC	199	Urine	58119
Bence Jones Proteins	112				
Hematology : 96611			Blood Bank : 81982		
CBC	37775	Retic count	951	Blood grouping & Rh typing	
Peripheral smear	28692	G6PD	124	In patients	14441x2
ESR	1545	Indirect Coombs'	183	In donors	6426x2
PS for Malarial parasite	1957	Direct Coombs'	83	Subgrouping: A1 & A2	1551
Bone marrow	59	Osmotic fragility	10	Blood bags collected	6426
Sickling	4489	HBsAg	13128	Total screening tests	32492
AEC	347	Hb Elect. (Quantitative)	890	Total units issued	
<i>Coagulation Lab</i>		Serum elect. (Quantitative)	128	-Whole blood	5011
Prothrombin time	2672	Hb electrophoresis (Qual)	1547	-Packed red cells	1194
APTT	2031			-Platelet concentrate	622
				-Fresh Frozen Plasma	851
Cytology : 26870		Histopathology : 20564		Total cross match	6205
Cervicovaginal smears	1602	Specimens	6191	Blood donation camps	39
FNAC	3773	Paraffin blocks	20564	Blood issued to	
Body fluids	1837	Autopsies	97	-thalassemia patients	475
Sputum	89	Frozen sections	40	-SCD patients	178
Endometrium	952	Special Investigations : 573			
Bronchial wash	38	Immunohistochemistry	439	Camps : 1314	
Miscellaneous	43	CD4 count/percent	10	Social service camp	858
Total specimens	8334	HLA B27	120	Diagnostic camp	456
Total smears	26870	Immunophenotyping	4		
Biochemistry					
Total investigations: 301989					
Blood/Serum					
Sugar/Glucose	53184	Albumin	979	Albumin	421
Cholesterol	220	Renal Panel	12336	Tri-glyceride	67
Lipid Profile	5781	Ser. Osmolality	1311	Glucose, Protein (Pus)	11
Apolipoproteins	94	Bilirubin	9188	LDH, CHO, HCO ₃ , Cl	1343
CPK/CK MB	2203	ALK Phosphatase	616	Urine	
Chloride	64	GTT	399	24 Hrs Albumin	78
Liver Panel	13457	Uric Acid	1797	Creatinine	30
Lipase	1438	Seva Filacheck	107	Sodium	422
Amylase	1459	Troponin T	2596	Potassium	1028
Liver enzymes	7589	Lactate	901	Ca & Chloride	32
Urea	28326	GGT	116	Protein: Creatinine ratio	270
Creatinine	36547			Microalbumin	64
Sodium	43746	Other Fluids		Osmolality	1170
Potassium	44222	Sugar/Glucose	787	Others	43
Calcium	3655	Proteins	1237	Special Investigations	
Lithium	5	Chloride+phosphate	8	(Hormones, Tumor	
Phosphorus (Inorg)	423	Amylase	106	Markers, TORCH, etc.)	
ABG	5051				17062

Investigations

2014-15

Microbiology					
Total Investigations : 66,701					
BACTERIOLOGY : 21189					
Culture	20680	Drain	124	Stool	1220
Aerobic	19839	Endometrial tissue	11	Swabs	3543
Aspirate	239	Fluids	04	Tissue	119
Antral wash / BAL	09	Placenta	04	Urine	9699
Bile	07	Pus	850	Whole blood	193
Blood	3692	Semen	04		
Blood bags	737	Sputum	546		
CSF	254			Anaerobic	882
Corneal scrapping	111			Routine	509
Discharge	14			PHCO.T.	205
				Infection control	168
Microscopy	2771			Hanging drop	368
Gram staining	1670	Wet mount	733		
				MYCOLOGY : 535	
Culture	269	Nail	22		
Aspirates	01	Pus	21	Swabs	38
Biopsy	03	Scraping	90	Tissue	59
Blood	01	Sputum	09	Microscopy	266
Drain	03			KOH	266
Discharge	02				
				MYCOBACTERIOLOGY : 3547	
Culture	470	MGIT	176	DRT	67
UJ	294			UJ	67
Microscopy	3010	Smear for AFB	2593	Slit Skin Smear	417
				PARASITOLOGY : 87	
Microscopy	87	Stool (Dept.)	87		
				SEROLOGY & IMMUNOLOGY : 41428	
Bacteriology	11064	Leptospira IgM	182	VDRL	4909
ASO	66	RA	1452	Widal	2270
CRP	2185	Malaria	7624		
Parasitology	7624			IgM ELISA	1369
Virology	22740	HIV (routine)	9605	Paul Bunnel	01
Dengue	4782	HIV(PPTCT)	353	JE ELISA	15
HCV	6252			NS1 ELISA	363
ANATOMY		PHYSIOLOGY		RADIOLOGY	
Cytogenetics	88	<i>Neurophysiology Unit</i>		X Rays	94685
FORENSIC MEDICINE		NCV & EMG	309	USG	24418
Toxicology	1060	VEP	149	CT	5760
MEDICINE		BERA	168	MRI	2318
ECG	11309			IVU	403
Echocardiography	459	<i>Reproductive Biology Unit</i>		Mammography	208
TMT	39	Semen Analysis	307	Barium Swallow	105
PFT	149			Barium Meal + FT	38
Side lab	1140	PSYCHIATRY		Barium Enema	48
Angiography	102	EEG	482	HSG	141
Ambulatory BP Monitoring	14	IQ Testing	375	Sinography/Fistulography	38
		Other psychometric tests	86	MCU RGU/Cystography	57
				T tube cholangiography	03

Investigations 2015-16

Pathology					
Total Investigations: 492012					
Clinical Pathology OPD: 200305					
CBC automated counter	62778	Hemoglobin	230	BT/CT	1832
Peripheral smear	49274	Sickling	4548	Stool (blood)	514
PS for malarial parasite	1352	AEC	847	ESR	2785
Blood grp & Rh typing	27434	TLC/DLC	106	Urine	46345
Bence Jones Proteins	67	Prothrombin Time	1193	CSF	154
CBC	51337	APTT	846	Blood Bank : 88756	
Peripheral smear	71923	Hematology : 157398		Blood grouping & Rh typing	
ESR	1105	Retic count	925	In patients	13814x2
Hb	36	G6PD	56	In donors	6627x2
PS for Malarial parasite	2941	Indirect Coombs'	246	Subgrouping: A1 & A2	1710
Bone marrow	50	Direct Coombs'	101	Blood bags collected	6627
Sickling	5699	Osmotic fragility	6	Total screening tests	39654
AEC	289	HBsAg	14975	Total units issued	
<i>Coagulation Lab</i>		Hb Elect. (Quantitative)	1879	-Whole blood	5310
Prothrombin time	3292	Serum elect. (Quantitative)	91	-Packed red cells	1000
APTT	2446	LE Cell	1	-Platelet concentrate	459
Cytology : 26623		Histopathology : 17172		-Fresh Frozen Plasma	1130
Cervicovaginal smears	1045	Specimens	6815	Total cross match	6510
FNAC	3387	Paraffin blocks	17172	Blood donation camps	37
FNAC (Guided)	514	Autopsies	51	Blood issued to	
Body fluids	1895	Frozen sections	89	-thalassemia patients	397
Sputum	94	Special Investigations : 1220		-SCD patients	194
Endometrium	1037	Camps : 538			
Bronchial wash	64	Immunohistochemistry	1026	Social service camp	310
Miscellaneous	394	HLA B27	184	Diagnostic camp	228
Total specimens	8430	Immunophenotyping	10		
Total smears	26623				
Biochemistry					
Total investigations: 340842					
Blood/Serum					
Sugar/Glucose	60698	Albumin	685	Albumin	466
Cholesterol	210	Renal Panel	16749	Tri-glyceride	74
Lipid Profile	6112	Ser. Osmolality	820	Glucose, Protein (Pus)	3
Apolipoproteins	34	Bilirubin	11129	LDH, CHO, HCO ₃ , Cl	1640
CPK/CK MB	823	Alk Phosphatase	1081	Urine	
Chloride	41	GTT	615	24 Hrs Albumin	181
Liver Panel	16183	Uric Acid	1575	Creatinine	73
Lipase	2031	Seva Filacheck	93	Sodium	753
Amylase	2003	Troponin T	2896	Potassium	855
Liver enzymes	7914	Lactate	1171	Ca & Chloride	106
Urea	28330	Bicarbonate	9	Protein: Creatinine ratio	344
Creatinine	40520	GGT	17	Microalbumin	120
Sodium	46460	Other Fluids		Osmolality	1103
Potassium	49252	Sugar/Glucose	745	Others	175
Calcium	3974	Proteins	1473	Special Investigations	
Lithium	6	Chloride+phosphate	44	(Hormones, Tumor	
Phosphorus (Inorg)	-	Amylase	181	Markers, TORCH, etc.)	
ABG	8246			22823	

	CENTRAL STERILE STORES DEPT. MANUAL	KASTURBA HOSPITAL/CSSD
		Issue No. 01
		Revision No.

CENTRAL STERILE STORES DEPARTMENT MANUAL

DR.RAMESHKUMAR PANDEY	DR.VIJAYSHREE DEOTALE	DR. S.P. KALANTRI
MEDICAL OFFICER, INCHARGE CSSD	PROF & HEAD, DEPT. OF MICROBIOLOGY	MEDICAL SUPERINTENDENT
ORIGINATOR	CHECKED BY	APPROVED BY

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1. Introduction of the Department:

The hospital has its own central sterile service department. The Central Sterile Services Department is responsible for the processing and sterilization of instruments and medical devices required for operations and sterile procedures in the Operating Theatres, OPD, Day Ward and Radiology Department etc.

2. Scope of the Department:

It is a centralized department catering to the sterilization need of the entire hospital

3. Department Structure

3.1 Physical Structure (Layout)

Zoning of CSSD is done as follows

1. Unrestricted area
 - Reception
 - Issue counter/pass-box for wards

2. Semi-restricted area
 - Instrument washing are
 - Instrument drying area

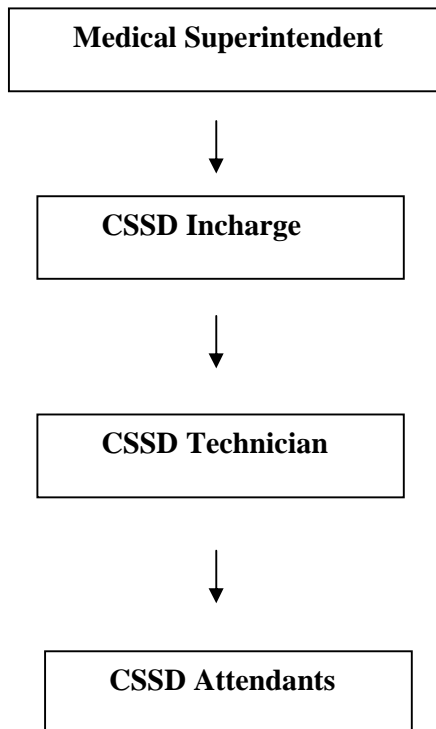
3. Restricted area
 - Packing area
 - Loading area for autoclave

4. Strictly restricted area
 - Sterile pack storage area
 - Issue counter for OT

3.2 Equipment

- Ñ Autoclave: SWINGSTAR: Horizontal high pressure high vacuum rectangular double door with data logger.
- Ñ Autoclave: SWINGSTAR: Horizontal high pressure high vacuum circular double door with data logger.
- Ñ NAT single door autoclave
- Ñ Circular autoclave for infected material
- Ñ Washer disinfector
- Ñ Ultrasonic cleaning machine
- Ñ Gloves washing and puncture checking machine
- Ñ Gauze cutting machine
- Ñ Dryer
- Ñ Warmer

3.3 Organogram



3.4 Available Manpower

Sr.No.	Designation	Number
1.	Incharge	1
2.	Technicians	1
3.	Assistant	15
	Total	17

3.5 Job Description

1. Position: CSSD Incharge

a. Reporting to: Medical superintendent

b. Job Roles/Responsibilities

- To manage, co-ordinate and depute staff efficiently.
- Ensuring implementation of all infection control measure.
- Ensuring cleanliness and hygiene at CSSD at all time.
- Co-ordinate functioning of the CSSD with OT, ward and depts.
- Training and educating staff.
- Implementation of organizational & departmental policies and procedure.

c. Qualification:

He/she should be post graduate in surgical branch with O.T experience.

2. Position: CSSD Technician

a. Reporting to: CSSD Incharge

b. Job Roles/ Responsibilities

- To supervise collection of used instruments from OT, ward & depts.
- Supervising of Sterilization process.

- To supply sterile pack to O.T., ward & dept as per the List / requirement.
- Supervise the cleaning of instruments.
- Packing of instruments as per checklist.
- Prepare surgical materials.
- Ensure that a minimum stock is always maintained.
- Monitoring the condition of instruments regularly.
- Maintaining of all records, stock taking
- Prepare the indent.
- Maintenance of surgical instruments and autoclaving machine time to time.
- All instruments to be checked meticulously before packing. Ensure that a sterility check is done for each load.
- Operating the autoclaving machine, ultrasonic cleaner & dryer.
- Maintaining the important records & documentation.
- Ensuring the CSSD area is always clean & daily disinfected
- Proper handing/taking over will be there on changing of duty.

c. Qualification:

He/she should be graduate and trained for CSSD processes.

3. Position: CSSD Assistant/Attendant

a. Reporting to: CSSD technician

b. Job Roles/ Responsibilities

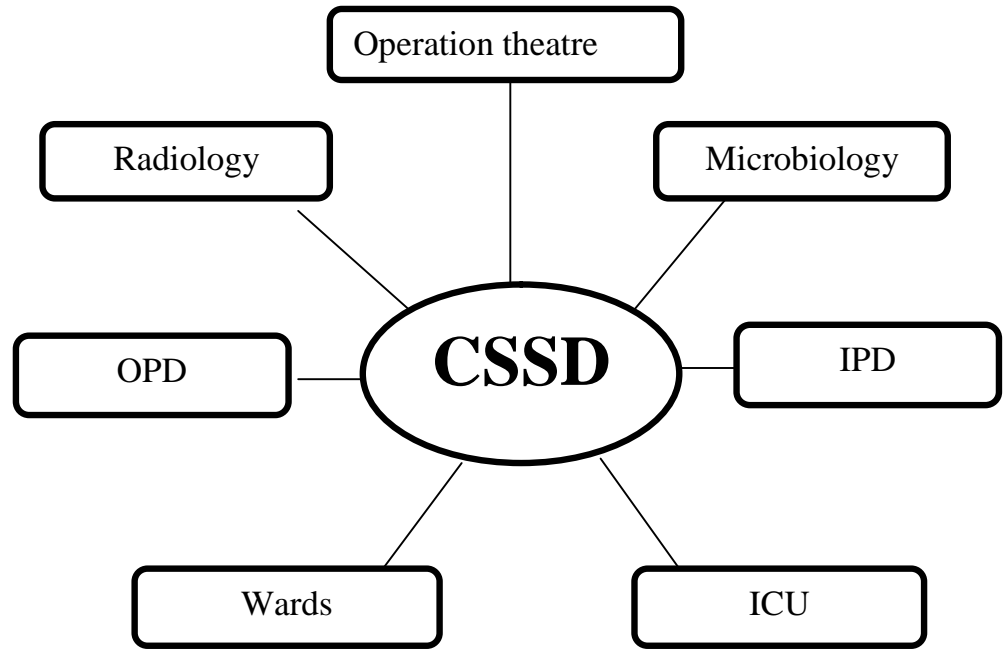
- Receive the instruments from OT staff as per check list.
- Washing and drying of instrument as per protocol.
- To help the CSSD technician to operate the autoclave machine
- To help CSSD staff for making of materials.
- Ensure proper storage.
- Performing any other tasks as instructed by CSSD Incharge.

c. Ensuring the CSSD area is always clean and daily disinfected

d. Qualification:

He/she should be 12th passed

3.6 Interdepartmental Linkages



4. Quality Goals and Objectives

Quality Goal:

To make reliably sterilized articles available at the required time and place for any agreed purpose in the Hospital as economically as possible, having regard to the need to conserve the time of users.

Quality Objectives:

The objectives of the department are:

- To provide sterilized material from a central department where sterilizing practice is conducted under conditions, which are controlled, thereby contributing to a reduction in the incidence of hospital infection. .
- To avoid duplication of costly equipment's, which may be infrequently used.
- To maintain record of effectiveness of cleaning, disinfection and sterilization process.
- To monitor and enforce controls necessary to prevent cross infection according to infection control policy.
- To maintain an inventory of supplies and equipment.
- To stay updated regarding developments in the field in the interest of efficiency, economy, accuracy and provision of better patient care.
- To provide a safe environment for the patients and staff.

4.1 Key Processes Identified

Key processes identified in the department are as follows

1. Receiving
2. Cleaning
3. Inspecting
4. Assembling
5. Packing
6. Sterilizing
7. Storage
8. Supply

4.2 Policies and procedure in the department

Policy Title:	Policy and procedure for Disinfection / Cleaning of the Instruments.		
Policy Code:	CSSD_01	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

Sterilization alone will not be sufficient to get free from potential health hazards. Cleaning is a pre-requisite to sterilization to remove all visible soil and dirt, to reduce bio-burden and to protect instruments against corrosion.

