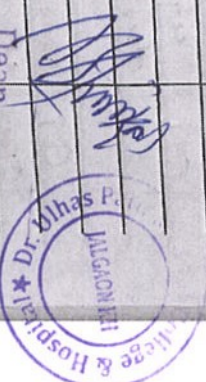


CSSD STERILIZATION







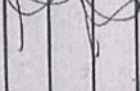




Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

[illegible]

Dr. Uthas Patil Medical College
& Hospital, Jalgaon Kh.



Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

Authoclaiving done by (Name & Sign.)	Returned back on	Received back by (Name & Sign.)	
	12/5/20	<u>Chetna</u>	
		<u>Chetna</u>	
		<u>Chetna</u>	
		12-6-20	<u>Chetna</u>
			<u>Chetna</u>
	<u>Chetna</u>		
	12-6-20	<u>Chetna</u>	
		<u>Chetna</u>	
	12-6-20	<u>Chetna</u>	
		<u>Chetna</u>	
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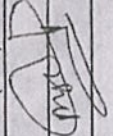

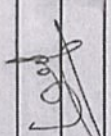

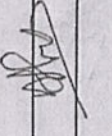



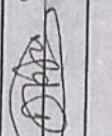

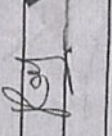

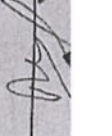

Dean

Dr. Uhas Patil Medical College
& Hospital, Jalgaon Kh.



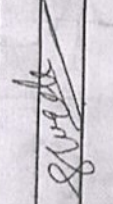

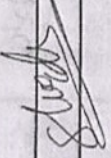

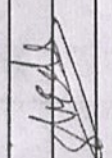
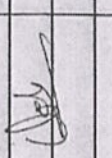
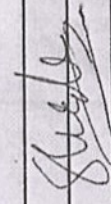
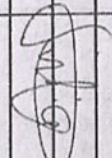
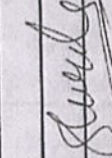

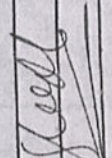
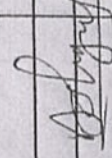

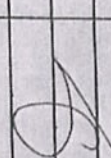
Godavari
Dr. Ulhas Patil Medical
CSSD STERILIZATION

02/04/19

Date	Ward	Specification	Received Sign. (O.T.)	Autoclave Record/ Signaloc strip
	OT	Instrument drum ② Emergency Linum drum ② dressing drum ①		
	OT	Instrument drum Aesthetic Linum drum ② dressing drum ①		
	OT	Instrument drum ② Linum drum ② dressing drum ①		
	OT	Instrument drum ② Surgery ① Linum drum ② dressing drum ①		
	OT	Instrument drum ② Surgery Linum drum ② dressing drum ①		
	OT	Instrument drum ② Surgery Linum drum ② dressing drum ①		
	OT	Instrument drum ② Ent Linum drum ② dressing drum ①		



Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

Authoclaving done by (Name & Sign.)	Returned back on	Received back by (Name & Sign.)
	24/4/19	
	24/4/19	
	24/4/19	
	24/4/19	
	24/4/19	
	24/4/19	
	24/4/19	

Godavari
Dr. Ulhas Patil Medical
CSSD STERILIZATION

6/6/19

Date	Ward	Specification	Received Sign. (O.T.)	Autoclave Record/ Signaloc strip
	OT	Instrument drum ②		
	Emergency	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	SEPTIC	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	ENT	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	Ortho	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	Surgery I	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	Surgery II	line drum ②		
		dressing drum ①		
	OT	Instrument drum ②		
	SEPTIC	line drum ②		



Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

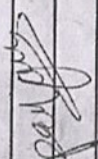
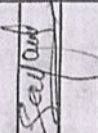
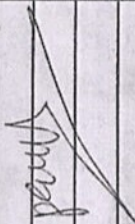
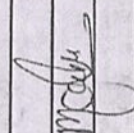
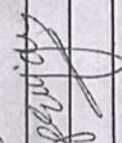
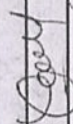
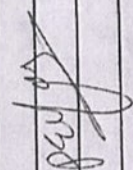

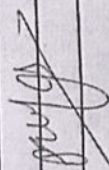
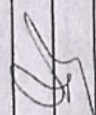
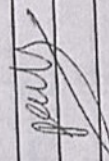
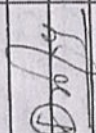
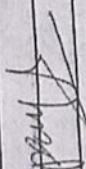
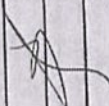
Autoclaving done by (Name & Sign.)	Returned back on	Received back by (Name & Sign.)
<u>ll</u>	7/6/19	<u>lady</u>
<u>ll</u>	7/6/19	<u>Op</u>
<u>ll</u>	7/6/19	<u>ll</u>
<u>ll</u>	7/6/19	<u>Seery</u>
<u>ll</u>	7/6/19	<u>lady</u>
<u>ll</u>	7/6/19	<u>ll</u>
<u>ll</u>	7/6/19	<u>ll</u>
<u>ll</u>	7/6/19	<u>ll</u>
<u>ll</u>	7/6/19	<u>ll</u>

(Handwritten signature and date)

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Foundation's
College & Hospital, Jalgaon (Kh)

CSSD STERILIZATION

Autoclaving done by (Name & Sign.)	Returned back on	Received back by (Name & Sign.)
Paul 	16/12/18	Paul 
Paul 	16/11/18	Paul 
Paul 	16/12/18	Paul 
Paul 	16/11/18	Paul 
Paul 	16/11/18	Paul 
Paul 	16/11/18	Paul 
Paul 	16/11/18	Paul 

Dr. Uhas Patil Medical College
& Hospital, Jalgaon Kh.

Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

CSSD STERILIZATION

[illegible]

Dr. P. S. Patil Medical College
& Hospital, Jalgaon Kh.

Godavari
Dr. Ulhas Patil Medical
CSSD STERILIZATION

16/3/18

Date	Ward	Specification	Received Sign. (O.T.)	Autoclave Record/ Signaloc strip
	OT	Pufco drum ②		
	Emergency	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	Septic	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	ENT	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	Ortho	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	Ortho	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	Ortho	Instrument drum ②		
		drum ①		
	OT	Pufco drum ②		
	Ortho	Instrument drum ②		
		drum ①		



Foundation's
College & Hospital, Jalgaon (Kh)
RECORD

Autoclaving done by (Name & Sign.)	Returned back on	Received back by (Name & Sign.)
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale
Al Gomale	17/3/18	Al Gomale

Godavari Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Foundation's

College & Hospital, Jalgaon (Kh)

RECORD

[illegible]

Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Date
23/7/16.

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
1)	Emergency OT	500 sq	Procel + formalin + water	23/7/16	Nilesh P
2)	Gynaec OT	500 sq	Procel + formalin + water	23/7/16	Yogesh
3)	F.N.T OT	500 sq	Procel + formalin + water	23/7/16	Ajay
4)	Surgery OT-1	81 sq	Procel + formalin + water	23/7/16	Arunal
5)	Surgery OT-2	500 sq	Procel + formalin + water	23/7/16	Sanjay
6)	Neuro OT	500 sq	Procel + formalin + water	23/7/16	Sandip
7)	Ortho OT	81 sq	Procel + formalin + water	23/7/16	Nilesh
8)	Ophtalm OT	500 sq	Procel + formalin + water	23/7/16	Jayashree
9)	Septic OT	500 sq	Procel + formalin + water	23/7/16	Rahul

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
24/7/16	Nilesh P	Nilesh P
24/7/16	Yogesh	Yogesh
24/7/16	Ajay	Ajay
24/7/16	Arunal	Arunal
24/7/16	Sanjay	Sanjay
24/7/16	Sandip	Sandip
24/7/16	Nilesh	Nilesh
24/7/16	Jayashree	Jayashree
24/7/16	Rahul	Rahul

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Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
1)	Emergency OT	500 sq. ft.	Formalin +	27/10/16.	Nilesh P
2)	Gynaec OT	500 sq. ft.	Formalin +	27/10/16.	Yogesh
3)	ENT OT	500 sq. ft.	Formalin +	27/10/16.	Ajay
4)	Surgery OT-1	81 sq. ft.	Formalin +	27/10/16.	Amol
5)	Surgery OT-2	500 sq. ft.	Formalin +	27/10/16.	Sanjay
6)	Neuro OT	500 sq. ft.	Formalin +	27/10/16.	San dip
7)	Ortho OT	31 sq. ft.	Formalin +	27/10/16.	Nilesh
8)	Optical OT	500 sq. ft.	Formalin +	27/10/16.	Jayashree
9)	Spastic OT	500 sq. ft.	Formalin +	27/10/16.	Rahul

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
28/10/16.	Nilesh P	Nilesh
28/10/16.	Yogesh	Yogesh
28/10/16.	Ajay	Ajay
28/10/16.	Amol	Amol
28/10/16.	Sanjay	Sanjay
28/10/16.	San dip	San dip
28/10/16.	Nilesh	Nilesh
28/10/16.	Jayashree	Jayashree
28/10/16.	Rahul	Rahul

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Foundation's

College & Hospital, Jalgaon (Kh.)
REGISTER

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Sealing done on (Date & time)	Sealing done by
1	Emergency OT	500 sq	Procel + formalin candles	7-1-17	Nilesh P
2	Gynaec OT	500 sq	Procel + formalin candles	7-1-17	Yogesh
3	CNT OT	81 sq	Procel + formalin candles	7-1-17	Ajay
4	Surgey OT-1	500 sq	Procel + formalin candles	7-1-17	Anmol
5	Surgey OT-2	500 sq	Procel + formalin candles	7-1-17	Sanjay
6	Ortho OT	81 sq	Procel + formalin candles	7-1-17	Sandip
7	optical OT	500 sq	Procel + formalin candles	7-1-17	Nilesh
8	NURO OT	500 sq	Procel + formalin candles	7-1-17	Jayashree
9	Septic OT	500 sq	Procel + formalin candles	7-1-17	Dhanu

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
8-1-17	Nilesh P	Nilesh P
8-1-17	Yogesh	Yogesh
8-1-17	Ajay	Ajay
8-1-17	Amol	Amol
8-1-17	Sanjay	Sanjay
8-1-17	Sandip	Sandip
8-1-17	Nalish	Nalish
8-1-17	Jayashree	Jayashree
8-1-17	Rahul	Rahul

Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by	Sealing done on (Date & time)
1)	Emergency	500 Sq	Prosect formaline E vapor	Nilish	11-7-17	
2)	Gynec OT	500 Sq	Prosect formaline E vapor	Yogesh	11-7-17	
3)	Cnt OT	81 Sq	Prosect formaline E vapor	Ajay	11-7-17	
4)	Surgery OT	500 Sq	Prosect formaline E vapor	Anil	11-7-17	
5)	Surgery OT	500 Sq	Prosect formaline E vapor	Sanjay	11-7-17	
6)	Ortho OT	81 Sq	Prosect formaline E vapor	Sandip	11-7-17	
7)	Ophthal OT	500 Sq	Prosect formaline E vapor	Nilish	11-7-17	
8)	Neuro OT	500 Sq	Prosect formaline E vapor	Sanjay	11-7-17	
9)	SEPHC OT	500 Sq	Prosect formaline E vapor	Rahul	11-7-17	