Responsibility :

CSSD Staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil Specific

Equipment : Computer, Printer

Procedure :

- In CSSD, the instruments are checked for any obvious damage and sorted for manual or ultrasonic machine cleaning or washing disinfector.
- Rinse all the instruments under running water and crevices are cleaned with brush and water pressure gun. If required can use the washing disinfector.
- If an instrument has been used for any infected case then the instrument must be put in 1% hypochlorite solution immediately for 10-15 minutes then rinse under running water.
- The person handling these instruments always wears gloves, gown & goggles.
- The cleaned instruments are put manually in wire mesh tray for ultrasonic cleaning (Minimum 15 minutes at 50°C temp)
- Add 10 ml / liter enzymatic solution in ultrasonic machine and maintain 50°C temp of water or direction of instructions given by company.
- Ultrasonic cleaned instruments are rinsed under tap water or wash basin, and instrument are put in dryer. Temp of dryer should be 60°C to 70°C.
- The cleaning solution is changed whenever dirty or once per shift.
- The instruments are properly packed by CSSD attendant.
- One chemical indicator is inserted along with the instruments.
- The packs are always wrapped in linen.
- The pack is properly labeled
- Dried instruments are handed over to the person for packing.
- A register is maintained in CSSD for record.

End point:

Packs and trays for Sterilization

Forms / Records : Autoclave Record Book

Policy Title:	Policy and procedure for Assemble and Packing of Instruments		
Policy Code:	CSSD_02	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To pack the material for sterilization

Responsibility :

CSSD Staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil Specific

Equipment :

Computer, Printer

Procedure :

- The instruments which are not functional are removed and replaced with the proper ones.
- The instruments are arranged in a definite and orderly manner and not crowded together to prevent excessive condensation.
- Instruments are presented in order of use however heavy instruments are placed at the bottom of the tray to avoid damaging of the delicate ones.
- Instruments with removable parts are disassembled and held / kept together.
- The box lock of the instruments is left unclamped or locked on the first rack only.
- Instruments are sterilized in a stainless steel heat tolerant perforated box / tray.
- A label on each pack is put containing: Expiry date, cycle No and chemical indicator.
- The packed sets are put inside steam sterilizer.
- Monitor record each cycle is maintained in the respective autoclave book .

End point:

Packs / trays ready for Sterilization

Forms / Records : Autoclave Record Book

Policy Title:	Policy and procedure for Receiving of material [unsterile trays]		
Policy Code:	CSSD_03	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To Sterilize the Instruments

Responsibility :

Ward in-charge / on duty nurse.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil Specific

Equipment :

Computer, Printer

Procedure :

- The housekeeping staff / ward boy on duty comes with the unsterile trays and instruments which are proper enter in the autoclaving book.
- The trays which are received from the department are labeled as follows.
 - ✓ Name of the items.
 - ✓ Quantity.
 - ✓ Signature of the nurse on duty.
 - ✓ Signature of CSSD receiver.
 - ✓ Issuer's sign.
- The CSSD staff receives the unsterile instruments.
- The No of trays are checked, enter in the record register.

End point:

Receiving materials from wards and departments for sterilization.

Forms / Records:

Autoclave book and in emergency request slips send by the authority.

Policy Title:	Policy and procedure for Re-sterilization of unused trays		
Policy Code:	CSSD_04	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

Re-sterilization of previously sterilized unused items.

Responsibility :

Ward in-charge / on duty nurse.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil Specific

Equipment :

Computer, Printer

Procedure :

- If the tray is not used till the expiry date mentioned on the tray, in-charge / nurse on duty send the trays back to CSSD for sterilization.
- CSSD receives the expiry items and enter in the autoclave record book which is re-autoclave and stored in the sterile area.

End point:

Sterilization

Forms / Records: Sterilization record

Policy Title:	Policy and procedure after failure of sterilization cycle.		
Policy Code:	CSSD_05	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To recall the sterile items, when sterilization cycle failed in validation

Responsibility :

CSSD staff.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil Specific

Equipment :

Computer, Printer

Procedure :

- If the tray is not used till the expiry date mentioned on the tray, in-charge / nurse on duty send the trays back to CSSD for sterilization.
- In case failure of the cycle, the CSSD staff informs to CSSD technician who checks autoclave machine and re-sterilize the load.

End point:

Unsterile trays are collected back for re-sterilization

Forms / Records: Sterilization report

Policy Title:	Policy and procedure for Storage of sterile items		
Policy Code:	CSSD_06	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To store sterilized goods in dedicated storage area to maintain sterility

Responsibility :

CSSD staff.

Authority :

CSSD In- charge

Specific Environmental Requirements:

AC temp. 18°C to 22°C.

Equipment :

Computer, Printer

Procedure :

- The sterile packs are unloaded after the cycle is over.
- All items checked and are properly dried.
- The sterile packs are arranged in the order of their date of expiry; and it helps in reducing the items to be re-sterilized.
- Before issuing of the material check for all sterile parameters [i.e. indicator, expiry date] is done and then issued to the respective department.
- The name of the person who has received the autoclaved items is mentioned in the register of CSSD.
- The indicator is pasted in sterilization record book for record.
- If the indicator colour changes as per desire result the sterile items are stored on rack [sterile area].
- If the cycle is failed, then the trays / packs are re-sterilized again & recorded.

End point:

Sterility is maintained

Forms / Records:

Sterilization record book is maintained in CSSD where all records of sterile load put in the sterilizer and an indicator paste on it.

Quality control:

The indicator strip changes its colour into black. This indicates that the load is sterile

Policy Title:	Policy and procedure for Ultrasonic machine semi Automatic.		
Policy Code:	CSSD_07	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff/Machine operator	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To know the working procedure.

Responsibility :

CSSD staff.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Computer, Printer

Procedure :

- At the beginning of the day, clean the machine properly (inside and outside).
- Put the main switch 'ON'.
- Set micro controller time and temp. accordingly.
- Open the water inlet valve and filled the water up to the mark.
- Start main switch 'ON'.
- Temperature increase up to micro controller set up automatically up to 50°C.
- Fill the instruments in the mesh tray (unlock, detached).
- Put the enzymatic solution inside the chamber as per instruction of company.
- Put the mesh tray inside the chamber.
- Run the machine up to 10 to 15 minutes.
- Completion of cycle takeout the tray and rinse with running water.
- Send the instrument to drying cabinet.

End point:

The machine starts with standard process

Forms / Records:

Equipment Log book and user manual

Policy Title:	Policy and procedure for Issuing packs while procedure is going on in the operation theatre		
Policy Code:	CSSD_08	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff/Machine operator	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To issue the materials during the operation procedure

Responsibility :

CSSD staff.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- CSSD sterile zone staff issues pack/trays according to the operation list.
- If there is any addition or cancellation in the operation list the OT sister in-charge inform the CSSD in-charge before hand.
- If anything is required for the running of OT (between case) inform CSSD accordingly.
- The required items will be issued at from CSSD to OT staff and record is to be maintained.

End point:

The sterile materials is given

Forms / Records:

Equipment Log book and user manual

Policy Title:	Policy and procedure for Supply of sterile items (packs and trays)		
Policy Code:	CSSD_09	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff/Machine operator	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

Supply of sterile items

Responsibility :

CSSD staff.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- All the concerned departments send the unsterile items (trays and packs).to the CSSD from 9am to 11am and collecting time 3pm to 5pm.
- The Receiving ward boy comes to the CSSD along with the autoclave book which are maintained in the respective wards.
- The sterile items are given to the respective dept. from a sterile window area (pass box) only.
- The CSSD staff sign the issued articles in the CSSD book and in the autoclave book is maintained in the wards.

Note: Any sterile items issued to the wards and departments to be carried in a sterile covered trolley or cabinet.

End point:

The sterilized article reaches concerned department.

Forms / Records:

Autoclave book (wards, dept.) CSSD autoclave record book.

Policy Title:	Policy and procedure for Re-sterilization of unused trays or packs		
Policy Code:	CSSD_10	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff/Machine operator	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

Re-sterilization of previously sterilized unused items

Responsibility :

CSSD staff / ward in-charge / staff on duty.

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- All the concerned departments send the unused packs to the CSSD from 9am to 11am and collecting time 3pm to 5pm.
- In CSSD unused packs are re-autoclaved on due date.
- In wards / depts., if the trays are not used till the expiry date mentioned on the tray / pack, the nursing staff on duty send the trays and packs back to CSSD.
- CSSD receives the expiry items and enters in the autoclave record book which is again autoclaved and stored in the sterile area or issued to respective depts.

End point:

Sterilization

Forms / Records:

Sterilization Report

Policy Title:	Policy and procedure for Care of infected instruments in CSSD		
Policy Code:	CSSD_11	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff/Machine operator	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To supply sterile instruments

Responsibility :

CSSD staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- All the concerned departments send the unsterile items (trays and packs) to the CSSD from 9am to 11am and collecting time 3pm to 5pm.
- CSSD department receives the infected sets used for serology positive patients.
- The infected instruments are dipped in 1% hypochlorite solution in O.T itself and again in CSSD.
- The above instruments are immersed for half an hour.
- Then it is washed with the enzymatic cleaner, air dried and then further sent for packing and sterilization.
- The disposable articles used for such cases are disposed off in O.T itself.

End point:

The infected instruments are disinfected and then sterilized

Forms / Records:

Sterilization Report

Policy Title:	Policy and procedure to be followed in cases of Equipment failure		
Policy Code:	CSSD_12	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To find alternative source of sterilization for instruments.

Responsibility :

CSSD staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- In case equipment fails, inform bio-medical dept and the supplier is called immediately.
- If there is a delay, from the company person in-charge to attend the call then instruments are sent to the other autoclave machine for autoclaving.

End point:

Instruments sent to other autoclave for autoclaving incase of equipment failure in the CSSD department

Forms / Records:

Records of breakdown are maintained in CSSD

Policy Title:	Policy and procedure for Shelf life of sterile packs		
Policy Code:	CSSD_13	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To find alternative source of sterilization for instruments.

Responsibility :

CSSD staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- Do not handle packs without reason, strictly minimum handling of packs.
- Before touching sterile packs see that your hands are clean.
- Do not touch packs with wet hands.
- Any sterile item that fall on the floor or wet should be considered as unsterile or contaminated & send for reprocessing.
- Autoclaved material to be stored in clean area.
 - ✓ Linen- 03 days – shelf life
 - ✓ Packs- 03 days
- Pack should be intact, if open consider unsterile.

End point:

Instruments sent to autoclave after 3 days

Forms / Records:

Records of sterilization are maintained in CSSD

Policy Title:	Policy and procedure for general cleaning of the department		
Policy Code:	CSSD 14	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To prepare a clean environment for preparing items for sterilization, to maintain the cleanliness in CSSD & to reduce and minimize source of infection.

Responsibility :

CSSD staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Cleaning equipments

Procedure :

- a. The general working area of the CSSD is mopped everyday including the following area within the CSSD environment.
- b. Packing area
 - Wipe working table, shelves and trolleys with the recommended disinfectant.
 - Wipe the machines with damp cloth.
- c. Sterile packs Storing
 - Wipe the shelves and walls with recommended disinfectant weekly.
 - Mop the floor twice daily and ensure that the mop that is used is only meant for the sterile store.
- d. Decontamination area and sluice room
 - Wipe the trolleys with recommended disinfectant daily.
 - Wipe the machines with a damp cloth daily.
 - Mop twice and as and when required with the recommended disinfectant.
 - The floors are cleaned thoroughly and polished whenever required

End point:

Cleaned CSSD Dept.

Forms / Records:

CSSD cleaning

Policy Title:	Policy and procedure for maintenance and calibration of equipment in the department		
Policy Code:	CSSD 15	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To ensure proper working condition of equipments in the department.

Responsibility :

CSSD staff/Biomedical staff

Authority :

CSSD In- charge/HOD Biomedical Dept.

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

- Maintenance of the equipments are done by CSSD technician and biomedical engineer.
- All details in these regard are maintained by the Biomedical Equipments Engineering and Maintenance Department of the hospital.
- All equipments used in the department are appropriately calibrated at periodic intervals to ascertain whether they are performing at the expected level.
- A record of the same is documented in the department as well as with the concerned clerk in the administrative Department of the hospital.

End point:

Complete repair of the equipment

Forms / Records:

Records of breakdown/Maintenance are maintained in CSSD

Policy Title:	Policy and procedure for code of conduct in the department		
Policy Code:	CSSD_16	Revision No:	
Issued On:	August 2011	Revision Date:	
Policy Owner:	CSSD Staff	Department:	CSSD Dept.
NABH Standard No.		NABH Objective Element:	

Purpose :

To ensure proper working in the department.

Responsibility :

CSSD staff

Authority :

CSSD In- charge

Specific Environmental Requirements:

Nil specific

Equipment :

Nil specific

Procedure :

a. Dress Code:

- All staff of the Central Sterile Supply Department is required to follow a strict dress code, no staff is allowed to enter the department with the normal clothes.
- Prior to the entry of the staff to the department, each and every staff of the Central sterile Supply department is required to change into appropriate departmental dress code with the required personal protective equipments.

b. Receipt and Issue of Packs:

- The Staff should receive and issue the packs as per given below:

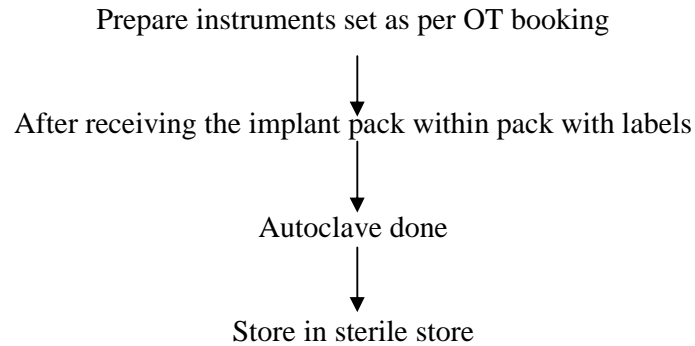
Sr. No	Procedure	Time
1	Receipt of items from various point of generation	From 9.00 am to 11.00 am
2	Issue of sterile packs from the CSSD	From 3.00 pm to 5.00 pm

- However in departments like OT, ICU, Emergency Department etc are exempted from the above mentioned time dimensions since it is difficult to restrict their activity within specific time limit due to the emergency nature of care provided by them.
- The staff in the department should follow all HR Policies as applicable to all staff in the hospital.
- The staff should follow all safety precautions

4.3 Departmental Flow Chart

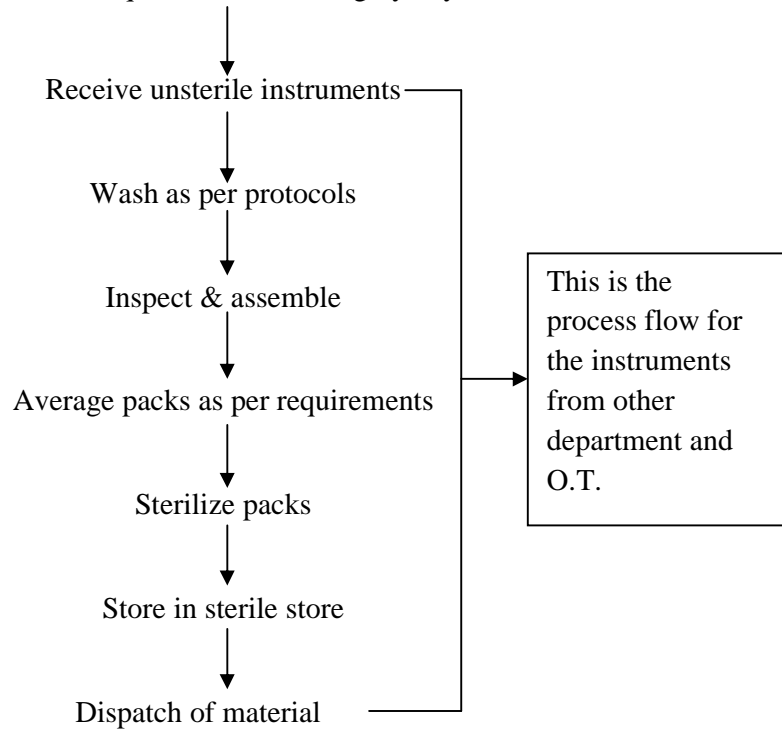
Work flow of CSSD

On previous day →



On the day of surgery →

Issue on requisition OT on surgery day



4.4 Timelines of the activities in the CSSD Department

Sr. No	Process	Timeline/Pack
1	Receiving the material	10mn
2	Cleaning	20mn
3	Inspecting	5mn
4	Assembling	5mn
5	Sterilizing	45mn
6	Packing	10mn
7	supply	10mn

4.5 Documents and records to be maintained

Registers

1. CSSD autoclave Register
2. Receipt register
3. Issue register
4. Contamination register
5. Indent book
6. CSSD Inventory
7. Attendance register

Records

1. Equipment maintenance record
2. Equipment calibration record
3. Equipment Break down record
4. CSSD sterilization validation record

4.6 Quality Indicators

- ✓ Checklist to be completed at each cycle for the cleaning and
- ✓ decontamination process
- ✓ Process validation – sterilisation
- ✓ Equipment validation and maintenance records
- ✓ Adverse events recording

4.7 Performance Indicators

- Number of needle stick/sharps exposures
- Hours of Agency staff
- Daily/weekly/monthly production statistics
- Sick leave hours
- Overtime hours
- Demonstrating ongoing education of staff
- Attendance at compulsory training sessions
- % compliance with completion of annual staff appraisals
- Meeting monthly budgetary requirements
- Compliance with infection control practices like hand wash etc.

VOLUNTARY BLOOD DONATION CAMPS ORGANIZED

2011-12

1. Vidarbha Sindhi Vikas Parishad, Wardha
2. Yuva Sangharsha Samiti, Nalwadi, Wardha
3. Jain Swetambar Shree Sangh, Selu
4. Dr Babasaheb Ambedkar Jayanti Utsav Samiti, Pulgaon
5. Tilak Sharadotsav Mandal and Subhash Mandal, Hinganghat
6. Sant Nirankari Mandal. Hinganghat
7. Art of Living Parivar, Sevagram
8. Maharogi Sewa Samiti, Warora & Somnath Project, Mul
9. Tilak Sharadotsav Mandal and Subhash Mandal, Hinganghat
10. Late Hozefa Nadir Friends Club, Wardha
11. Bhavan's Lloyds Vidya Niketan, Bhugaon, Wardha
12. Late Chandrakantbhai Dahyabhai Patel Memorial Trust, Wardha
13. BD College of Engineering Sevagram with Rotary Club, Gandhi City, Wardha
14. Youth Congress, Allipur
15. Sai Baba Mitra Parivar, Hamdapur
16. District and Sessions Judges, District Court, Wardha
17. Mahila Vikas Sanstha's New Arts, Commerce and Science College, Wardha
18. Shri Krishnadas Jajoo Gramin Seva Mahavidyalaya, Pipri, Wardha
19. Dhuniwale Ganesh Mandal, Wardha
20. Ramkrishna BajajAgriculture College, Pipri, Wardha
21. Friends Rural Co-operative Credit Society Ltd., Borgaon Meghe, Wardha
22. Dr Vinod Adlakhiya, Jaiswal family, Selu
23. Maharashtra Rajya Prathmik Shikshak Samiti, Wardha
24. Shri Shastri Chowk Durga Pooja Utsav Samiti, Wardha
25. Dept of Community Medicine, Social Service Camp, Mandaogad
26. Shrikrishna Shikshan Sanstha, Samudrapur
27. Prahar Paksh, Maharashtra, Hinganghat
28. Late Shri Motisingh Z Beniwar Shikshan Sanstha, Aajangaon
29. Vimukt Gramin Vikas Sanstha, Nandora
30. Art of Living Sanstha, Sevagram
31. Adarsh Ganesh Mandal, Pawani
32. Prahar Paksh, Nandgaon, Hinganghat
33. Dr. Sushila Nayar Memorial Blood Donation Camp.
34. Prahar Paksh, Tas
35. Prahar Paksh, Nimbha
36. BD College of Engineering, Sevagram.
37. Panchsheel Krida Mandal, Burkoni
38. Tilak Sharadotsav Mandal & Subhash Mandal, Hinganghat
39. Maheshwari Navyuvak Mandal, Wardha
40. New Lucky Sporting Club, Wardha
41. Late Hozefa Nadir Friends Club, Wardha
42. Shivbha Shetkari Purush Bachat Gat, Sindi (Railway), Tah. Selu

43. Maitry Sambandh Samajik Sanstha, Mandgaon
44. Shri Gurudev Seva Mandal, Pipri (Pohna)
45. Anjani Mata Deosthan, Alodi, Wardha
46. Samta Sainik Dal, Hinganghat
47. Suresh Deshmukh College of Engineering, Selukate

2012-13

1. Shri Vardhman Shwetambar Sthanakwasi Jain Shrawak Sangh, Baccharaj Road, Wardha
2. Ashtha Shivam Bahu-uddeshiya Shikshan Sanstha, Nalwadi, Wardha
3. Tilak Shardostav Mandal & Subhash Mandal, Hinganghat
4. Art of living Parivar, Sevagram and Wardha
5. Maharogi Seva Samiti Warora, Somnath Project, Anandvan, Warora
6. Balvir Subhash Bahu-uddeshiya Yuva Mandal, Taroda
7. Prahar Paksh, Hinganghat
8. Friends Rural Co-Op. Credit Society Ltd., Borgaon (Meghe) Wardha
9. Sant Nirankari Mandal, Hinganghat
10. BD College of Engineering, Sevagram
11. Bharatiya Rashtriya Congress Committee, Pulgaon
12. Yuvak Congress Committee, Nachangaon
13. Bajrang Dal Shakha, Dhamangaon (Hingni)
14. Maharogi Seva Samiti's Anand Niketan College of Agriculture Anandwan, Warora
15. Shrikrushnadas Jajoo Gramin Seva Mahavidyalay, Pipri
16. Acharya Shrimannarayan Polytechnic, Pipri
17. A 1 Group MIDC, Sevagram
18. Sankatharta Ganesh Mandal, Wardha
19. Maharashtra Rajya Prathamik Shikshak Samiti, Wardha
20. Shri Vijaybhau Aglawe Mitra Pariwar, Sevagram
21. Shri Shastri Chowk Durga Pooja Utsav Samiti, Shastri Chowk, Wardha
22. Durga Pooja Utsav Samiti, Dhanvantari Nagar, Warud
23. Wardha District Rastrawadi Yuvak Congress, Wardha
24. Gram Panchyat, Paunar
25. Akhil Bhartiya Shri Gurudev Seva Mandal
26. Samta Sainik Dal, Hinganghat
27. Govt. ITI , Wardha
28. Vimukt Gramin Vikas Sanstha, Nandora
29. Prahar Pakhs, Maharashtra Nandgaon(Borgaon)
30. Wide Arms Group, Dahegaon (Gosavi)
31. MGIMS & KHS Employees, Sevagram
32. Shri Santh Santaji Jagnade Maharaj Manav Seva Sanstha, Kandhali
33. District Bar Association, Wardha
34. Tilak Shardotsav Mandal & Subhash Mandal, Hinganghat
35. Maheshwari Navyuvak Mandal, Wardha
36. Sant Kejaji Maharaj Utsav Samiti, Ghorad, Selu
37. Bhavan's Lloyds Vidya Niketan, Lloyds Nagar, Bhugaon

38. Maitry Sambandh Samajik Sanstha, Mandgaon
39. Late Hozefa Nadir Friends Club, Wardha
40. Shri Gurudev Seva Mandal, Pipri – Pohana
41. Shri Hanuman & Sant Gajanan Maharaj Durgamata Devasthan, Samudrapaur.
42. Lloyds Steel Industries Ltd., Bhugaon, Wardha
43. BD College of Engineering, Sevagram
44. Shivsena Shakha, Allipur

2013-14

1. Sant Kanwar Ram Seva Mandal, Wardha
2. New Raj Durga Mitra Mandal, Hinganghat
3. Hanuman Jayanti Utsav Samiti, Nandora
4. Tilak Shardostav Mandal & Subhash Mandal, Hinganghat
5. Sant Nirankari Mandal, Hinganghat
6. Art of Living Parivar, Sevagram and Wardha
7. Maharogi Seva Samiti Warora, Somnath Project, Anandvan, Warora
8. Gold gym, Wardha
9. BD College of Engineering, Sevagram
10. Bharatiya Rashtriya Congress Committee, Pulgaon
11. Sushilabai Bahu-uddeshiya Sanstha, Wardha
12. New Arts, Commerce & Science College, Wardha
13. Rotary Club, Hinganghat
14. Shri krishnadas Jajoo Gramin Seva Mahavidyalay, Pipri
15. Maharogi Seva Samiti's Anand Niketan College of Agriculture Anandwan, Warora
16. Navyuvak Ganesh Mandal, Nimboli (PHC), Tah. Dhamangaon Rly, Amravati
17. Friends Urban & Rural Co-Op. Credit Society Ltd., Borgaon (Meghe) Wardha
18. Maharashtra Rajya Prathamik Shikshak Samiti, Wardha
19. Forest department, Bor Sanctuary, Bordharan
20. Durga Pooja Utsav Samiti, Dhanvantari Nagar, Warud
21. Shree Nav Chaitanya Durga Devi Utsav Mandal, Pulgaon
22. Shri Shastri Chowk Durga Puja Utsav Samiti, ShastriChowk, Wardha
23. Rashtravadi Yuvak Congress, Wardha
24. Shri Gurudev SevaMandal, Paikmari
25. Swabhiman Samajik Bahu-uddeshiya Sanstha, Kora, Wardha
26. Prahar Paksh, Maharashtra Hinganghat
27. PraharPaksh, Maharashtra Hinganghat
28. Vimukt Gramin Vikas Sanstha, Nandora
29. Maharashtra NavnirmanSena, Hinganghat
30. Shri Gurudev Seva Mandal, Jangona
31. MGIMS & KHS Employees, Sevagram
32. Sevagram Mitra Pariwar, Sevagram
33. Sarvajanic Bajrang Vyayam School, Deoli
34. Tilak Shardotsav Mandal & Subhash Mandal, Hinganghat
35. Maheshwari Navyuvak Mandal, Wardha
36. Sant Kelaji Maharaj Sanstha, Ghorad

37. Chandi kamata Bahu-uddeshiya Utsav Samiti, Tarasawanga
38. Shri Hanuman & Sant Gajanan Maharaj Durga Mata Devasthan, Samudrapur
39. Late Hozefa Nadir Friends Club, Wardha
40. Shri Gurudev Seva Mandal, Pipri - Pohana
41. Maitry Sambandh Samajik Sanstha, Mandgaon
42. Bajrang Dal, Wardha
43. Nalanda Sarvajamol Vachanalya, Satephal, Amravati

2014-15

1. Sant Kanwar Ram Seva Mandal, Wardha.
2. Shri Navdurga Puja Utsav Samiti, Wardha.
3. Shri Hanuman & Vitthal Rukhmini Devasthan, Kharangna(Gode)
4. Bharatiya Jain Sanganthan, Wardha
5. Human Being, Sevagram
6. Mohini Nagar Sudhar Samiti, Wardha
7. Fulora Samajik Vikas Sanstha, Akoli
8. Tilak Shardotsav Mandal & Subhash Mandal, Hinganghat.
9. Art of Living Parivar, Sevagram & Wardha
10. Sant Nirankari Mandal, Hinganghat
11. Swami Vivekanand Vichar Manch, Hinganghat
12. Jay Bhawani Vyayam Prasarak Mandal, Zadgaon, Tah. Ralegaon, Dist. Yavatmal.
13. Suresh Deshmukh Seva Prasthan , Wardha & BD College of Engineering, Sevagram.
14. Prahar Yuva Shetkari Sangatna, Kini (Kharda) Tah. Samudrapur, Dist. Wardha.
15. Shrikrishnadas Jajoo Grameen Seva Mahavidyalaya, Pipari, Wardha
16. Sankalp Yuva Manch, Hinganghat
17. Agrawal Yuva Manch, Wardha; camp arranged at Dipchand Chaudhari Vidyalaya, Seloo.
18. Friends Urban & Rural Co-Op. Credit Society Ltd., Borgaon(Meghe) Wardha.
19. I.T. Park, Sevagram Road, Wardha
20. Maharashtra Rajya Prathamik Shikshak Samiti, Wardha
21. Lions Club, Wardha
22. Shri Shastri Chowk Durga Pooja Utsav Samiti, Wardha.
23. Shri Gurudev Seva Mandal, Paikmari
24. Vishwa Hindu Parishad, Nagpur through Bajrang Dal, Wardha.
25. M/s. Uttam Value Steels Limited, Bhugaon
26. Vimukt Gramin Vikas Sanstha. Nandora
27. Bhumiputra Sena, Ram Nagar, Wardha.
28. Shri Gurudeo Seva Mandal, Jangona.
29. MGIMS & KHS Employees, Sevagram.
30. Madat Samajik Vikas Sanstha, Sindhi Meghe, Wardha (Bhidi)
31. BD College of Engineering (I. T. Deptt.), Sevagram.
32. Tilak Shardotsav Mandal & Subhash Mandal, Hinganghat
33. Maheshwari Navyuvak Mandal , Wardha

34. Maharogi Seva Samiti's, Anand Niketan College of Agriculture, Anandwan, Warora
35. All India Student Bloc Wardha District Committee, Sevagram.
36. Prahar Yuva Shakti, Hinganghat
37. Maitry Sambandh Samajik Sanstha, (Mandgaon) Pardi (Dhakur)
38. Sant Kanwar Ram Seva Mandal, Wardha
39. Sai Sadhbhavna Utsav Samiti, Hinganghat

2015-16

1. Shri Hanuman Devsthan & Shri Vitthal Rukhmini Mandir Samiti, Kharangna (Gode)
2. Bajrang Yuva Krida Mandal, Akoli
3. 14th April Jayanthi Mahostav Samiti, Wardha
4. Basic Bahuudashiya Shaikshanik Seva Sanstha, Bulbul Kids Convent, Dahegaon (Gosavi), Seloo
5. Tilak Shardsav Mandal & Subhash Mandal, Hinganghat
6. Art of Living, Sevagram
7. Maharogi Seva Samiti, Anandwan, Warora, Somnath Project
8. World Blood Donor Day, MGIMS Sevagram
9. Bapurao Deshmukh College of Engineering, Sevagram
10. Jay Bhawani Vyayam Prasarak Mandal, Zadgaon
11. Yuva Gawali Samaj Sanghatna, Malegaon (Theka), Dist. Wardha
12. Shrikrushnadas Jajoo Gramin Seva Mahavidyalay, Pipri, Wardha
13. Govt. Polytechnic, Arvi
14. Friends Rural & Urban Credit Co-Op. Society Ltd, Borgaon Meghe, Wardha.
15. Samruddha Jeevan Foundation, Pune, held at Wardha
16. Maharashtra Rajya Prathamik Shikshak Samiti, Wardha
17. Rural Health Training Centre, Bhidi (Babhulgaon)
18. Adarsh Durgostav Mandal, Ralegaon
19. Maheshwari Navyuvak Mandal, Wardha
20. Shri Gurudev Seva Mandal, Paikmari
21. Gurudwara Seva Samiti, Wardha
22. Uttam Galva Metallics Limited, Bhugaon, Wardha
23. Vimukt Gramin Vikas Sanstha, Nandora
24. Govt. Hospital, Wardha Camp held at Asthi
25. Wardha Zilla Rashtravadi Congress Party, Wardha
26. 15th Dr. Sushila Nayar Memorial Blood Donation Camp, MGIMS & KHS Employees, Sevagram
27. Yuva Mitra Pariwar Bahuuddhesiya Sanstha, Pulgaon
28. Punjabi Seva Samiti, Wardha
29. Tilak Shardsav Mandal & Subhash Mandal, Hinganghat
30. Shiv Sena, Samudrapur
31. Maheshwari Navyuvak Mandal, Wardha
32. Prahar Sanghatana, Seloo
33. Prahar Paksh, Hinganghat

34. Shiv Jayanthi Utsav Samiti, Seloo
35. Sufi Sant Shahi Darbar Kateka Panja Samajik Sanstha, Hinganghat
36. Uttam Value Steels Limited, Bhugaon, Wardha
37. Govt. I.T.I. Mhada Colony, Wardha

कस्तुरबा अस्पताल सेवाग्राम

अस्पताल के आंतररुग्णालयीन सेवाओं की समीक्षा

मरीज का नाम _____ बेड नं. _____

संबंधित डॉक्टर का नाम _____ वार्ड _____

गृह व्यवस्था					डॉक्टर		नर्स	
बिजली	स्वच्छता	कपडे	शौचालय	जलसुविधा	कार्यनिपुणता	व्यवहार	कार्यनिपुणता	व्यवहार

अटेंडेंट		अन्य सेवाएँ		सुझाव _____
कार्यनिपुणता	व्यवहार	मेडीकल स्टोर्स	दुसरी अपेक्षित सुविधाएँ	

कृपया अस्पताल के बारे में अपनी राय इस प्रकार व्यक्त करें १ (श्रेष्ठ), २ (उत्तम), ३ (साधारण), ४ (असमाधानकारक)
आपकी बिमारी के बारे में क्या आपको पूरी तरह से समझाया गया है ? हाँ / ना

Dept _____	CR No _____
Ward _____	Admit Date _____
Unit _____	Discharge Date _____

हस्ताक्षर

नाम

Hospital

OPD Patients' Visits

Speciality	New 2011-12	Repeat 2011-12	Total 2011-12	Total 2010-11
Ayurveda	2788	1906	4694	4848
Chemotherapy	1654	-	1654	1261
Dental	6268	7957	14225	12377
Dermatology	16472	11880	28352	21533
Emergency	48886	645	49531	44257
ENT	16661	10098	26759	25257
General OPD	94515	15293	109808	97497
Medicine	38783	36026	74809	65100
Neurosurgery	801	123	924	1352
Obst. & Gynae	13665	24455	38120	34926
Ophthalmology	18971	8234	27205	26259
Orthopedics	21212	12359	33571	30066
Pediatrics	11552	8295	19847	19545
Peripheral Services	128182	-	128182	87649
Physiotherapy	5985	6639	12624	10076
Psychiatry	3657	9356	13013	14201
Radiotherapy	947	12552	13499	11262
Surgery	25257	22269	47526	41853
Total	456256	188087	644343	549319

In-Patients

Year	2011-12	2010-11	Speciality	2011-12	2010-11
Beds	660	660	Medicine	9842	10951
Admissions	43340	43204	Obst. & Gynae	8419	8568
Adm/Day	119	118	Pediatr & Neonatol	7970	8041
Bed Occp.(%)	99.7	99.9	Surgery	4661	5205
Avg Stay (days)	5.5	5.6	Ophthalmology	6889	5382
Deaths	1205	1321	Orthopedics	2281	2168
			ENT	901	1032
			Psychiatry	537	626
			Dermatology	870	717
			Neurosurgery	293	319
			Radiotherapy	677	195