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
12-7-17	Nilish	Nilish
12-7-17	Yogesh	Yogesh
12-7-17	Ajay	Ajay
12-7-17	Anil	Anil
12-7-17	Sanjay	Sanjay
12-7-17	Sandip	Sandip
12-7-17	Nilish	Nilish
12-7-17	Sanjay	Sanjay
12-7-17	Rahul	Rahul

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Sealing done on (Date & time)	Sealing done by
1)	Emergency O.T.	50059	Aerocel + formalone + water	3 12 2018	Nilesh patil
2)	Gynae O.T.	50059	Aerocel + formalone + water	3 11 2018	Amel
3)	ENT O.T.	3159	Aerocel + formalone + water	3 11 2018	Sanjay
4)	Surgery (I) O.T.	50059	Aerocel + formalone + water	3 11 2018	Rahul
5)	Surgery (II) O.T.	50059	Aerocel + formalone + water	3 11 2018	Balu
6)	Ortho O.T.	8159	Aerocel + formalone + water	3 11 2018	Yogesh
7)	OPD O.T.	50059	Aerocel + formalone + water	3 11 2018	Ajay
8)	Neuro O.T.	50059	Aerocel + formalone + water	3 11 2018	Nilesh
9)	Serbio O.T.	50059	Aerocel + formalone + water	3 11 2018	Sagar

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
5 11 2018	Nilesh patil	Nilesh
5 11 2018	Amel	Sanjay
5 11 2018	Sanjay	Sanjay
5 11 2018	Rahul	Sanjay
5 11 2018	Balu	Sanjay
5 11 2018	Yogesh	Sanjay
5 11 2018	Ajay	Sanjay
5 11 2018	Nilesh	Sanjay
5 11 2018	Sagar	Sanjay

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Godavari

Dr. Ulhas Patil Medical O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
①	Emergency. OT	500sq	crocodile + formalene + water.	13/6/18	Rahul
②	Gynaec. OT	500sq	crocodile + formalene + water	13/6/18	nitesh
③	ENT. OT	815sq	crocodile + formalene + water	19/6/18	yogesh
④	Surgeon. OT	500sq	crocodile + formalene + water	10/6/18	Swapnil
⑤	Ortho. OT	815sq	crocodile + formalene + water	10/6/18	Swapnil
⑥	Opthal. OT	500sq	crocodile + formalene + water	19/6/18	senjay
⑦	Septic. OT	500sq	crocodile + formalene + water	19/6/18	Amol
⑧	Neuro. OT	500sq	crocodile + formalene + water	19/6/18	Atay

Foundation's College & Hospital, Jalgaon (Kh.) REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
14/6/18	Rahul	Rahul
14/6/18	nitesh	Rahul
14/6/18	yogesh	Rahul
14/6/18	Swapnil	Rahul
14/6/18	senjay	Rahul
14/6/18	Swapnil	Rahul
14/6/18	Amol	Rahul
14/6/18	Atay	Rahul



Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Sealing done on (Date & time)	Sealing done by
1)	Emergency O.T.	50059	Acrolein + formalin + water	13/1/19	Rahul
2)	Gynae O.T.	50059	Acrolein + formalin + water	13/1/19	Rahul
3)	O.T. ENT	3159	Acrolein + formalin + water	13/1/19	Sanjay
4)	O.T. Gynae	50059	Acrolein + formalin + water	13/1/19	Ganesh
5)	O.T. Gynae	50059	Acrolein + formalin + water	13/1/19	Jeorge
6)	O.T. OPTh.	50059	Acrolein + water + formalin	13/1/19	Sanjay
7)	Mezco O.T.	50059	Acrolein + water + formalin	13/1/19	Prasad
8)	Septic O.T.	50059	Acrolein + water + formalin	13/1/19	Umesh
9)	Oxho. O.T.	50059	Acrolein + water + formalin	13/1/19	Swarni

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
14/1/19	Rahul	Rahul
14/1/19	Rahul	Rahul
14/1/19	Sanjay	Sanjay
14/1/19	Ganesh	Ganesh
14/1/19	Jeorge	Jeorge
14/1/19	Sanjay	Sanjay
14/1/19	Prasad	Prasad
14/1/19	Umesh	Umesh
14/1/19	Swarni	Swarni

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Sealing done on (Date & time)	Sealing done by
1	O.T.		Procul + formalant water	15/6/19	Ranuj
2	Emergency	50059	formalant water		
3	O.T.	50059	Procul + formalant water	15/6/19	Ranuj
4	Gynaec	50059	Procul + formalant water	15/6/19	Prasad
5	ENT OT	50059	Procul + formalant water	15/6/19	Vishal
6	Emergency	50059	Procul + formalant water	15/6/19	Swapnil
7	Emergency	50059	Procul + formalant water	15/6/19	George
8	Emergency	50059	Procul + formalant water	15/6/19	Ranuj
9	Emergency	50059	Procul + formalant water	15/6/19	Prasad

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
17/6/19	Ranuj	Ranuj
18/6/19	Ranuj	Ranuj
19/6/19	Prasad	Prasad
20/6/19	Vishal	Vishal
21/6/19	Swapnil	Swapnil
22/6/19	George	George
23/6/19	Ranuj	Ranuj
24/6/19	Prasad	Prasad

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Date 12/11/2020

Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
①	Emergency OT	500 sq	Avrecele + formalin + H ₂ O	12-1-2020	Rahul
②	BG OT	550 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
③	ENT OT	315 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
④	Sur - I	815 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
⑤	Sur - II	950 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
⑥	Sur - III	500 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
⑦	Opthal OT	900 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
⑧	Septic OT	500 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul
⑨	Ortho OT	900 sq	Avrecele + formalin + H ₂ O	12-01-2020	Rahul