MEDICINE

	2011-12	2010-11
Beds	140	140
Admissions	9842	10951
Adm/day	27	30
Deaths	764	747
Bed Occp (%)	73.2	78.3
Avg Stay (days)	3.8	3.7

PSYCHIATRY

	2011-12	2010-11
Beds	30	30
Admissions	537	626
Adm/day	1.0	1.72
Deaths	1	0
Bed Occup (%)	42.5	51.4
Avg Stay (days)	8.7	9.0

DERMATOLOGY

	2011-12	2010-11
Beds	30	30
Admissions	870	717
Adm/day	2	1.9
Deaths	0	1
Bed Occp (%)	40.7	46.9
Avg Stay (days)	5.1	7.2

SURGERY

	2011-12	2010-11
Beds	120	120
Admissions	4661	5205
Adm/day	13.0	14.3
Deaths	152	239
Bed Occup (%)	82.7	89.3
Avg Stay (days)	7.8	7.5

ORTHOPEDICS

	2011-12	2010-11
Beds	60	60
Admissions	2281	2168
Adm/day	6.0	5.9
Deaths	33	19
Bed Occup (%)	96.1	92.3
Avg Stay (days)	9.2	9.3

ENT

	2011-12	2010-11
Beds	30	30
Admissions	901	1032
Adm/day	2	2.8
Deaths	8	6
Bed Occp (%)	56.2	63.8
Avg Stay (days)	6.8	6.8

OBSTETRICS & GYNECOLOGY

	2011-12	2010-11
Beds	90	90
Admissions	8419	8568
Adm/day	23	23.5
Deaths	11	7
Bed Occp (%)	186.7	177.6
Avg Stay (days)	7.3	6.8

PEDIATRICS & NEONATOLOGY

	2011-12	2010-11
Beds	60	60
Admissions	7970	8041
Adm/day	22.0	22.0
Deaths	199	245
Bed Occp (%)	199.1	196.0
Avg Stay (days)	5.5	5.4

OPHTHALMOLOGY

	2011-12	2010-11
Beds	60	60
Admissions	6889	5382
Adm/day	19.0	14.7
Deaths	1	1
Bed Occp (%)	97.8	86.8
Avg Stay (days)	3.1	3.5

NEUROSURGERY

	2011-12	2010-11
Beds	10	10
Admissions	293	319
Adm/day	1	0.87
Deaths	30	54
Bed occp (%)	44.9	68.7
Avg Stay (days)	5.6	7.9

RADIOOTHERAPY

	2011-12	2010-11
Beds	30	30
Admissions	677	195
Adm/day	2.0	0.53
Deaths	6	2
Bed occp (%)	20.0	6.1
Avg Stay (days)	3.2	3.4

RADIOOTHERAPY

Head and Neck	251
Female Genital tract	155
Breast	139
Oesophagus	54
Gastrointestinal tract	100
Male Genital tract	23
Bone / Soft tissue/ Skin	33
Lung	23
Lymphoma/ Leukemia	24
Brain	20
Kidney & Bladder	4
Hepato-biliary	13
Miscellaneous	39
TOTAL	874

SURGERY

General		Gut		Urology		Pediatric		Oncology	
Hernia	334	Appendix	171	Hydrocele	152	Hernia	16	Gut	12
Breast	40	Perforation	72	Calculi	106	Circumcision	54	Breast	82
Thyroid	39	Obstruction	44	Prostate	59	Hypospadias	6	Thyroid	17
Amputation	18	Anal Fissure	15	Bladder	06	Hirschsprung ds	4	Penis	10
Skin graft	24	Gall bladder	44	Testes	16	Others	37	Renal	5
Varicase	6	Colon	4	Renal	37	CVTS		Colon	8
I & D	111	Haemorrhoids	18	TURP	16	Thoracotomy	1	Rectum	13
Excision	377	Liver	11	Urethra	21	Others	1	Stomach	10
Others	56	Endoscopy	11	Cystoscopy	68			Laparotomy	17
		Laparoscopic	236	Others	39			Other	21
		Others	70						

OBSTETRICS & GYNECOLOGY

Caesarian sections	1707	Investigations	
Deliveries	5058	Laparoscopy	05
		Cystoscopy	06
		D & C, Biopsy	1088
Hysterectomy	587	Family Planning	
Laparotomy	133	Female Sterilizations	685
Ovarian Tumours	74	MTP	21
		Male Sterilizations	01

KHS Utawali Project

(Jan - Mar 2012)

	OPD	IPD
Ob/Gyn	98	7
Pediatrics	245	5
Ophthalmology	840	40
Medicine	519	60
ENT	30	1
Total	1968	113
Camp	236	

OPHTHALMOLOGY

IOL Implantation	6279
ICCE/ECCE	39
Glaucoma	141
Keratoplasty	27
Oculoplasty	29
DCR/DCT	135
Squint & Orbit	4
Retina	20
Other extraocular	358
Other intraocular	52

ENT

Mastoid Exploration	14	Rhinoplasty	03	Tonsil & Adenoid	21
Tympanoplasty	50	Septorhinoplasty	30	Laryngoscopy & MLS	20
Stapedectomy	13	Endoscopy	102	Bronchoscopy	02
Polypectomy	18	Caldwell luc	05	Oesophagoscopy	17
Mastoidectomy	17	Polypectomy	14	Mandible/Maxillectomy	13
		Maxillectomy	05	Hemiglossectomy	02
		Septorhinoplasty	16	Others	41
		DCR	16	Laryngectomy	11
		FESS	13		
		Others	06		
Minor	133	Minor	36	Minor	91

DENTAL

Extraction	1705
Scaling	1423
Major Surgery	42
Filling	1113
Denture	426
Ortho	81
Others	56

ANESTHESIA

General	1749
Regional	5057
Local	7558
IV Anesthesia	969
Sedation	568
Total	15901

PERIPHERAL SERVICES

Community Medicine	27402
Community Ophthalmology	92661
Rural Diagnostic Camps	8119
Total	128182

MEDICINE

Endoscopy	275
Hemodialysis	504

OPERATIONS & PROCEDURES

Speciality	Major	Simple	Minor	Total
Obst. & Gyn.	2253	413	2179	4845
Surgery	939	403	1055	2397
Orthopedics	1064	83	220	1367
Ophthalmology	6279	-	3316	9595
ENT	549	-	434	983
Neurosurgery	272	-	-	272
Dental	42	-	1705	1747
Total	11398	899	8909	21206

Hospital

OPD Patients' Visits

Speciality	New 2012-13	Repeat 2012-13	Total 2012-13	Total 2011-12
Ayurveda	1924	2055	3979	4694
Chemotherapy	1755	-	1755	1654
Dental	6738	8623	15361	14225
Dermatology	16327	11528	27855	28352
Emergency	39185	427	39612	49531
ENT	17324	10249	27573	26759
General OPD	99553	18109	117662	109808
Medicine	38740	33763	72503	74809
Neurosurgery	272	25	297	924
Obst. & Gynae	13917	23477	37394	38120
Ophthalmology	19981	8459	28440	27205
Orthopedics	21916	10829	32745	33571
Pediatrics	10932	7529	18461	19847
Peripheral Services	192511	-	192511	128182
Physiotherapy	7246	7389	14635	12624
Psychiatry	3433	8589	12022	13013
Radiotherapy	1008	13633	14641	13499
Surgery	27132	24424	51556	47526
Total	519894	189108	709002	644343

In-Patients

Year	2012-13	2011-12	Speciality	2012-13	2011-12
Beds	660	660	Medicine	10084	9842
Admissions	44903	43340	Obst. & Gynae	8388	8419
Adm/Day	123	119	Pediatr & Neonatol	7490	7970
Bed Occp.(%)	100.6	99.7	Surgery	5323	4661
Avg Stay (days)	5.4	5.5	Ophthalmology	8367	6889
Deaths	1107	1205	Orthopedics	2168	2281
			ENT	932	901
			Psychiatry	548	537
			Dermatology	707	870
			Neurosurgery	6	293
			Radiotherapy	890	677

MEDICINE

	2012-13	2011-12
Beds	140	140
Admissions	10084	9842
Adm/day	28	27
Deaths	703	764
Bed Occp (%)	78.8	73.2
Avg Stay (days)	4	3.8

PSYCHIATRY

	2012-13	2011-12
Beds	30	30
Admissions	548	537
Adm/day	2	1.0
Deaths	1	1
Bed Occup (%)	43.6	42.5
Avg Stay (days)	8.7	8.7

DERMATOLOGY

	2012-13	2011-12
Beds	30	30
Admissions	707	870
Adm/day	2	2
Deaths	2	0
Bed Occp (%)	36.2	40.7
Avg Stay (days)	5.6	5.1

SURGERY

	2012-13	2011-12
Beds	120	120
Admissions	5323	4661
Adm/day	15	13.0
Deaths	179	152
Bed Occup (%)	90.6	82.7
Avg Stay (days)	7.5	7.8

ORTHOPEDICS

	2012-13	2011-12
Beds	60	60
Admissions	2168	2281
Adm/day	6	6.0
Deaths	23	33
Bed Occup (%)	88.4	96.1
Avg Stay (days)	8.9	9.2

ENT

	2012-13	2011-12
Beds	30	30
Admissions	932	901
Adm/day	3	2
Deaths	6	8
Bed Occp (%)	60.3	56.2
Avg Stay (days)	7.1	6.8

OBSTETRICS & GYNECOLOGY

	2012-13	2011-12
Beds	90	90
Admissions	8388	8419
Adm/day	23	23
Deaths	9	11
Bed Occp (%)	191.4	186.7
Avg Stay (days)	7.5	7.3

PEDIATRICS & NEONATOLOGY

	2012-13	2011-12
Beds	60	60
Admissions	7490	7970
Adm/day	21	22.0
Deaths	182	199
Bed Occp (%)	185.1	199.1
Avg Stay (days)	5.4	5.5

OPHTHALMOLOGY

	2012-13	2011-12
Beds	60	60
Admissions	8367	6889
Adm/day	23	19.0
Deaths	0	1
Bed Occp (%)	98.4	97.8
Avg Stay (days)	2.6	3.1

NEUROSURGERY

	2012-13	2011-12
Beds	10	10
Admissions	6	293
Adm/day	0.01	1
Deaths	0	30
Bed occp (%)	0.8	44.9
Avg Stay (days)	4.8	5.6

RADIOOTHERAPY

	2012-13	2011-12
Beds	30	30
Admissions	890	677
Adm/day	2	2.0
Deaths	2	6
Bed occp (%)	24.4	20.0
Avg Stay (days)	3	3.2

RADIOOTHERAPY

Head and Neck	280
Female Genital tract	149
Breast	149
Oesophagus	47
Gastrointestinal tract	74
Male Genital tract	30
Bone / Soft tissue/ Skin	37
Lung	27
Lymphoma/ Leukemia	25
Brain	13
Kidney & Bladder	14
Hepato-biliary	05
Miscellaneous	45
TOTAL	895

SURGERY

General		Gut		Urology		Pediatric		Oncology	
Hernia	380	Appendix	129	Hydrocele	177	Hernia	40	Breast	71
Breast	84	Perforation	68	Calculi	111	Circumcision	51	Thyroid	06
Thyroid	57	Obstruction	43	Prostate	90	Hypospadias	07	Penis	19
Amputation	26	Anal Fissure	19	Bladder	28	Hirschsprung ds	02	Colon	13
Skin graft	35	Gall bladder	57	Testes	08	Others	34	Rectum	04
Varicose	11	Colon	20	Renal	26			Stomach	18
I & D	118	Haemorrhoids	49	TURP	06	CVTS			
Excision	373	Liver	09	Urethra	13	Thoracotomy	10		
Others	36	Endoscopy	50	Cystoscopy	136	Others	1		
		Laparoscopic	234	Others	14				
		Others	42						

OBSTETRICS & GYNECOLOGY

Utawali Project, Melghat

Caesarian sections	1677	Investigations						
Deliveries	4851				OPD	IPD		
		Laparoscopy	34	Ob/Gyn	853	175		
		Cystoscopy	33	Pediatrics	780	132		
		D & C, Biopsy	1089	Ophthalmology	2682	155		
		Colposcopy	70	Medicine	3128	391		
Hysterectomy	490			Camps	173	135		
Laparotomy	143	Family Planning				Total	7616	988
Ovarian Tumours	109	Female Sterilizations	595					
		MTP	53					

OPHTHALMOLOGY

IOL Implantation	7482
ICCE/ECCE	49
Glaucoma	191
Keratoplasty	16
Oculoplasty	32
DCR/DCT	135
Squint & Orbit	5
Retina	37
Other extraocular	212
Other intraocular	129

ENT

Mastoid Exploration	26	Rhinoplasty	6	Tonsil & Adenoid	10
Tympanoplasty	48	Septorhinoplasty	6	Laryngoscopy & MLS	8
Stapedectomy	8	Endoscopy	20	Bronchoscopy	6
Polypectomy	6	Caldwell luc	6	Oesophagoscopy	12
Mastoidectomy	8	Polypectomy	8	Mandible/Maxillectomy	2
Tympanotomy	12	Maxillectomy	12	Hemiglossectomy	4
		DCR	16	Thyroidectomy	6
Others	38	Others	61	Others	60
Minor	320	Minor	242	Minor	180

DENTAL

Extraction	1722
Scaling	1552
Major Surgery	55
Filling	2024
Denture	450
Ortho	373
Others	47

ANESTHESIA

General	1792
Regional	4914
Local	9320
IV Anesthesia	1475
Sedation	1385
Total	18886

PERIPHERAL SERVICES

Community Medicine	34583
Community Ophthalmology	69769
Rural Diagnostic Camps	88159
Total	192511

MEDICINE

Endoscopy	247
Hemodialysis	484

OPERATIONS & PROCEDURES

Speciality	Major	Simple	Minor	Total
Obst. & Gyn.	2966	1852	402	5220
Surgery	956	1618	2172	4746
Orthopedics	1280	-	2809	4089
Ophthalmology	8288	-	3767	12055
ENT	404	-	742	1146
Neurosurgery	5	-	-	5
Dental	55	-	1722	1777
Total	13954	3470	11614	29038

Hospital

OPD Patients' Visits

Speciality	New 2013-14	Repeat 2013-14	Total 2013-14	Total 2012-13
Ayurveda	2143	2973	5116	3979
Chemotherapy	1782	-	1782	1755
Dental	7374	9090	16464	15361
Dermatology	18849	12180	31029	27855
Emergency	34283	387	34670	39612
ENT	19888	12073	31961	27573
General OPD	104953	25376	130329	117662
Medicine	40578	35995	76573	72503
Neurosurgery	143	29	172	297
Obst. & Gynae	14066	25069	39135	37394
Ophthalmology	21186	8131	29317	28440
Orthopedics	28743	16505	45249	32745
Pediatrics	17834	17827	35661	18461
Peripheral Services	106371	-	106371	192511
Physiotherapy	7462	6922	14384	14635
Psychiatry	4449	14217	18666	12022
Radiotherapy	982	12171	13153	14641
Surgery	30335	25267	55602	51556
Total	461421	224213	685634	709002

In-Patients

Year	2013-14	2012-13	Speciality	2013-14	2012-13
Beds	660	660	Medicine	9669	10084
Admissions	44853	44903	Obst. & Gynae	8228	8388
Adm/Day	123	123	Pediatr & Neonatol	7620	7490
Bed Occp.(%)	100.7	100.6	Surgery	5315	5323
Avg Stay (days)	5.3	5.4	Ophthalmology	8316	8367
Deaths	1121	1107	Orthopedics	2995	2168
			ENT	907	932
			Psychiatry	478	548
			Dermatology	867	707
			Neurosurgery	0	6
			Radiotherapy	1158	890

MEDICINE

	2013-14	2012-13
Beds	140	140
Admissions	9669	10084
Adm/day	26.5	28
Deaths	718	703
Bed Occp (%)	77.9	78.8
Avg Stay (days)	4.1	4

PSYCHIATRY

	2013-14	2012-13
Beds	30	30
Admissions	478	548
Adm/day	1.3	2
Deaths	0	1
Bed Occup (%)	30.8	43.6
Avg Stay (days)	7.1	8.7

DERMATOLOGY

	2013-14	2012-13
Beds	30	30
Admissions	867	707
Adm/day	2.4	2
Deaths	0	2
Bed Occp (%)	39.7	36.2
Avg Stay (days)	5.0	5.6

SURGERY

	2013-14	2012-13
Beds	120	120
Admissions	5315	5323
Adm/day	14.6	15
Deaths	167	179
Bed Occup (%)	88.4	90.6
Avg Stay (days)	7.3	7.5

ORTHOPEDICS

	2013-14	2012-13
Beds	60	60
Admissions	2295	2168
Adm/day	6.3	6
Deaths	22	23
Bed Occup (%)	88.7	88.4
Avg Stay (days)	8.5	8.9

ENT

	2013-14	2012-13
Beds	30	30
Admissions	907	932
Adm/day	2.5	3
Deaths	4	6
Bed Occp (%)	57.4	60.3
Avg Stay (days)	6.9	7.1

OBSTETRICS & GYNECOLOGY

	2013-14	2012-13
Beds	90	90
Admissions	8228	8388
Adm/day	22.5	23
Deaths	8	9
Bed Occp (%)	187.5	191.4
Avg Stay (days)	7.5	7.5

PEDIATRICS & NEONATOLOGY

	2013-14	2012-13
Beds	60	60
Admissions	7620	7490
Adm/day	20.9	21
Deaths	194	182
Bed Occp (%)	187.5	185.1
Avg Stay (days)	5.4	5.4

OPHTHALMOLOGY

	2013-14	2012-13
Beds	60	60
Admissions	8316	8367
Adm/day	22.8	23
Deaths	0	0
Bed Occp (%)	92.5	98.4
Avg Stay (days)	2.5	2.6

RADIOTHERAPY

	2013-14	2012-13
Beds	30	30
Admissions	1158	890
Adm/day	3.2	2
Deaths	8	2
Bed occp (%)	36.3	24.4
Avg Stay (days)	3.4	3

RADIOTHERAPY

Head and Neck	289	Lung	26
Female Genital tract	172	Lymphoma/ Leukemia	37
Breast	214	Brain	15
Oesophagus	44	Kidney & Bladder	04
Gastrointestinal tract	74	Hepato-biliary	19
Male Genital tract	20	Miscellaneous	51
Bone / Soft tissue/ Skin	40	TOTAL	1005

SURGERY

General		Gut		Urology		Pediatric		Oncology	
Hernia	336	Appendix	90	Hydrocele	132	Hernia	07	Breast	78
Breast	123	Perforation	86	Calculi	49	Circumcision	27	Thyroid	10
Thyroid	43	Obstruction	34	Prostate	51	Hypospadias	18	Penis	06
Amputation	28	Anal Fissure	15	Bladder	09	Hirschsprung ds	04	Colon	10
Skin graft	19	Gall bladder	10	Testes	08	Others	64	Rectum	14
Varicose	05	Colon	19	Renal	30			Stomach	10
I & D	119	Haemorrhoids	21	TURP	12	CVTS		Gut	15
Excision	300	Liver	04	Urethra	12	Thoracotomy	07	Oral	04
Others	56	Endoscopy	155	Cystoscopy	132	Others	16	Renal	03
		Laparoscopic	206	Others	29			Prostate	04
		Others	158			Plastic Surgery	76	Others	09

OBSTETRICS & GYNECOLOGY

Caesarian sections	1572	Investigations	
Deliveries	4312	Laparoscopy	20
		Hysteroscopy	10
		Cystoscopy	04
		D & C	475
Hysterectomy	398	Colposcopy	05
Laparotomy	140	Biopsy	749
Ovarian Tumours	70	Family Planning	
		Female Sterilizations	729
		MTP	53

Utawali Project, Melghat

	OPD	IPD
Ob/Gyn	1382	236
Pediatrics	1282	201
Ophthalmology	3342	116
Medicine	4287	329
Dermatology	192	-
Camps	769	61
Other	622	05
Total	11876	948

OPHTHALMOLOGY

IOL Implantation	7552
ICCE/ECCE	13
Glaucoma	209
Keratoplasty	18
DCR/DCT	361
Squint & Orbit	04
Retina	64
Other extraocular	375
Other intraocular	154

ENT

Mastoid Exploration	27	Septoplasty	46	Tonsil & Adenoid	10
Tympanoplasty	83	Rhinoplasty	6	Laryngoscopy & MLS	13
Stapedectomy	08	Septorhinoplasty	6	Bronchoscopy	5
Polypectomy	08	Caldwell Luc	2	Oesophagoscopy	26
Mastoidectomy	07	Polypectomy	8	Mandible/Maxillectomy	14
Foreign body removal	34	Maxillectomy	1	Foreign body	37
Others	23	DCR	17	Thyroidectomy	6
Minor	143	Others	45	Others	41
		Minor	188	Minor	224

DENTAL

Extraction	1574
Scaling	1488
Surgery	74
Root canal	1441
Fillings	723
Denture	461
Ortho	144
Others	51

ANESTHESIA

General	1896
Regional	4823
Local	9120
IV Anesthesia	627
Sedation	1054
Total	17520

PERIPHERAL SERVICES

Community Medicine	30266
Community Ophthalmology	59769
Rural Diagnostic Camps	16336
Total	106371

MEDICINE

Endoscopy	314
Hemodialysis	633

OPERATIONS & PROCEDURES

Speciality	Major	Simple	Minor	Total
Obst. & Gyn.	2160	-	2578	4738
Surgery	892	1474	2379	4745
Orthopedics	1368	-	2847	4215
Ophthalmology	8498	-	3778	12276
ENT	560	-	510	1070
Dental	74	-	1574	1648
Utawali Project	208	-	293	501
Total	13760	1474	13959	29193

Hospital

OPD Patients' Visits

Speciality	New 2014-15	Repeat 2014-15	Total 2014-15	Total 2013-14
Ayurveda	1903	2784	4687	5116
Dental	7819	10805	18624	16464
Dermatology	21374	16192	37566	31029
Emergency	37587	636	38223	34670
ENT	21370	13787	35157	31961
General OPD	87562	59297	146859	130329
Medicine	47798	48269	96067	76573
Neurosurgery	732	395	1127	172
Obst. & Gynae	16526	32927	49453	39135
Ophthalmology	24507	10317	34824	29317
Orthopedics	29787	16783	46570	45249
Pediatrics	15952	18226	34178	35661
Peripheral Services	160088	-	160088	106371
Physiotherapy	9281	8221	17502	14384
Psychiatry	4060	13850	17910	18666
Radiotherapy	1657	14152	15809	14935
Surgery	33437	30041	63478	55602
Total	521440	296682	818122	685634

In-Patients

Year	2014-15	2013-14	Speciality	2014-15	2013-14
Beds	660	660	Medicine	11114	9669
Admissions	49210	44853	Obst. & Gynae	8774	8228
Adm/Day	135	123	Pediatr & Neonatol	8855	7620
Bed Occp.(%)	109.9	100.7	Surgery	5732	5315
Avg Stay (days)	5.4	5.3	Ophthalmology	7946	8316
Deaths	1295	1121	Orthopedics	2318	2295
			ENT	935	907
			Psychiatry	523	478
			Dermatology	932	867
			Neurosurgery	107	0
			Radiotherapy	1974	1158

MEDICINE

	2014-15	2013-14
Beds	140	140
Admissions	11114	9669
Adm/day	30.4	26.5
Deaths	890	718
Bed Occp (%)	86.1	77.9
Avg Stay (days)	4	4.1

PSYCHIATRY

	2014-15	2013-14
Beds	30	30
Admissions	523	478
Adm/day	1.4	1.3
Deaths	0	0
Bed Occup (%)	35.8	30.8
Avg Stay (days)	7.5	7.1

DERMATOLOGY

	2014-15	2013-14
Beds	30	30
Admissions	932	867
Adm/day	2.6	2.4
Deaths	0	0
Bed Occp (%)	40.6	39.7
Avg Stay (days)	4.8	5.0

SURGERY

	2014-15	2013-14
Beds	120	120
Admissions	5732	5315
Adm/day	15.7	14.6
Deaths	180	167
Bed Occup (%)	90.6	88.4
Avg Stay (days)	6.9	7.3

ORTHOPEDICS

	2014-15	2013-14
Beds	60	60
Admissions	2318	2295
Adm/day	6.4	6.3
Deaths	13	22
Bed Occup (%)	96.6	88.7
Avg Stay (days)	9.1	8.5

ENT

	2014-15	2013-14
Beds	30	30
Admissions	935	907
Adm/day	2.6	2.5
Deaths	4	4
Bed Occp (%)	68.2	57.4
Avg Stay (days)	8	6.9

OBSTETRICS & GYNECOLOGY

	2014-15	2013-14
Beds	90	90
Admissions	8774	8228
Adm/day	24	22.5
Deaths	9	8
Bed Occp (%)	201.8	187.5
Avg Stay (days)	7.6	7.5

PEDIATRICS & NEONATOLOGY

	2014-15	2013-14
Beds	60	60
Admissions	8855	7620
Adm/day	24.3	20.9
Deaths	175	194
Bed Occp (%)	210.6	187.5
Avg Stay (days)	5.2	5.4

OPHTHALMOLOGY

	2014-15	2013-14
Beds	60	60
Admissions	7946	8316
Adm/day	21.8	22.8
Deaths	0	0
Bed Occp (%)	103.7	92.5
Avg Stay (days)	2.9	2.5

NEUROSURGERY

	2014-15
Beds	10
Admissions	107
Adm/day	0.3
Deaths	2
Bed occp (%)	49.7
Avg Stay (days)	17

RADIO THERAPY

	2014-15	2013-14
Beds	30	30
Admissions	1974	1158
Adm/day	5.4	3.2
Deaths	22	8
Bed occp (%)	64.3	36.3
Avg Stay (days)	3.6	3.4

RADIO THERAPY

Head and Neck	371
Female Genital tract	189
Breast	189
Oesophagus	47
Gastrointestinal tract	68
Male Genital tract	23
Bone / Soft tissue/ Skin	35
Lung	56
Lymphoma/ Leukemia	59
Brain	28
Kidney & Bladder	19
Hepato-biliary	29
Miscellaneous	50
TOTAL	1164

SURGERY

General		Gut		Urology		Pediatric		Oncology	
Hernia	334	Appendix	80	Hydrocele	161	Hernia	25	Breast	65
Breast	60	Perforation	75	Calculi	58	Circumcision	64	Thyroid	15
Thyroid	57	Obstruction	75	Prostate	09	Hypospadias	15	Penis	07
Amputation	23	Anal Fissure	18	Bladder	20	Hirschsprung ds	03	Rectum	12
Skin graft	19	Gall bladder	5	Testes	11	Others	45	Oral	02
Varicose	05	Colon	26	TURP	32	CVTS		Renal	05
I & D	65	Hemorrhoids	30	Urethra	6	Thoracotomy	03	Others	02
Excision	265	Endoscopy	194	Cystoscopy	104	Others	21		
Others	40	Laparoscopic	167	Others	89				
		Others	122						

OBSTETRICS & GYNECOLOGY

Caesarian sections	1625	Investigations	
Deliveries	4452	Laparoscopy	10
		Hysteroscopy	22
		D & C, Biopsy	1748
		Colposcopy	10
Hysterectomy	491	Family Planning	
Laparotomy	171	Female Sterilizations	823
Ovarian Tumours	98	MTP	54

Utawali Project, Melghat

Speciality	OPD	IPD
Ob/Gyn	1256	297
Pediatrics	1206	232
Ophthalmology	2478	92
Medicine	3680	265
Surgery	292	32
ENT	49	-
Dermatology	94	-
Plastic surgery	-	101
Other	14	-
Total	9069	1019

OPHTHALMOLOGY

IOL Implantation	7089
ICCE/ECCE	13
Glaucoma	193
Oculoplasty	45
Keratoplasty	17
DCR/DCT	281
Squint & Orbit	13
Retina	34
Other extraocular	207
Other intraocular	82

ENT

Mastoid Exploration	29	Septoplasty	42	Tonsil & Adenoid	58
Tympanoplasty	43	Fracture reduction	7	Pan endoscopy	13
Stapedectomy	3	Septorhinoplasty	1	Bronchoscopy	6
Polypectomy	3	Caldwell Luc	3	Esophagoscopy	12
Mastoidectomy	15	Polypectomy	29	Mandible/Maxillectomy	9
Foreign body removal	15	Endoscopy	5	Foreign body	5
Others	19	DCR	10	Thyroidectomy	10
Minor	195	Foreign body	30	Others	124
		Others	21	Minor	26
		Minor	155		

DENTAL

Extraction	2055
Scaling	1637
Surgery	333
Root canal	1565
Fillings	933
Denture	583
Ortho	171
Others	70

ANESTHESIA

Average/Month	
General	146
Regional	375
Short GA	138
IV Anesthesia	25
PAC OPD	816

PERIPHERAL SERVICES

Community Medicine	47047
Community Ophthalmology	52432
Rural Diagnostic Camps	60609
Total	160088

MEDICINE

Endoscopy	382
Hemodialysis	994
Angioplasty	03

OPERATIONS & PROCEDURES

Speciality	Major	Simple	Minor	Total
Obst. & Gyn.	2387	-	3806	6193
Surgery	865	1572	2656	5093
Orthopedics	1233	-	256	1489
Ophthalmology	7974	-	4021	11995
Neurosurgery	68	-	9	77
ENT	510	-	417	927
Dental	333	-	2055	2388
Utawali Project	263	-	182	455
Total	13633	1572	13402	28607

Hospital

OPD Patients' Visits

Speciality	New 2015-16	Repeat 2015-16	Total 2015-16	Total 2014-15
Ayurveda	1151	2185	3336	4687
Dental	8600	12265	20865	18624
Dermatology	24286	21827	46113	37566
Emergency	38512	591	39103	38223
ENT	24278	17128	41406	35157
General OPD	95293	77457	172750	146859
Medicine	50916	65138	116054	96067
Neurosurgery	1121	861	1982	1127
Obst. & Gynae	15869	38574	54443	49453
Ophthalmology	22876	11971	34847	34824
Orthopedics	27790	16690	44480	46570
Pediatrics	15662	22325	37987	34178
Peripheral Services	94063	-	94063	160088
Physiotherapy	10048	9891	19939	17502
Psychiatry	4081	13217	17298	17910
Radiotherapy	1260	15483	16743	15809
Surgery	33033	32366	65399	63478
Total	468839	357969	826808	818122

In-Patients

Year	2015-16	2014-15	Speciality	2015-16	2014-15
Beds	690	660	Medicine	10907	11114
Admissions	47204	49210	Obst. & Gynae	9159	8774
Adm/Day	129	135	Pediatr & Neonatol	8410	8855
Bed Occp.(%)	110.1	109.9	Surgery	5488	5732
Avg Stay (days)	5.6	5.4	Ophthalmology	5675	7946
Deaths	1444	1295	Orthopedics	2268	2318
			ENT	1246	935
			Psychiatry	528	523
			Dermatology	824	932
			Neurosurgery	185	107
			Radiotherapy	2514	1974

MEDICINE

	2015-16	2014-15
Beds	140	140
Admissions	10907	11114
Adm/day	29.8	30.4
Deaths	1014	890
Bed Occp (%)	88.0	86.1
Avg Stay (days)	4.1	4

PSYCHIATRY

	2015-16	2014-15
Beds	30	30
Admissions	528	523
Adm/day	1.4	1.4
Deaths	0	0
Bed Occup (%)	45.6	35.8
Avg Stay (days)	9.5	7.5

DERMATOLOGY

	2015-16	2014-15
Beds	30	30
Admissions	824	932
Adm/day	2.3	2.6
Deaths	0	0
Bed Occp (%)	33	40.6
Avg Stay (days)	4.4	4.8

SURGERY

	2015-16	2014-15
Beds	120	120
Admissions	5488	5732
Adm/day	15	15.7
Deaths	172	180
Bed Occup (%)	89.4	90.6
Avg Stay (days)	7.2	6.9

ORTHOPEDICS

	2015-16	2014-15
Beds	60	60
Admissions	2268	2318
Adm/day	6.2	6.4
Deaths	13	13
Bed Occup (%)	97.4	96.6
Avg Stay (days)	9.4	9.1

ENT

	2015-16	2014-15
Beds	30	30
Admissions	1246	935
Adm/day	2.6	2.6
Deaths	7	4
Bed Occp (%)	95.0	68.2
Avg Stay (days)	8.4	8

OBSTETRICS & GYNECOLOGY

	2015-16	2014-15
Beds	90	90
Admissions	9159	8774
Adm/day	25	24
Deaths	5	9
Bed Occp (%)	203.8	201.8
Avg Stay (days)	7.3	7.6

PEDIATRICS & NEONATOLOGY

	2015-16	2014-15
Beds	60	60
Admissions	8410	8855
Adm/day	23	24.3
Deaths	197	175
Bed Occp (%)	216.8	210.6
Avg Stay (days)	5.7	5.2

OPHTHALMOLOGY

	2015-16	2014-15
Beds	60	60
Admissions	5675	7946
Adm/day	15.5	21.8
Deaths	0	0
Bed Occp (%)	65.1	103.7
Avg Stay (days)	2.5	2.9

NEUROSURGERY

	2015-16	2014-15
Beds	10	10
Admissions	185	107
Adm/day	0.5	0.3
Deaths	7	2
Bed occp (%)	87.3	49.7
Avg Stay (days)	17.3	17

RADIO THERAPY

	2015-16	2014-15
Beds	30	30
Admissions	2514	1974
Adm/day	6.9	5.4
Deaths	26	22
Bed occp (%)	81.8	64.3
Avg Stay (days)	3.6	3.6

RADIO THERAPY

Head and Neck	444
Female Genital tract	189
Breast	214
Gastrointestinal tract	119
Male genital tract	7
Bone / Soft tissue/ Skin	29
Lung	60
Lymphoma/ Leukemia	53
Kidney & Bladder	24
Miscellaneous	208
TOTAL	1139

SURGERY

General		Gut		Urology		Pediatric		Oncology	
Hernia	314	Appendix	117	Hydrocele	177	Hydrocele	10	Breast	82
Breast	130	Perforation	91	Calculi	24	Circumcision	36	Thyroid	10
Thyroid	40	Obstruction	54	Prostate	20	Hypospadias	11	Penis	10
Amputation	14	Anal Fissure	6	Bladder	9	Hirschsprung ds	02	Rectum	3
Skin graft	19	Gall bladder	79	Testes	14	Others	12	Oral	1
Varicose	2	Colon	4	TURP	11			Renal	4
I & D	91	Hemorrhoids	10	Urethra	2	CVTS		Colon	6
Excision	207	Endoscopy	93	Cystoscopy	60	Thoracotomy	03	Stomach	3
MRM	33	Laparoscopic	32	Renal	6	AV Fistula	17	Testis	2
Lap. hernia	11	Diagn lap	15	Vasectomy	4			Others	1
Others	66	Liver	10	PNCL	4				
		Esophagus	2	Others	57				