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]
13-01-2020	Gavran	[Signature]

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



25/6/20

Godavari

Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
1)	Emergency OT	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
2)	Septic OT	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
3)	ENT OT	315sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
4)	Utracot	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
5)	Ortho OT	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
6)	Neuro OT	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
7)	Ortho OT	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
8)	Sur(1)	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad
9)	Sur(11)	500sq ft	Formaldehyde + water	25/6/20	25/6/20 Prasad

Foundation's

College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	
26/6/20	Prasad	Prasad	

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



Date
29/01/21

Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
1)	OT - Emergency	50059	Waste + Aerosol + formalin 29/01/21		Ratul
2)	OT - Septic	50059	Waste + Aerosol + formalin 29/01/21		Raju
3)	OT - ENT	3159	Aerosol + Waste + formalin 29/01/21		Nikun
4)	OT - Ocular	50059	Aerosol + Waste + formalin 29/01/21		Nitesh
5)	OT - Surgical	50059	Aerosol + Waste + formalin 29/01/21		Raju
6)	OT - Surgical	50059	Aerosol + Waste + formalin 29/01/21		Aakash
7)	OT - Surgical	50059	Aerosol + Waste + formalin 29/01/21		Nikun
8)	OT - Cranioc.	50059	Aerosol + Waste + formalin 29/01/21		Raju

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
30/01/21	Ratul	
30/01/21	Raju	
30/01/21	Nikun	
30/01/21	Nitesh	
30/01/21	Raju	
30/01/21	Aakash	
30/01/21	Nikun	
30/01/21	Raju	
30/01/21	Ratul	

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Self

14/07/2021

Godavari
Dr. Ulhas Patil Medical
O. T. FUMIGATION

Sr. No.	Fumigated O.T.	Area of O.T.	Fumigation Method followed	Seating done on (Date & time)	Seating done by
1)	O.T. Emergency	5005	Aracel + formalene + water	14/07/2021	ritika
2)	O.T. Sehn	5005	Aracel + formalene + water	14/07/2021	ritika
3)	O.T. ENT	3159	Aracel + formalene + water	14/07/2021	Rahul
4)	O.T. Ortho	8059	Aracel + formalene + water	14/07/2021	Sajay
5)	O.T. Surg	5005	Aracel + formalene + water	14/07/2021	Jeghu
6)	O.T. Surg	5005	Aracel + formalene + water	14/07/2021	Rahul
7)	O.T. Ortho	5005	Aracel + formalene + water	14/07/2021	Sajay
8)	O.T. Gynaeco	5005	Aracel + formalene + water	14/07/2021	Jeghu
9)	O.T. Surg	5005	Aracel + formalene + water	14/07/2021	Jeghu

Foundation's
College & Hospital, Jalgaon (Kh.)
REGISTER

Seal removed on (Date & time)	Seal Opened by	Sign. of OT Incharge / Supervisor
15/07/2021	Ritika	
15/07/2021	Ritika	
15/07/2021	Rahul	
15/07/2021	Sajay	
15/07/2021	Jeghu	
15/07/2021	Rahul	
15/07/2021	Sajay	
15/07/2021	Jeghu	
15/07/2021	Rahul	
15/07/2021	Sajay	
15/07/2021	Jeghu	

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.





Dr. Ulhas Patil Medical College & Hospital

Jalgaon - Bhusawal Road. N. H. No. 6, Jalgaon Khurd., Jalgaon - 425309 (M.S.) Ph. : 0257 - 2366722

Central Clinical Laboratory

DEPARTMENT OF MICROBIOLOGY

Sr. No.	28	Lab No.	OT/28/21	Date	14/10/2021
Hospital Name:	Godavari Hospital Medical College Jalgaon kh.				
Department:	OT	OT No. /Ward	OT		
Specimen:	O. T. Swabs	Laboratory Investigation	Anaerobic culture		

O.T SWAB – CULTURE REPORT

Specimens -

- 1. Swab from OT Table
- 2. Swab from OT Trolley
- 3. Swab from OT Ground Floor
- 4. Swab from OT Wall
- 5. Swab from OT Phaco
- 6. Swab From OT Microscope

Total no. of specimen- 06

Laboratory investigation: Anaerobic culture

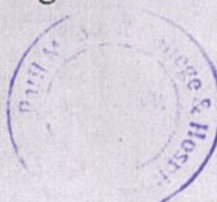
Report: Negative for the *Clostridium tetani* and other *Clostridial* group of organism.

Positive for (Table, Wall, Microscope)

Note: Fumigation not satisfied, repeat the procedure and send the OT swab sample again

18.10.2021

Date of Reporting



Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty -Incharge

Dept. Of Microbiology
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Godavari Foundation

Dr. UIHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH

Phone no. (0257) 3058557 Fax : 0257-3058548

DEPARTMENT OF MICROBIOLOGY

O.T Swab - culture Report

Sr.no. 05 lab.no 03 Hospital name D. U. P. M. C. 9.7

Date 07/09/21

DEPARTMENT O.T Ward/O.T NO 1 to 14

Specimens-

1) Swab from Bed 2) Swab from Medicine Locker 3) Swab from Monitor Stand 4) Swab from Cardiac Table 5) Swab From Floor

Total no. of specimen- $7 \times 14 = 98$

Laboratory investigation: Anaerobic culture

Report:

All specimens are Negative for the clostridium tetani and other clostridial group of organism.

Date:- 18/09/21



[Signature]
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

[Signature]
Duty in -charge

Godavari Foundation

Dr. UIHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH

Phone no. (0257) 3058557 Fax : 0257-3058548

DEPARTMENT OF MICROBIOLOGY

O.T Swab - culture Report

Sr.no.....lab.no 03.....Hospital name Dupmch & H.