OBSTETRICS & GYNECOLOGY

Caesarian sections	1892	Investigations	
Deliveries	5542	Laparoscopy	29
		Hysteroscopy	25
		D & C, Biopsy	2512
		Colposcopy	16
Hysterectomy	492	Cystoscopy	1
Laparotomy	184		
Ovarian Tumours	102	Family Planning	
		Female Sterilizations	920
		MTP	62

Utawali Project, Melghat

Speciality	OPD	IPD
Ob/Gyn	1478	286
Pediatrics	1939	208
Ophthalmology	3028	70
Medicine	5186	229
Surgery	452	29
ENT	73	17
Dermatology	70	-
Orthopedics	31	6
Dentistry	15	-
Total	12272	845

OPHTHALMOLOGY

IOL Implantation	4818
ICCE/ECCE	12
Glaucoma	125
Oculoplasty	56
Keratoplasty	9
DCR/DCT	152
Squint & Orbit	10
Retina	61
LASIK	229
Other extraocular	101
Other intraocular	47

ENT

Ear		Nose		Throat	
Mastoid exploration	36	Septoplasty	34	Laryngoscopy	112
Tympanoplasty	51	Fracture reduction	9	Tonsil & Adenoids	72
Stapedectomy	1	Maxillectomy	8	Pan endoscopy	12
Myringoplasty	1	Rhinoplasty	3	Bronchoscopy	4
Minor	159	Caldwell Luc	5	Tracheal reconstr	12
		Polypectomy	3	Mandible	22
		FESS	20	Foreign body	16
		DCR	29	Thyroidectomy	23
		Others	1	Others	111
		Minor	136	Minor	274

DENTAL

Extraction	1674
Scaling	1985
Surgery	443
Root canal	946
Fillings	999
Dentures	609
Periodontal Surgery	10
Ceramic Crowns/ bridges	284
Zirconia Crowns	29
Ortho	92
Others	132

ANESTHESIA

General	2068
Regional	3768
Short GA	1653
IV Anesthesia	260
PACOPD	7984

PERIPHERAL SERVICES

Community Medicine	46806
Community Ophthalmology	31706
Utawali Community Clinics	3478
Rural diagnostic camps	12073
Total	94063

MEDICINE

Endoscopy	254	Bronchoscopy	7
Hemodialysis	1138	Interventional radiology	16
Angioplasty	53		

OPERATIONS & PROCEDURES

Speciality	Major	Simple	Minor	Total
Obst. & Gyn.	2892	-	3588	6480
Surgery	1959	-	3395	5354
Orthopedics	1209	-	208	1417
Ophthalmology	5456	229	2549	8234
Neurosurgery	101	-	25	126
ENT	746	-	542	1288
Dental	443	-	1674	2117
Utawali Project	148	-	239	387
Total	12954	229	12220	25403

GUIDELINES ON INFECTION CONTROL PRACTICE IN A HEALTH CARE SET UP



Prepared by :
Hospital Infection Control Committee, February, 2016
Kasturba Health Society.

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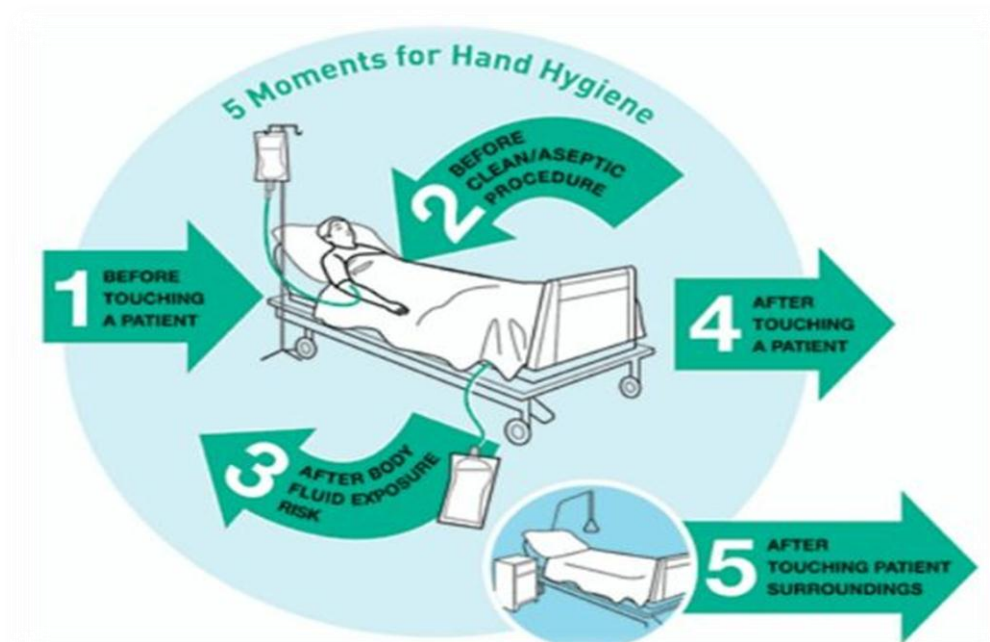
GUIDELINES ON INFECTION CONTROL PRACTICE IN A HEALTH CARE SET UP

Preventive Measures

I. Hand washing

Many infections are spread by contact. Hand washing is the most important method of preventing spread by this route.

- Increasing hand washing compliance by 1.5 – 2 folds would result in a 25 – 50 % decrease in the incidence of healthcare associated infection.
- Hands must be washed before and after direct contact with patients, or with items in contact with patients' blood or body fluids.
- Use surgical scrub solution only prior to invasive procedures. Ordinary soap and water are sufficient for non- invasive procedures.
- Bar soaps must be placed on soap racks that permit water drainage.
- Good hand washing should involve thorough lathering of all hand surfaces and rinsing under running water. The whole procedure needs to take no more than 15-20 sec.
- Dry hands thoroughly with paper towel or air hand dryer.
- Do not use nailbrush routinely.



II. Decontamination of instruments

Disinfection and sterilization are necessary to prevent cross infection from equipment, surfaces and skin. Disinfection is used to reduce the number of microorganisms, while sterilization is used to remove all living microorganisms.

II.1. Pre-cleaning

Before decontamination by any of the methods outlined below, instruments must undergo preliminary cleaning. Blood or any other substance should be rinsed off under running water and the instrument should be cleaned in a solution of lukewarm water and detergent.

Household gloves should be worn when cleaning instruments and care should be taken not to produce splashes.

Endoscopes - cleaning and disinfection

- 1. Clean: mechanically clean internal and external surfaces, including brushing internal channels and flushing each internal channel with water and a detergent or enzymatic cleaners*
 - 2. Disinfect: immerse endoscope in high-level disinfectant such as 2% glutaraldehyde and perfuse disinfectant into all accessible channels, such as the suction/biopsy channel and air/water channel and expose for a time recommended for specific products (20 minutes for 2% glutaraldehyde).*
 - 3. Rinse: rinse the endoscope and all channels with sterile or filtered water followed by 70-90% ethyl or isopropyl alcohol to remove all traces of disinfectant.*
 - 4. Drying: After rinsing, purge the channels using forced air. Hang endoscopes in a vertical position to facilitate drying.*
-

II.2. Choice of decontamination methods

Instruments should be categorized according to the risks they pose for patients. Devices that penetrate skin, enter normally sterile body areas or come into contact with non-intact mucous membranes require sterilization; devices that come into contact with intact mucous membranes require disinfection; while cleaning is generally sufficient for devices that come into contact with intact skin.

II.3. Methods of decontamination

The most common decontamination methods used in the patient care areas are heat and chemical disinfectants. Heat is usually less selective, more penetrative and easier

to control than chemicals. Heat is, therefore, the preferred method of decontamination.

II.3.A. Sterilization : Autoclaves

Instruments which are not heat sensitive can be sterilized reliably by steam under pressure using autoclaves. Please observe the followings when using autoclaves:

- Autoclaves must be located in treatment rooms away from traffic and they must not discharge steam/vapour into waiting area.
- Autoclaves must be operated only by staff who have been adequately instructed in their use.
- When using small table top autoclaves, instruments should go in unwrapped, should be properly loaded so that surfaces of all instruments are accessible and exposed to the steam.
- Instruments can be sterilized in autoclave at a temperature of 121°C for 15 min. holding time, or for a holding time of 3 min. at 134°C

II.3.B Disinfection

Critical instruments/equipment (that are those penetrating skin or mucous membrane) should undergo sterilization before and after use. E.g. surgical instruments.

Semi-critical instruments /equipments (that are those in contact with intact mucous membrane without penetration) should undergo high level disinfection before use and intermediate level disinfection after use. E.g. endotracheal tubes.

Non-critical instruments /equipments (that are those in contact with intact skin and no contact with mucous membrane) require only intermediate or low level disinfection before and after use. E.g. ecg electrodes.

II.3.B.i. Hot water disinfectors

Hot water disinfectors are often referred to as ‘sterilizers’. This is a misnomer. Boiling water, although being able to effectively disinfect instruments, cannot sterilize since some bacterial spores can withstand boiling.

The followings must be observed when using a hot water disinfectant:

- The hot water disinfectant must be located in treatment rooms.
- The hot water disinfectant must be operated only by staff who have been adequately instructed in their use.

- Instruments must be fully immersed in water.
- Disinfectors should not be overloaded.
- Leave instruments for a minimum of 5 minutes after water returns to the boil. Use a timer with each process.
- Disinfected instruments should be removed with disinfected forceps left on a clean disinfected surface to cool down and covered with a sterile paper / cloth.
- Water in the disinfectant should be changed daily.

II.3.B.ii. Chemical disinfectants

Chemical disinfectants could be alternatives for heat labile instruments. However, they have many drawbacks such as corrosive properties, variability in their effect on different microorganisms, easy inactivation and different rates of microbicidal action (see appendix II for properties of various chemical disinfectants).

When using chemical disinfectants, please observe the followings:

- The disinfectant containers must be thoroughly cleaned and dried.
- Do not refill disinfectant containers without sterilizing the container between each use. Do not top up.
- The containers should be clearly labelled with contents, in-use dilution and expiry date.
- Ensure that optimum dilution is used.
- Open containers of disinfectant should not be tolerated, as they could easily be contaminated and microbes can grow in the disinfectant solution.
- Where indicated, surfaces should be wiped with disinfectants. Do not flood.
- Use appropriate disinfectants according to instruction (see appendix I).

-
- **High Level Disinfectants :**
Glutaraldehyde 2%, Ethylene Oxide
 - **Intermediate Level Disinfectant :**
Alcohols, Chlorine Compounds, Hydrogen Peroxide, Chlorhexidine
 - **Low Level Disinfectants :**
Benzalkonium Chloride, Some Soaps
-

Antimicrobial Activity of Disinfectants ⁶					
Anti-microbial activity					
Disinfectant	Spores	Mycobacteria	Other bacteria	Viruses	
				Enveloped	Non- enveloped
Glutaraldehyde 2% (3h-10 min)	Good 3 h	Good* 20 min	Good 10 min	Good 10 min	Good 10 min
Peracetic acid 0.2-0.35% (10 min)	Good	Good	Good	Good	Good
Alcohol 60-70% (ethanol or isopropanol) (1-10 min)	None	Moderate	Good	Good	Moderate
Peroxygen compounds 3- 6% (20 min)	None	Poor	Good	Good	Moderate
Chlorine releasing agents >1000 ppm Cl ₂ (15-60 min)	Good	Good	Good	Good	Good
Clear soluble phenolics 1-2% **	None	Good	Good	Poor	None
Quaternary ammonia components 0.1- 0.5%***	None	Variable	Moderate	Moderate	Poor

*Less active against *M. avium* intracellulare.

**Potentially toxic. Should not be used in neonatal wards.

***Dilute solutions may allow the growth of Gram-negative bacilli.

III. Environmental Surfaces

- *Clean housekeeping surfaces (e.g., floors, walls, tabletops) on a regular basis, when spills occur, and when these surfaces are visibly soiled.*
- *Disinfect environmental surfaces (e.g., bedside tables, bedrails, and laboratory surfaces) on a regular basis and when surfaces are visibly soiled.*
- *Clean walls, blinds, and window curtains in patient-care areas when these surfaces are visibly contaminated or soiled.*

- Decontaminate mops heads and cleaning cloths regularly to prevent contamination (e.g., launder and dry at least daily).

IV. Bedding and Blanket

- Clean and disinfect mattress impermeable covers.
- Launder pillow covers, washable pillows, and blankets between patients or when they become contaminated with body substances.

V. Protective clothing

The use of protective clothing serves as barrier to exposure.

V.1. Gloves

- All staff should wear gloves when contact with blood or body fluids is envisaged.
- Sterile latex surgical gloves should be used for procedures involving penetration of skin or coming into contact with non-intact mucous membrane.
- The gloves must be readily available and well fitting.
- Gloves should be changed after contact with each patient.
- Gloves should be removed before handling telephones or performing office work.
- Hands should be washed whenever gloves are removed.

V.2. Other protection

Staff should wear mask/face shield/goggles and gown when there is a risk of splashing or spraying of blood or body fluids.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- *USE OF GLOVES ;*
- *FACE MASK, EYE PROTECTION (GOGGLES), FACE SHIELD ;*
- *N 95 RESPIRATORS ;*
- *GOWN OR APRON*

VI. Sharps

- Sharps must be handled with extreme caution.
- Avoid recapping of needles as far as possible.
- If needles need to be recapped, use devices or methods which eliminate the risk of percutaneous injury.
- *Needles and sharps must be discarded into puncture-resistant containers.*
- *Do not overfill sharps box. Dispose the box when it is ¾ full.*
- Keep sharps box dry.
- Discard sharps box into red plastic waste bag for incineration.

VII. Dealing with Spillage

VII.1. Liquid Spill Management:

- Promptly clean and decontaminate spills of blood and other potentially infectious materials.
- Wear protective gloves.
- Using a pair of forceps and gloves, carefully retrieve broken glass and sharps if any, and use a large amount of folded absorbent paper to collect small glass splinters. Place the broken items into the puncture proof sharps container.
- Cover spills of infected or potentially infected material on the floor with paper towel/ blotting paper/newspaper. *Pour 0.5% freshly prepared sodium hypochlorite.*
- Leave for 30 minutes for contact
- Place all soiled absorbent material and contaminated swabs into a designated waste container.
- Then clean the area with gauze or mop with water and detergent with gloved hands.

NB: Any material treated with hypo-chlorite solution should never be sent for incineration

VII.2 Mercury Spill Management:

- If accidental spill of mercury occurs it is to be collected in a special manner as follows:
- Spilled mercury should be collected with a “mercury spill kit”- containing nitrile gloves, N-95 face mask, 2 pieces of cardboards, 2 plastic containers, cello tape, and flashlight.
- Do not touch mercury.

- Remove all jewellery, wear gloves, masks.

- Use flashlight to locate and cardboards to bring mercury beads together.

- Collect with an eyedropper or a syringe and carefully place it or ‘contain’ in a bottle containing water.

- Any remaining beads of mercury should be picked up with a sticky tape and place

- in the plastic bag, properly labeled.

- The bottle should be sealed with a tape, labeled as hazardous waste and securely stored inside another plastic container; awaiting final disposal to Govt. nominated or authorized mercury dealers.

- After mercury has been recovered the spill area should be covered with calcium sulfide or sodium thiosulfate to neutralize it.

- Reporting formats will be used to report and register any mercury spills/leakages.

VIII. Personal hygiene

- Wear uniform properly fastened and keep it apart from outdoor clothing.
- Wash hands often and always before leaving the clinics.
- Always wash hands before eating, drinking and smoking.
- Never eat, drink, smoke or apply cosmetics in examination or treatment rooms.
- Never lick labels.
- Avoid hand or implement contact with eyes, nose or mouth.
- Cover cuts or grazes with waterproof dressings.

- Report any accidents to supervisor.
- Make sure to receive necessary vaccines.

IX. Accidents and dangerous occurrences

- All staff should be instructed to notify accidents and dangerous occurrences, especially needle stick injury, to a designated staff in the clinic.
- All notified accidents should be recorded in a log book specifically kept for this purpose. They should be monitored so that preventive actions can be taken.
- Staff who sustained sharps injury should be managed as stipulated in document SMCC 2 /92-“Procedure for Management of Needle Stick Injury or Mucosal Contact with Blood or Body Fluids.”

Exposure to HIV :

Manage the exposure site

- a. Do remove gloves, if appropriate***
 - b. Do wash the exposed site thoroughly with running water***
 - c. Do irrigate with water or saline if eyes or mouth have been exposed***
 - d. Do wash the skin with soap and water***
 - e. Do not panic***
 - f. Do not put the pricked finger in the mouth***
 - g. Do not squeeze the wound to bleed it***
 - h. Do not use bleach, chlorine, alcohol, betadine, iodine, or other antiseptics/detergents on the wound.***
-

Appendix I

Recommended methods of decontamination for commonly used items:

ITEM	RECOMMENDED METHOD	ALTERNATIVE METHOD*
AURISCOPE NOZZLE	Clean with detergent and water. Immerse in alcoholic Savlon for 10 minutes. Rinse and store dry.	
BOTTLE, FEEDING		
BOTTLE, TEAT, BRUSH	Clean with detergent and water. Rinse thoroughly. Autoclave. Clean with detergent and water. Boil for 10 minutes. Store dry.	Boil for 20 minutes after rinsing.
BOTTLE, SUCTION	Clean with detergent and water. Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
BOWL, PLASTIC	Clean with detergent and water. Store dry.	
BOWL, SURGICAL	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
CHEATLE FORCEPS AND HOLDERS	Autoclave daily. Store in alcoholic Savlon which is changed daily.	Boil for 20 minutes instead of autoclaving
CURETTE	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
DISSECTING FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
ECG ELECTRODES	Clean with detergent and water. Wipe with 70% ethanol. Store dry.	

ITEM	Recommended method	Alternative method*
FACE-SHIELD OR GOGGLES	Clean with detergent and water. Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
GALLIPOTS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
IRIS SCISSORS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
KNIFE HANDLE	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
LARYNGOSCOPE - BLADE - BULB	Clean with detergent and water. Boil for 10 minutes. Store dry. Clean. Swab with 70% ethanol.	
MAGILL'S FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
MOSQUITO ARTERY FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
MOUTH GAG	Clean with detergent and water. Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
NEBULIZER MASK	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
NEBULIZER TUBING'S	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
NEEDLE HOLDER	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.

OXYGEN CANNULA	Disposable.	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.
ITEM	Recommended method	Alternative method*
OXYGEN MASK	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
OXYGEN TUBINGS	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
PROCTOSCOPE	Clean with detergent and water. Boil for 10 minutes. Store dry.	
PULMONARY FUNCTION SYSTEM		
- ABSORBER CONTAINER, BREATHING TUBING, EXPIRATOR BAG, INSPIRATOR BAG, MOUTH PIECES, MOUTH PIECE ADAPTOR	Immerse in 2% glutaraldehyde for at least 45 minutes. Rinse and store dry. Wipe with 70% ethanol. Store dry. Clean with detergent and water. Wipe dry. Clean with detergent and water. Wipe dry.	
- NASAL CLIPS		
- SUPPORT ARMS WITH CLAMPS		
- VALVE BOX, CLAMPS, COLUMN & BOLT		
RESUSCITATOR :-		
- MOUTH PIECE, MASK	Clean with detergent and water. Immerse in 0.1% hypochlorite for 10 minutes. Rinse and store dry.	
SCALPEL BLADES	Disposable.	

SPONGE HOLDING FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after Cleaning.
STITCH SCISSORS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after Cleaning.
ITEM	Recommended method	Alternative method*
THERMOMETER	Rinse. Immerse in 70% ethanol for 10 minutes. Store dry.	
TONGUE DEPRESSOR	Disposable.	Clean with detergent and water. Boil for 10 minutes. Store dry.
TOOTHED FIXATION FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
TOWEL FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
TROCAR AND CANNULA	Disposable.	
UTERINE FORCEPS	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
UTERINE SOUND	Clean with detergent and water. Autoclave.	Boil for 20 minutes after cleaning.
VAGINAL SPECULUM	Clean with detergent and water. Boil for 10 minutes. Store dry.	
VITALOGRAPH :-		
- BREATHING TUBES, GLASS BOTTLES	Immerse in 0.1% hypochlorite for 10 minutes. Rinse and stors dry.	

* Only for those clinics where autoclaves are not available.

Appendix II

Properties of commonly used chemical disinfectants:**1 Phenolics (e.g. Printol):**

- Usual concentration – 1 %
- Spectrum of activity – Bacteria : Good
Tubercle bacilli : Good
Spores : Good
Fungi : Good
Viruses : Good for some viruses only
- Other properties – Absorbed by rubber and plastics
– Should not be used in food preparation areas or on equipment that may come into contact with skin or mucous membranes
- Recommended uses – Environmental or instrumental disinfection for selected items

2. Hypochlorites (e.g. Clorox – 5.25% available chlorine):

- Usual concentration – 1 % (1:5 dilution) for blood and body fluid spill
– 0.1% (1:50 dilution) for general disinfection
– 0.0125% (1:400 dilution) for infant and other feeding utensils
- Spectrum of activity – Bacteria : Good
Tubercle bacilli : Good
Spores : Good
Fungi : Good
Viruses : Good
- Other properties – Inactivated by organic matter
– Corrosive to metals
– Diluted solutions decay rapidly and should be made up daily
– Addition of acids causes release of toxic chlorine gas
- Recommended uses – Environmental or instrumental disinfection for selected items

3. : Glutaraldehyde (e.g. Cidex)

- Usual concentration – 2 %

- Spectrum of activity – Bacteria : Good
Tubercle bacilli : Good
Spores : Good but slow
Fungi : Good
Viruses : Good
- Other properties – Slow penetration of organic matter
– Irritate eyes, skin and respiratory mucosa
– Alkaline solution requires activation and has a limited useful life (14-28 days)
- Recommended uses – Disinfection of selected instruments which cannot be heat sterilized
– Use only closed containers to reduce the escape of irritant vapours

4. Alcohol (e.g. ethanol):

- Usual concentration – 70 %
- Spectrum of activity – Bacteria : Good
Tubercle bacilli : Doubtful
Spores : Poor
Fungi : Good
Viruses : Good
- Other properties – Rapid action but volatile
– Poor penetration into organic matter
– Inflammable
- Recommended uses – Disinfection of physically clean surfaces and skin

5. Diguanides (e.g. Hibitane – chlorhexidine, Savlon – chlorhexidine + cetavlon) :

- Usual concentration – Hibitane – aqueous 1:1000
0.5 % in 70% ethanol
– Savlon – aqueous 1:100, 1:30
1:30 in 70% ethanol
- Spectrum of activity – Bacteria : Good for Gram + organisms
Tubercle bacilli : Poor
Spores : Poor
Fungi : Good
Viruses : Poor
- Other properties – Inactivated by organic matter, soap and anionic detergents

- Recommended uses – Skin and mucous membrane disinfection

NOTES

Antisepsis:

The application of compounds to skin or mucous membranes to reduce microorganism content substantially.

Cleaning:

The removal of all visible debris on surfaces.

Decontamination:

A general term to cover all methods of cleaning, disinfection or sterilization to remove microbial contamination from medical equipment such as to render it safe.

The equipment is classified with respect to the choice of decontamination method.

- (1). Critical – Comes into contact with tissue or the vascular space. Requires sterilization.
- (2). Semi-critical – Comes into contact with mucous membranes or non-intact skin. Requires high-level disinfection.
- (3). Non-critical – Comes into contact with intact skin. Requires intermediate or low-level disinfection.

Disinfectant:

A chemical that inactivates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, e.g. spores, on inanimate objects.

Disinfection:

The killing of pathogenic organisms, but not usually of spores. It is classified into three levels.

- (1). High-level – The elimination of all viruses and vegetative microorganisms and most but not necessarily all bacterial or fungal spores. e.g. glutaraldehyde, hypochlorites.
- (2). Intermediate-level – The elimination of all vegetative pathogenic bacteria, including *Mycobacterium tuberculosis*, but not necessarily all viruses. eg. alcohol.
- (3). Low-level – The elimination of most pathogenic bacteria. eg. diguanides.

Sterilization :

The complete elimination of all viable microorganisms including all spores.

Appendix III

Preparing Household Bleach as a Disinfectant			
Household Bleach is 5.25% sodium hypochlorite solution (50,000 ppm)			
Level Required	What For	How to make	Contact time
1:10 Dilution (1 part bleach in 9 parts water) 5000 ppm	Large blood spill (after surface cleaning)	25 ml bleach in 225 ml water <u>Same as</u> 5 tsp bleach in 1 cup water	20 minutes
1:50 Dilution (1 part bleach in 49 parts water) 1000ppm	Surface cleaning	10 ml bleach in 490 ml water <u>Same as</u> 2 tsp bleach in 2 cups water	10 minutes
1:100 Dilution (1 part bleach in 99 parts water) 500ppm	Minor blood spill	5ml bleach in 495 ml water <u>Same as</u> 1 tsp bleach in 2 cups water	10 minutes
<ul style="list-style-type: none"> • Precautions for preparing and using sodium hypochlorite solutions from bleach: • Follow the safety precautions and the manufacturer's directions when working with concentrated solutions of bleach (sodium hypochlorite). Use PPE when handling. • Chlorine bleach can stain and damage some surfaces (e.g. metals, some plastics) • Add bleach to water, not water to bleach • Allow the bleach solution to sit for the full contact time to ensure it is effective. • Don NOT mix bleach solution with ammonia products - this can produce chlorine gas which is toxic • Check the expiry date of the concentrated solution • Make a fresh bleach solution daily • Pre-clean surfaces to allow bleach solution to be effective 			

Appendix IV

HIC Checklist : General Wards

Name of Ward:

Date & Time visited:

1. House Keeping (√ Tick the correct box):-

Floors are cleaned Twice a day	Yes	No
Walls are cleaned Once a week	Yes	No
Material used in cleaning floors and walls Detergent and water	Yes	No
Cupboards, shelves, beds, lockers, IV stands, stools and other fixtures are cleaned Once a week	Yes	No
Curtains are to be changed once a month or whenever soiled	Yes	No
Patient's cot is cleaned every week with detergent and water. 1% hypochlorite to be used when soiled with blood or body fluids. If isolation ward, cleaning is done daily.	Yes Yes Yes	No No No
The floor of bathrooms is cleaned with a broom and detergent once a day and then disinfected.	Yes	No
Toilets are cleaned with a brush using a detergent twice a day (in the morning and evening)	Yes	No
Bed linen is changed daily and whenever soiled with blood or body fluids.	Yes	No
All linen used by patients diagnosed to have HIV, HBV, HCV and MRSA, is decontaminated by autoclaving before being sent to the laundry	Yes	No

2. Aseptic practices (√ Tick the correct box):-

Are gloves worn during, Whenever in contact with blood and body fluids? When specimens, soiled linen, body fluids, secretion as well as surfaces, materials or objects exposed to them have to be handled? Whenever the skin is not intact? Double gloves are recommended for high risk patients?	Yes Yes Yes Yes	No No No No
Are gloves worn during, Venepuncture, Annulation, Urinary catheterization, Nursing of immunocompromised patients, Suctioning (tracheal), Blood sampling, Vaginal delivery, Dental procedures?	Yes	No
What material is used for routine hand wash in the ward?		
Are injection syringe needles recapped?	Yes	No
How frequently IV sets are replaced?		

How frequently tubing used to administer blood/body products, fat emulsion are replaced?		
How frequently catheters are replaced routinely?		
Are catheters flushed on blockade?	Yes	No
Are Ambubags cleaned with detergent and water, dried and sterilized before reuse?	Yes	No
Are Arterial catheters reused?	Yes	No
Are baby bottles and teats returned to CSSD or washed in hot detergent and water, rinsed and immersed in Milton fluid, freshly made up from tablets according to manufacturer's instructions?	Yes	No
Are bedpans and urinals cleaned and disinfected with 0.5% sodium hypochlorite or hot water and air dried before reuse?	Yes	No
Are cradles cleaned with detergent and water and dried?	Yes	No
Are reusable drainage bottles used?	Yes	No
If yes, are they rinsed and returned to CSSD before reuse?	Yes	No
Are Ear Pieces for autoscore, Earphones cleaned with detergent and water and dried before reuse?	Yes	No
Are Leads and monitors dismantled to smallest components and cleaned with detergent and water and dried?	Yes	No
Are sterilised instruments used?	Yes	No
Are instruments returned to CSSD after single use?	Yes	No
Are Sphygmomanometer calf After use in isolation, laundered in washing machine?	Yes	No
Are sputum pots Disposable with close fitting lid and discarded into clinical waste for incineration?	Yes	No
Are suction bottles sealed when 75% full and placed in yellow plastic bag?	Yes	No
If Re-usable, cleaned with sodium hypochlorite and dried and changed daily and in between each patient?	Yes	No
Are dressing Trolleys cleaned daily with detergent and water?	Yes	No
After each use wiped with 70% isopropyl alcohol?	Yes	No

3. Biowaste disposal management (✓ Tick the correct box):-

Are color coded buckets available and being legibly used?	Yes	No
Are color code posters are displayed along with?	Yes	No
Are all duty staffs aware of color coding?	Yes	No
Are Buckets being emptied every day?	Yes	No
Are needle destroyers available and functioning?	Yes	No

Signature & Date :

Ward I/C, Staff Nurse I/C

HIC Personnel

Intensive Care Unit

Name of Unit:**Date & Time visited:**

Does the Civil construction meets up basic criteria for ICU?	Yes	No
Is the internal setting (eg. Distance between beds, oxygen supply etc) and human resource (eg. Doctor patient ratio, nurse- patient ratio etc) are adequate?	Yes	No
Is AC functioning?	Yes	No
If not, what is the alternative method for air circulation?	Yes	No
Is there a written SOP for ICU?	Yes	No
Are all staffs and doctors are trained in Hospital Infection control?	Yes	No
Are all staffs are aware of PPE?	Yes	No
Are swabs sent on routine basis at Microbiology Dept. as a part of Active Hospital Infection Surveillance?	Yes	No
If yes, how frequently?		
Are all staffs aware of Hospital infection Committee?	Yes	No
Is there any denial in cooperating ICN at her routine visit?	Yes	No
What is the frequency of sweeping the floor?		
What is the frequency of changing linen?		
Are visiting hours being maintained?	Yes	No
What is the timing of visiting hours?		
Are invasive procedures done during visiting hours?	Yes	No
Are shoes available for visitors?	Yes	No
Are aprons available for visitors?	Yes	No
Is hospital infection register available?	Yes	No
Is CAUTI register available?	Yes	No
Is invasive procedure register available?	Yes	No
Are gloves worn during, Whenever in contact with blood and body fluids?	Yes	No
When specimens, soiled linen, body fluids, secretion as well as surfaces, materials or objects exposed to them have to be handled?	Yes	No
Whenever the skin is not intact?	Yes	No
Double gloves are recommended for high risk patients?	Yes	No
Are gloves worn during, Venepuncture, Annulation, Urinary catheterization, Nursing of immunocompromised patients, Suctioning (tracheal), Blood sampling, Vaginal delivery, Dental procedures?	Yes	No
What material is used for routine hand wash in the ward?		
Are injection syringe needles recapped?	Yes	No
How frequently IV sets are replaced?		
How frequently tubing used to administer blood/body products, fat emulsion are replaced?		
How frequently catheters are replaced routinely?		
Are catheters flushed on blockade?	Yes	No

Are Ambubags cleaned with detergent and water, dried and sterilized before reuse?	Yes	No
Are Arterial catheters reused?	Yes	No
Are baby bottles and teats returned to CSSD or washed in hot detergent and water, rinsed and immersed in Milton fluid, freshly made up from tablets according to manufacturer's instructions?	Yes	No
Are bedpans and urinals cleaned and disinfected with 0.5% sodium hypochlorite or hot water and air dried before reuse?	Yes	No
Are cradles cleaned with detergent and water and dried?	Yes	No
Are reusable drainage bottles used?	Yes	No
If yes, are they rinsed and returned to CSSD before reuse?	Yes	No
Are Ear Pieces for autoscore, Earphones cleaned with detergent and water and dried before reuse?	Yes	No
Are Leads and monitors dismantled to smallest components and cleaned with detergent and water and dried?	Yes	No
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After each use wiped with 70% isopropyl alcohol?	Yes	No
Are color coded buckets available and being legibly used?	Yes	No
Are color code posters are displayed along with?	Yes	No
Are all duty staffs aware of color coding?	Yes	No
Are Buckets being emptied every day?	Yes	No
Are needle destroyers available and functioning?	Yes	No

Staff Nurse I/C

HIC Personnel

HAND HYGIENE

Medical/Surgical wards, Labour and Delivery, and Surgical Areas.

What is the name of this unit or service area?

1. How many hand washing stations and how many beds are on this unit? Enter numbers for each in the space to the right, then mark one answer below.