Date 10/02/2020

DEPARTMENT OT.....Ward/O.T NO 14014

Specimens-

1) Swab from Bed 2) Swab from Medicine Locker 3) Swab from Monitor Stand 4) Swab from Cardiac Table 5) Swab From Floor

Total no. of specimen- 7x14=98

Laboratory investigation: Anci. & toxic culture

Report:

All specimens are Negative for the clostridium tetani and other clostridial group of organism.

Date:- 17/02/2020



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

[Signature]
Dean

[Signature]
Duty in -charge

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DEPARTMENT OF MICROBIOLOGY

O.T Swab - culture Report

Sr.no.....lab.no03.....Hospital nameDUPMCH & H.

Date.....12/09/2020

DEPARTMENTOT.....Ward/O.T NO.....1 to 14.....

Specimens-

1) Swab from Bed 2) Swab from Medicine Locker 3) Swab from Monitor Stand 4) Swab from Cardiac Table 5) Swab From Floor

Total no. of specimen-..... $7 \times 14 = 98$

Laboratory investigation:Anaerobic culture.....

Report:

All specimens are Negative for the clostridium tetani and other clostridial group of organism.

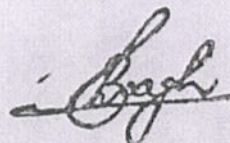
Date:- 19/09/2020




Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in -charge



GODAVARI FOUNDATION'S

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH

Phone no. (0257) 3058557 Fax : 0257-3058548

DEPARTMENT OF MICROBIOLOGY

O.T Swab – culture Report

Sr. no. 20 lab. no. 03 Hospital name. D U P M C & H

Date. 12/2/19

DEPARTMENT. OT Ward/O.T. NO. 1109

Specimens- 1) Swab from wall 2) Swab from operation table 3) Swab from O.T floor 4) Swab from lamp 5) Swab from instrument trolley 6) Swab from suction machine 7) Boyle's apparatus 8) any other

Total no. of specimen. $07 \times 9 = 63$

Laboratory investigation. Anaerobic culture.

Report:

All specimens are Negative for the clostridium tetani and other clostridial group of organism

Date:- 19/2/19



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Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

[Signature]

Duty in-charge

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Phone no. (0257) 3058557 Fax : 0257-3058548

DEPARTMENT OF MICROBIOLOGY

O.T Swab - culture Report

Sr.no.....lab.no 03.....Hospital name DUDMCH & H.

Date 7-09-2019

DEPARTMENT -.....Ward/O.T NO. 1709

Specimens-

1) Swab from Bed 2) Swab from Medicine Locker 3) Swab from Monitor Stand 4) Swab from Cardiac Table 5) Swab From Floor

Total no. of specimen- 7 x 09 = 63

Laboratory investigation: anaerobic culture.

Report:

All specimens are Negative for the clostridium tetani and other clostridial group of organism.

Date:- 14/09/2019



[Signature]
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in -charge

[Signature]

**Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,
JALGAON KH.**

Phone No. (0257) 3058557 Fax: 0257 – 3058548

DEPARTMENT OF MICROBIOLOGY

O.T. Swab- culture Report

(8)

Date. 7/2/18

Sr.No. 03/18 Lab. No. 03 Hospital Name. DUMCHH

Department.....

Ward / O.T. No.1109.....

Specimens

- 1) Swab from wall 2) Swab from operation table 3) Swab from O.T. floor
- 4) Swab from lamp 5) Swab from instrument trolley 6) Swab from suction machine
- 7) Boyle's apparatus 8) any other

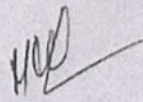
Total no. of specimen. $7 \times 03 = 63$

Laboratory investigation. anaerobic culture

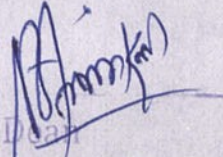
Report:

All specimens are Negative for the *Clostridium tetani* and other clostridial group of organism.

Date. 14/2/18


Duty in charge




Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Godavari Foundation's

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Phone No. (0257) 3058557 Fax: 0257 - 3058548

DEPARTMENT OF MICROBIOLOGY

O.T.Swab-culture Report

Sr.No. ¹² 945 Lab No./hospital name DUPMC & H Date 16/9/18

Department O.T Ward/OT no. 1 TO 9

Specimens -1) Swab from wall 2) Swab from operation table 3) Swab from O.T.floor 4) Swab from lamp 5) Swab from instrumental trolley 6) Swab from suction machine 7) Boyle's apparatus 8) any other.....

Total no. of specimen 7 x 9 = 63

Laboratory investigation Anaerobic culture

Report :

All specimens Negative for the *Clostridium tetani* and other Clostridial group of organisms.

Date

16/9/18



[Signature]
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

[Signature]
Duty in charge

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Phone No. (0257) 3058557 Fax: 0257 - 3058548

DEPARTMENT OF MICROBIOLOGY

O.T. Swab-culture Report

(B)

No. 50117 Lab No./hospital name DVPmc jalgaon Date 29/9/2017

Department — Ward/OT no 1 to 9

Specimens — 1) Swab from wall 2) Swab from operation table 3) Swab from O.T. floor 4) Swab from lamp 5) Swab from instrumental trolley 6) Swab from suction machine 7) Boyle's apparatus 8) any other

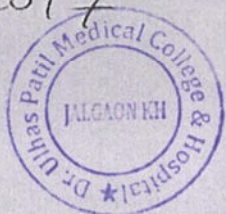
Total no. of specimen $7 \times 9 = 63$

Laboratory investigation Anaerobic culture

Report :

All specimens Negative for the *Clostridium tetani* and other Clostridial group of organisms.