- None
- Fewer than one hand washing station per six beds if General Ward (per two beds if Intensive Care Unit)
- One or more hand washing station per six beds if General Ward (per two beds if Intensive Care Unit)

2. What is the usual source of water for hand washing? (Mark one answer)

- No water is usually available
- Water is scooped from a basin and poured over hands
- Water is usually poured over hands from a basin
- Water is usually available from a cistern or container with gravity flow
- Running water from sink

3. How frequently is running water available?

- Never
- Sometimes
- Usually
- Always

4. What type of soap is most frequently available for hand washing? (Mark one answer)

- No soap is available
- Plain bar soap stored in a receptacle that does not allow water to drain
- Plain bar soap stored in a receptacle that allows water to drain
- Plain liquid soap
- Soap powder, leaves, or flakes
- Soap with antimicrobial agent

5. How frequently is soap available? (Mark one answer)

- Never
- Sometimes
- Usually
- Always

6. What types of dispensers are used on this unit for liquid soaps? (Mark one answer)

- Liquid soaps are not used
- Handheld pour bottle or squeeze dispenser
- Hand operated pump dispenser
- Foot pump dispenser

7. How are liquid soap dispensers usually cleaned? (Mark one answer)

- Liquid soaps are not used
- Dispensers are topped off or refilled without cleaning
- Dispensers are emptied, washed, and dried before refilling
- Dispenser or dispenser insert is disposed of when empty and new one is used

8. What method is usually available for drying hands after hand washing? (Mark one answer)

- None (air dry)
- Multiple-use cloth towel
- Single-use cloth towel
- Paper towels
- Hot air dryer

9. Is a waterless alcohol-based hand antiseptic used for hand hygiene? (Mark one answer)
- No
 - Yes, alcohol-based antiseptic without emollient
 - Yes, alcohol-based antiseptic with emollient
10. How frequently is there a sufficient supply of waterless alcohol-based hand antiseptic? (Mark one answer)
- Alcohol-based hand antiseptic is not available
 - Supply of alcohol-based antiseptic is never sufficient
 - Sometimes
 - Usually
 - Always
11. How many dispensers of waterless alcohol-based antiseptic are available on the ward? (Mark one answer)
- Alcohol-based hand antiseptic is not available
 - Fewer than one for every four beds
 - One or more for every four beds
12. In which of the following situations do health care personnel such as doctors and nurses routinely wash their hands with soap and water or a waterless alcohol-based hand antiseptic? (Mark all answers that apply)
- Before contact with patients
 - After contact with individual patients or their immediate environment
 - Before manipulating medical devices such as intravenous catheters, urinary catheters, or endotracheal tubes, or before handling wound dressing
 - After touching potentially contaminated objects or surfaces
 - After removing gloves
 - After using bathroom, toilet, latrine
13. Is there a policy on covering skin lesions and cuts with waterproof dressings?
- No
 - Yes
14. Is there a policy on keeping finger nails short and/or not using artificial nails or nail extenders?
- No
 - Yes
15. Is it usual practice to wear gloves instead of washing hands for contact with patients or potentially contaminated environmental surfaces? (Mark one answer)
- No
 - Yes
16. Is hand lotion (emollient) usually available for staff to use after hand washing? (Mark one answer)
- No
 - Yes, hand lotion in disposable containers
 - Yes, hand lotion in reusable containers
17. When a hand lotion container is empty, what usually happens? (Mark one answer)
- Hand lotion is not usually available
 - Container is refilled or topped off without cleaning
 - Container is emptied, washed, and dried before refilling
 - Container is disposed of when empty and new container is used.

INJECTION

Medical and Surgical wards, Labour and Delivery area, and/or Surgical areas.

Name of Unit visited :

Date & Time :

1. How often do you use reprocessed needles for injections? (Mark one answer)
 - Sometimes
 - Usually
 - Always
 - Never
2. Do you use the same needle in multiple patients without formal reprocessing? (Mark one answer)
 - Sometimes
 - Usually
 - Always
 - Never
3. Are auto-disable needles available? (Mark one answer)
 - Never
 - Sometimes
 - Usually
 - Always
4. When drawing medications or vaccines from vials, do you swab the top of the vial with alcohol or alcohol-containing (e.g., tincture of iodine) disinfectant before puncturing with a needle?
 - No
 - Yes
5. Do you leave the needle sticking into multi-dose vials so that the solution can be withdrawn easily for multiple patients?
 - Yes
 - No
6. Do you use the same syringes in multiple patients without formal reprocessing? (Mark one answer)
 - Sometimes
 - Usually
 - Always
 - Never
7. Do you use glass ampoules that must be cracked open by hand?
 - Yes
 - No
8. Are ampoules cracked using sterile gauze to protect the hands and to keep the contents sterile?
 - No
 - Yes
9. Do you have routine training sessions to educate staff about safe injection practices?
 - No
 - Yes

HAND HYGIENE

Points to Remember

INDICATIONS FOR HAND HYGIENE

- A. Wash hands with soap and water when visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- B. If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.
- C. Use an alcohol-based hand rub as the preferred means for routine hand antiseptics in all other clinical situations if hands are not visibly soiled. If alcohol-based hand rub is not obtainable, wash hands with soap and water.
- D. Perform hand hygiene:
 - a. before and after touching the patient ;
 - b. before handling an invasive device for patient care, regardless of whether or not gloves are used ;
 - c. after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings ;
 - d. if moving from a contaminated body site to another body site during care of the same patient;
 - e. after contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient ;
 - f. after removing sterile or non-sterile gloves.
- E. Before handling medication or preparing food perform hand hygiene using an alcohol-based hand rub or wash hands with either plain or antimicrobial soap and water .
- F. Soap and alcohol-based hand rub should not be used concomitantly

HAND HYGIENE TECHNIQUE

- A. Apply a palmful of alcohol-based hand rub and cover all surfaces of the hands. Rub hands until dry.
- B. When washing hands with soap and water, wet hands with water and apply the amount of product necessary to cover all surfaces. Rinse hands with water and dry thoroughly with a single-use towel. Use clean, running water whenever possible. Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis. Use towel to turn off tap/faucet. Dry hands thoroughly using a method that does not recontaminate hands. Make sure towels are not used multiple times or by multiple people.
- C. Liquid, bar, leaf or powdered forms of soap are acceptable. When bar soap is used, small bars of soap in racks that facilitate drainage should be used to allow the bars to dry.













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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

0	 Wet hands with water.	1	 Apply enough soap to cover all hand surfaces.	2	 Rub hands palm to palm.
3	 Right palm over left dorsum with interlocked fingers and vice versa.	4	 Palm to palm with fingers interlaced.	5	 Backs of fingers to opposite palms with fingers interlocked.
6	 Rotational rubbing of left thumb clasped in right palm and vice versa.	7	 Rotational rubbing of left hand back and vice versa.	8	 Rinse hands with water.
9	 Dry hands thoroughly with a single use towel.	10	 Use towel to turn off faucet.	11	 Wear hands-on new water.

World Health Organization

Patient Safety

SAVE LIVES
Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

1a	 Apply a palmful of the product in a cupped hand, covering all surfaces.	1b	 Rub hands palm to palm.
2	 Backs of fingers to opposite palms with fingers interlocked.	3	 Right palm over left dorsum with interlocked fingers and vice versa.
4	 Palm to palm with fingers interlaced.	5	 Rotational rubbing of left thumb clasped in right palm and vice versa.
6	 Rotational rubbing of left hand back and vice versa.	7	 Rinse hands with water.
8	 Dry hands thoroughly with a single use towel.	9	 Use towel to turn off faucet.

World Health Organization

Patient Safety

SAVE LIVES
Clean Your Hands

RECOMMENDATIONS FOR SURGICAL HAND PREPARATION

PREPARATION

- A. Remove rings, wrist-watch, and bracelets before beginning surgical hand preparation. Artificial nails are prohibited.
- B. Sinks should be designed to reduce the risk of splashes.
- C. If hands are visibly soiled, wash hands with plain soap before surgical hand preparation. Remove debris from underneath fingernails using a nail cleaner, preferably under running water.
- D. Brushes are not recommended for surgical hand preparation

- E. Surgical hand antisepsis should be performed using either a suitable antimicrobial soap or suitable alcohol-based hand rub, preferably with a product ensuring sustained activity, before donning sterile gloves.
- F. If quality of water is not assured in the operating theatre, surgical hand antisepsis using an alcohol-based hand rub is recommended before donning sterile gloves when performing surgical procedures.
- G. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer, typically 2–5 minutes. Long scrub times (e.g. 10 minutes) are not necessary.
- H. When using an alcohol-based surgical hand rub product with sustained activity, follow the manufacturer's instructions for application times. Apply the product to dry hands only. Do not combine surgical hand scrub and surgical hand rub with alcohol-based products sequentially.
- I. When using an alcohol-based hand rub, use sufficient product to keep hands and forearms wet with the hand rub throughout the surgical hand preparation procedure.
- J. After application of the alcohol-based hand rub 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/boonie 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 faecal 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 dispenser. 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 interlaced



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

Repeat the above-illustrated sequence (average duration: 60 sec) according to the number of times corresponding to the total duration recommended by the manufacturer for surgical hand preparation with an alcohol-based handrub.

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VENTILATOR ASSOCIATED PNEUMONIA

HOW VAP HAPPENS

- Incidence ranges from 5-67%.
- Patients at risk : Patients at mechanical ventilator.
- Rate of contracting VAP :
3 % per day in 1st week ;
2 % per day in 2nd week ;
1 % per day in ensuing weeks.

ETIOLOGY

Non-Modifiable :

- Male gender ;
- Increased age (> 60 yrs) ;
- History of Chronic Obstructive Airway Disease ;
- Presence of tracheostomy/ cranial trauma ;
- Acute Respiratory Distress Syndrome ;
- Multi organ failure.

Modifiable :

- Supine positioning ;
- Gastric overdistension ;
- Colonization of ventilator circuits ;
- Low pressure in ETT cuff

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Prevention

A. Reducing the time at Risk.

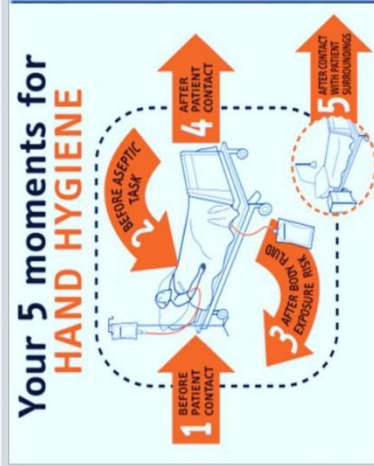
Strategies :

- Non-Invasive Positive Pressure Ventilation ;
- Weaning trials ;
- Avoiding re-intubation ;
- Early tracheostomy ;

B. Targeting endotracheal tube colonization & microaspiration.

Strategies :

- Subglottic suctioning of ET tube ;
- Elevation of head end of bed ;
- Antimicrobial coated ET tubes –
- Silver coated ET tube ;
- Probiotics ;
- Bundle of care.



CATHETER-ASSOCIATED URINARY TRACT INFECTION

THE ACCEPTED INDICATIONS FOR CATHETERIZATION

- Patient requiring prolonged immobilization, lumbar/thoracic spine injuries, or multiple traumatic injuries including pelvic fracture
- For short-term management of incontinence
- To assist in healing of sacral or perineal wounds
- Retention not helped by other methods.
- To measure urine output over several days.
- For treatment of bladder outlet obstruction
- For post-operative management of surgical patients with impaired bladder function.

Recommendations to Prevent Catheter-associated UTI

1. Personnel

Only persons who know the correct technique of aseptic insertion and maintenance of the catheter should handle catheters.

2. Catheter Use

Urinary catheters should be inserted only when necessary and left in place only for as long as it is required

3. Hand hygiene

Hand hygiene should be done immediately before and after any manipulation of the catheter site or apparatus.

4. Catheter Insertion

Catheters should be inserted using aseptic technique and sterile equipment.

5. Closed Sterile Drainage

The catheter collection system should remain closed and not be opened unless absolutely necessary for diagnostic or therapeutic reasons e.g. irrigation.

6. Irrigation

Continuous irrigation should be avoided unless indicated (e.g. after prostatic or bladder surgery).

7. Specimen Collection

Larger volumes of urine for special analysis should be obtained aseptically from the drainage bag.

8. Urinary Flow

Unobstructed flow should be maintained. The catheter and collecting tube should be kept free from kinking.

9. Meatal Care

Cleansing of the meatal surface during daily bathing or showering is appropriate.

10. Catheter Change Interval

Indwelling catheters should not be changed at arbitrary fixed intervals.

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SURGICAL SITE INFECTION

Preparation of the patient:

1. Whenever possible, identify and treat all infections remote to the surgical site before elective operation and postpone elective surgeries.
2. Keep preoperative hospital stays as short as possible while allowing for adequate preoperative preparation.
3. Do not remove hair preoperatively unless the hair at or around the incision site will interfere with the operation.
4. If hair needs to be removed, it is done immediately before operation, preferably using electric clippers and not razor blade.
5. Adequately control blood glucose levels in all diabetic patients.
6. Encourage non-smoking for at least 30 days prior to the surgery.
7. Do not withhold necessary blood products transfusion.
8. Encourage patients to shower or bathe at least the night before the operative day.
9. Use an appropriate antiseptic agent for skin preparation.
10. Apply preoperative antiseptic skin preparation in concentric circles moving towards the periphery. The prepared area should be large enough to extend the incision or create new incisions or drain sites, if necessary.

Postoperative incision care

1. Protect with a sterile dressing 24 to 48 hours postoperatively an incision that has been closed primarily.
2. Wash hands before and after dressing changes and any contact with the surgical site.
3. Use sterile technique to change incision dressing.
4. Educate the patient and family regarding proper incision care, symptoms of surgical site infection, and the need to report such symptoms.

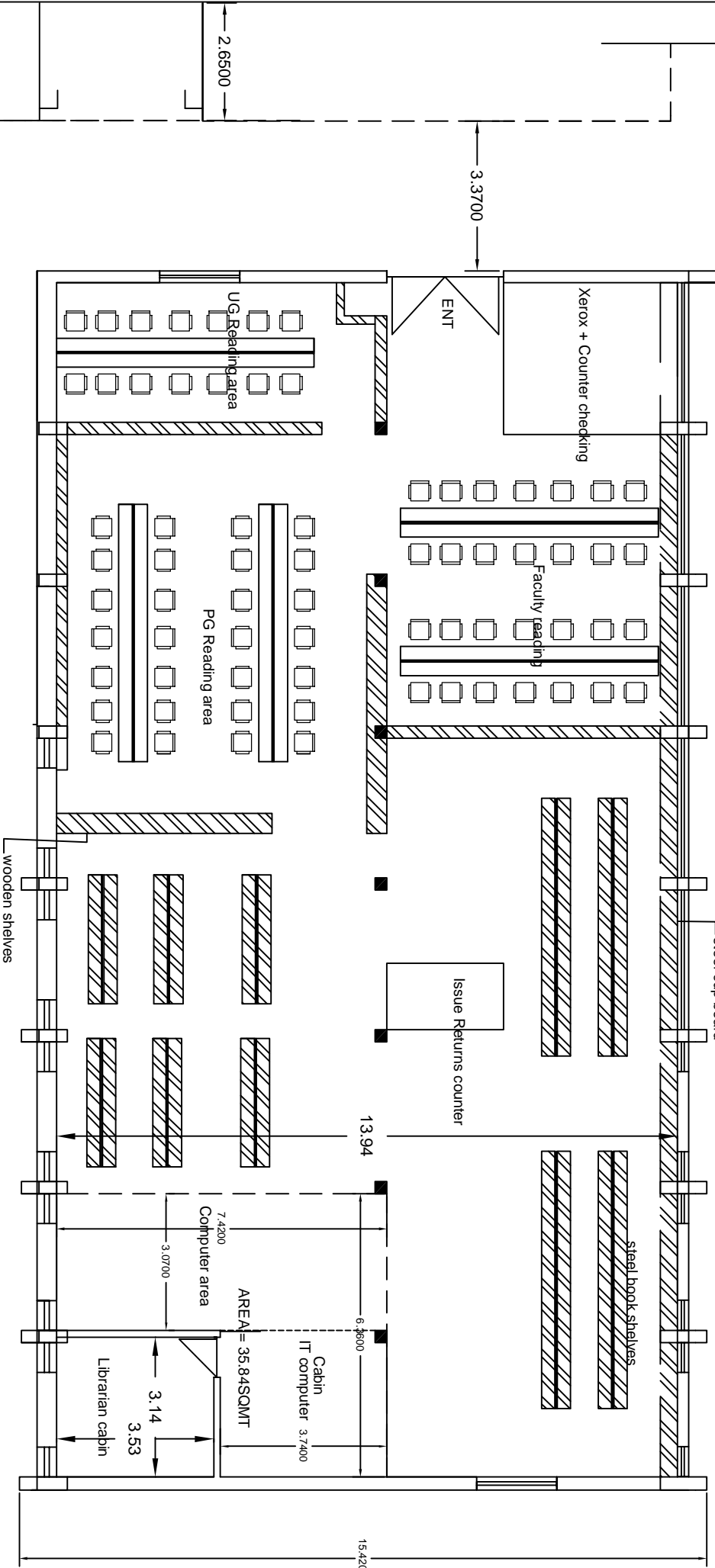
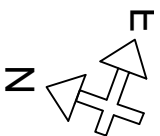
Surgical attire and drapes

1. Wear a surgical mask that fully covers the mouth and nose when entering the operating room if an operation is about to begin or already under way, or if sterile instruments are exposed. Wear the mask throughout the operation.
2. Wear a cap or hood to fully cover the hair on the head and face when entering the operating room.
3. Wear sterile gloves if a scrubbed surgical team member. Put on gloves after donning a sterile gown.
4. Using surgical gowns and drapes that are effective barriers when wet.
5. Change scrub suits that are visibly soiled, contaminated, and/or penetrated by blood or other potentially infectious materials.

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HEALTH INSURANCE DATA

	2012		2013		2014		2015		2016	
	Cards	Members	Cards	Members	Cards	Members	Cards	Members	Cards	Members
Family	18106	83415	19538	89367	17292	78853	17755	81069	18807	86199
Village	13016	47323	16408	58977	18714	67116	21146	75281	26263	90210
Jawar	3570	16772	3445	16194	3438	16076	3652	17164	3561	16519
Village institutional	15469	56731	18084	65964	20058	75352	24045	88132	29305	106777
Institutional	402	1501	711	2046	574	2019	834	2418	794	2453
Total	50563	205742	58186	232548	60076	236416	67432	264064	78830	302158



PLAN OF CENTRAL LIBRARY

0.2800

3.3700

2.6500

13.94

7.4200

6.4600

15.4200

Computer area

3.0700

AREA = 35.84SQMT

Cabin
IT computer 3.7400

Librarian cabin
3.53

3.14

wooden shelves

steel cup board

steel book shelves

Xerox + Counter checking

Faculty reading

UG Reading area

PG Reading area

Issue Returns counter