Date 6/10/2017



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in charge

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257) 3058557 Fax: 0257 – 3058548

DEPARTMENT OF MICROBIOLOGY

O.T. Swab- culture Report (Before)

Immization

Date. 14/02/17

Sr.No. 36/17 Lab. No. 36 Hospital Name. Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Department..... Ward / O.T. No. 01 To 09

Specimens

- 1) Swab from wall 2) Swab from operation table 3) Swab from O.T. floor
- 4) Swab from lamp 5) Swab from instrument trolley 6) Swab from suction machine
- 7) Boyle's apparatus 8) any other

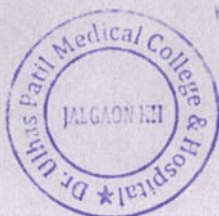
Total no. of specimen. $07 \times 9 = 63$

Laboratory investigation. Anaerobic culture

Report:

All specimens are Negative for the *clostridium tetani* and other clostridial group of organism.

Date. 27/02/17



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

[Signature]
Duty in charge

Godavari Foundation's

Dr.ULHAS PATIL MEDICAL COLLEGE & HOSPITAL ,JALGAON KH.

Phone No.(0257)3058557 Fax:0257-3058548

Central Sterile Supply Department

Specimens (CSSD) Culture Report Form

TO,

The head of department

Dept. of Microbiology

DUPMC & H. Jalgaon

Subject: Specimens regarding sterilization control.

Respected Sir,

After sterilization process Dt 7/02/21, I am sending following specimens as controls of sterilization procedure .

Thanking you.

- A. Swab from artery forceps.
- B. Swab from artery Scissor.
- C. Swab from tooth forceps.
- D. Piece of Gauze pad.
- E. Piece of cotton bandages.
- F. Biological indicator strip.

Date: 7/02/21



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

You're sincerely

Duty in charge (CSSD)

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257)3058557 Fax: 0257-3058548

Department of Microbiology

Specimens (CSSD)-Culture Report

To,
The In Charge

CSSD,

DUPMC& H, Jalgaon.

Subject: Sending Culture report of Specimen

Concer with sterilization controls.

Respected sir,

Following Specimens Processed for **Anaerobic** CULTURE On.....21/09/21

- | | |
|--------------------------------|----------------------|
| A. Swab from artery forceps – | No Bacterial Growth. |
| B. Swab from artery Scissor- | No Bacterial Growth. |
| C. Swab from tooth forceps- | No Bacterial Growth. |
| D. Piece of Gauze pad- | No Bacterial Growth. |
| E. piece of cotton bandages – | No Bacterial Growth. |
| F. Biological indicator strip- | No Bacterial Growth. |

Date:.....21/09/21



[Signature]
Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in charge

Department of Microbiology

[Signature]

Godavari Foundation's

Dr.ULHAS PATIL MEDICAL COLLEGE &HOSPITAL, JALGAON KH.

Phone No. (0257)3058557 Fax: 0257-3058548

Department of Microbiology

Specimens (CSSD)-Culture Report

To,
The In Charge

CSSD,

DUPMC& H, Jalgaon.

Subject: Sending Culture report of Specimen

Concer with sterilization controls.

Respected sir,

Following Specimens Processed for **Aerobic** CULTURE On...21/02/2020

- | | |
|--------------------------------|----------------------|
| A.Swab from artery forceps – | No Bacterial Growth. |
| B. Swab from artery Scissor- | No Bacterial Growth. |
| C. Swab from tooth forceps- | No Bacterial Growth. |
| D. Piece of Gauze pad- | No Bacterial Growth. |
| E. piece of cotton bandages – | No Bacterial Growth. |
| F. Biological indicator strip- | No Bacterial Growth. |

Date...23/02/2020



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in charge

Department of Microbiology

Godavari Foundation's

Dr.ULHAS PATIL MEDICAL COLLEGE &HOSPITAL, JALGAON KH.

Phone No. (0257)3058557 Fax: 0257-3058548

Department of Microbiology

Specimens (CSSD)-Culture Report

To,
The In Charge

CSSD,

DUPMC& H, Jalgaon.

Subject: Sending Culture report of Specimen

Concer with sterilization controls.

Respected sir,

Following Specimens Processed for **Aerobic** CULTURE On...17/09/2020

- | | |
|--------------------------------|----------------------|
| A.Swab from artery forceps – | No Bacterial Growth. |
| B. Swab from artery Scissor- | No Bacterial Growth. |
| C. Swab from tooth forceps- | No Bacterial Growth. |
| D. Piece of Gauze pad- | No Bacterial Growth. |
| E. piece of cotton bandages – | No Bacterial Growth. |
| F. Biological indicator strip- | No Bacterial Growth. |

Date...20/09/2020



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty in charge

Department of Microbiology

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257) 3058557 Fax: 0257 – 3058548

Central Sterile Supply Department

Specimens (CSSD)- culture Report Request form

To ,

The head of department ,

Dpt of Microbiology ,

DUPMC & H .Jalgaon.

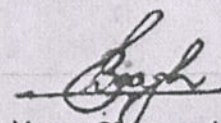
Subject : Specimens regarding sterilization control.

Respected sir ,

After sterilization process Dt 20/2/19 I am sending following specimens as controls of sterilization procedure.

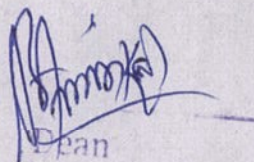
Thanking you.

- A. Swab from artery forceps.
- B. Swab from artery Scissor.
- C. Swab from tooth forceps.
- D. Piece of Gauze pad.
- E. Piece of cotton bandages.
- F. Biological indicator strip



Your Sincerely

Date : 20/2/19



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty In charge(CSSD)

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257) 3058557 Fax: 0257 – 3058548

Department of Microbiology

Specimens (CSSD) - Culture Report

To,

The In charge,

CSSD,

DUPMC &H, Jalgaon.

Subject: Sending culture report of specimens

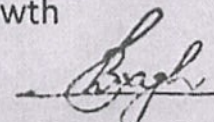
Concern with sterilization controls.

Respected sir,

Following specimens processed for Anaerobic culture on 20/2/19

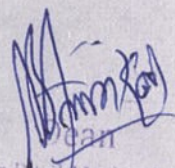
- A. Swab from artery forceps - No Bacterial Growth.
- B. Swab from artery Scissor - No Bacterial Growth
- C. Swab from tooth forceps - No Bacterial Growth
- D. Piece of Gauze pad - No Bacterial Growth
- E. Piece of cotton bandages- No Bacterial Growth
- F. Biological indicator strip- No Bacterial Growth

Date : 27/2/19



Duty In charge




Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Department of Microbiology

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257) 3058557 Fax: 0257 – 3058548

Central Sterile Supply Department

Specimens (CSSD)- culture Report Request form

To ,

The head of department ,

Dpt of Microbiology ,

DUPMC & H .Jalgaon.

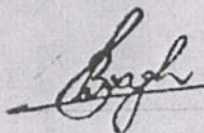
Subject : Specimens regarding sterilization control.

Respected sir ,

After sterilization process Dt 21/2/18, I am sending following specimens as controls of sterilization procedure.

Thanking you.

- A. Swab from artery forceps.
- B. Swab from artery Scissor.
- C. Swab from tooth forceps.
- D. Piece of Gauze pad.
- E. Piece of cotton bandages.
- F. Biological indicator strip

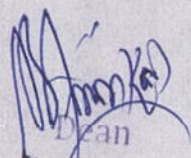


Your Sincerely

Date : 21/2/18

Duty In charge(CSSD)




Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

Phone No. (0257) 3058557 Fax: 0257 – 3058548

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To ,

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Dpt of Microbiology ,

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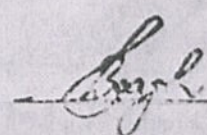
Subject : Specimens regarding sterilization control.

Respected sir ,

After sterilization process Dt .1./9./18 I am sending following specimens as controls of sterilization procedure.

Thanking you.

- A. Swab from artery forceps.
- B. Swab from artery Scissor.
- C. Swab from tooth forceps.
- D. Piece of Gauze pad.
- E. Piece of cotton bandages.
- F. Biological indicator strip



Your Sincerely

Duty In charge(CSSD)

Date : 1/9/18.



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

3

Godavari Foundation
DR.ULHAS PATIL MADICAL COLLEGE & HOSPITAL JALGAON KH.
Phone No. (0257-3058557) Fax : 0257 - 3058548

Department of Microbiology

From: Prof & HOD
Department of Microbiology
Dr.U.P.M.C. Jalgaon

To,
The Incharge
CSSD
Dr.U.P.M.C. Jalgaon

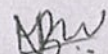
Subject: regarding control Specimens

I am sending the culture report regarding the control specimens received
dated on...15-2-17.....

aerobic Culture Report

- A. Swab from artery forceps-----No Bacterial Growth
- B. Swab from scissor-----No Bacterial Growth
- C. Swab from tooth forceps-----No Bacterial Growth
- D. Piece of quaze pad-----No Bacterial Growth
- E. Piece of cotton bandage-----No Bacterial Growth

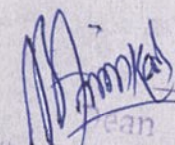
Your Sincerely


Prof & HOD

Department of Microbiology
Dr.U.P.M.C. Jalgaon

Date.....15-2-17.....




Dr. Ulhas Patil
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Godavari Foundation's

Dr. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH.

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Central Sterile Supply Department

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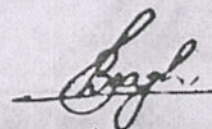
Subject : Specimens regarding sterilization control.

Respected sir ,

After sterilization process Dt 20/9/17, I am sending following specimens as controls of sterilization procedure.

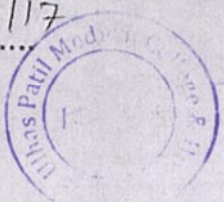
Thanking you.

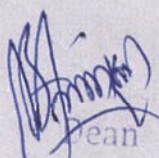
- A. Swab from artery forceps.
- B. Swab from artery Scissor.
- C. Swab from tooth forceps.
- D. Piece of Gauze pad.
- E. Piece of cotton bandages.
- F. Biological indicator strip




Your Sincerely

Date : 20/9/17




Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Duty In charge(CSSD)

 Approved by : HICC, Dept of Microbiology	Dr .Ulhas Patil medical college Jalgaon STANDARD OPERATING PROCEDURE Hand hygiene	Document no	HICC/NO/01
		Date of issue	25/04/2020
		Version	1.00
		Page no	1 TO 2

1.1 Aim: To guide the staff how and when to wash hands in a proper technique.

1.2 Scope and objective: Healthcare workers should wash hands with soap and water when hands are visibly dirty, contaminated or soiled and use an alcohol-based hand rub when hands are not visibly soiled to reduce bacterial counts.

Handwashing with soap and water-Steps.

- 1 Wet hand with water
- 2 Apply enough soap to cover all hand surfaces
- 3 Rub hands together, palm to palm.
- 4 Right palm over left dorsum with interlaced fingers and vice versa
- 5 Palm to palm with fingers interlaced backs of fingers to opposing
- 6 Palms with fingers interlocked
- 7 Rotational rubbing of left thumb clasped in right palm and vice versa
- 8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
- 9 Rinse hands with water
- 10 Dry thoroughly with a single use towel

1.3 Cleaning with alcohol-based hand rub-Steps

- 1 Apply a palmful (2-5ml) of the product in a cupped hand and cover all surfaces.
- 2 Rub hands together, palm to palm.
- 3 Right palm over left dorsum with interlaced fingers and vice versa
- 4 Palm to palm with fingers interlaced backs of fingers to opposing
- 5 Palms with fingers interlocked
- 6 Rotational rubbing of left thumb clasped in right palm and vice versa
- 7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Dry it properly.





 Dean

Dr. Ulhas Patil Medical College
 & Hospital, Jalgaon Kh.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

 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 interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



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

7



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



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands



Dr. Ulhas Patil
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Godavari Foundation's

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,

Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

INFECTION CONTROL TEAM

- The ICT (Infection control team) consists of the following members were for the period of 2010 to 2018:

Chairperson -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Nagendra A.N. HOD Microbiology

Senior Microbiologist.- - Dr. Kailash wagh

Infection control officer- Dr. Kailash wagh / Mr Deb

Infection Control Nurses - Mr. Arun kumar

All heads of Department Members

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paikar HOD Dept. Of ENT

Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other

- **Nodal officer HMW** Members- Mr.Jitendra Patil
- **Nursing in charges** Mrs. Aruna R. Karosiya
- **CPWD Incharge** Members- Mr. sanjay bhirud


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



**Dr.Ulhas Patil Medical College
Department of Microbiology**

- The ICT (Infection control team) consists of the following members were for the period of 2018 to 2019:

Chairperson-Dean - Dr. N.S.Arviar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- - Dr. Kailash wagh

Infection control officer- Dr.Kamesh

Infection Control Nurses - Mr. Arun kumar

All heads of Department Members

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT

Dr. Narayan Arviar HOD Dept. Of Ophthalmology

Dr.Maya Arviar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other

- Nodal officer HMW Members- Mr.Jitendra Patil
- Nursing in charges Mrs. Aruna R. Karosiya
- CPWD Incharge Members- Mr. sanjay bhirud

**Dr.Ulhas Patil Medical College
Department of Microbiology**

- The ICT (Infection control team) consists of the following members were for the period of 2019 to february 2021:

Chairperson-Dean - Dr. N.S.Arviar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- Mr Prashant

Infection control officer- Mr.Bitopan

Infection Control Nurse - Mr Chinmay shukla


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



All heads of Department Members

Dr. Angha amale HOD Dept. Of Pathology
Dr. Devendra Chaudhari HOD Dept. Of Pharmacology
Dr. Sunil Chaudhari HOD Dept. Of General Medicine
Dr. Jeevan Kulkarni HOD Dept. Of Paediatrics
Dr. Deepak Patil HOD Dept. Of TB Chest
Dr. Nilesh Bhirud HOD Dept. Of Skin VD
Dr. Shivaji Sadulwad HOD Dept. Of General Surgery
Dr. Dwarkadas Tapadiya HOD Dept. Of Orthopedics
Dr. Bhalchandra Paikar HOD Dept. Of ENT
Dr. Narayan Arvikar HOD Dept. Of Ophthalmology
Dr. Maya Arvikar HOD Dept. Of OBGY
Dr. Jayant Deshmukh HOD Dept. Of Anaesthesia
Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other

- Nodal officer HMW Members- Mr. Jitendra Patil
- CSSD & Nursing in charges Mrs. Manisha Kharat
- CPWD Incharge Members- Mr. Sanjay Bhirud

Dr. Ulhas Patil Medical College Department of Microbiology

- **The ICT (Infection control team) consists of the following members were for the period of february 2021 to till date :**

Chairperson

Head of the institute -Dean - Dr. N.S. Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Harshda shaha and Dr. Kailash wagh HOD Microbiology


Senior Microbiologist.- Mr. Prashant

Infection control officer.- Mr. Bitopan

Infection Control Nurse - Mr. Chinmay shukla

All heads of Department Members

Dr. Angha amale HOD Dept. Of Pathology
Dr. Devendra Chaudhari HOD Dept. Of Pharmacology
Dr. Dinesh Nehte HOD Dept. Of General Medicine
Dr. Jeevan Kulkarni HOD Dept. Of Paediatrics
Dr. Deepak Patil HOD Dept. Of TB Chest
Dr. Nilesh Bhirud HOD Dept. Of Skin VD


Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Rajendra Sarode HOD Dept. Of Orthopedics

Dr.Bhalchandra Paikar HOD Dept. Of ENT

Dr. Kiran bhirud HOD Dept. Of Ophthalmology

Dr.Maya Arvkar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other

- Nodal officer HMW Members- Mr.Jitendra Patil
- CSSD & Nursing in charges Mrs. Manisha Kharat
- CPWD Incharge Members- Mr. sanjay bhirud



A handwritten signature in blue ink, appearing to read "Manisha Kharat".

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

The ICT consists of the following members.

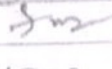
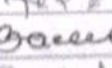
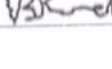
- Head of the institute – Dean: - Dr. Narayan S. Arvikar

Chairperson

Medical Superintendent – Dr. Chandrayya Kante

Secretary – Dr. Anantha Nagendra - HOD Microbiology


- Infection control officer (Senior Microbiologist Dr. Kailash B. Wagh)
- All heads of Department Members.

Sr. No	Name of members	Department	Designation	Sign
01	Dr. Anantha S. Nagendra	Microbiology	Professor & HOD	
02	Dr. Vilas M. Sangole	Pathology	Professor & HOD	
03	Dr. Balwant D. Samant	Pharmacology	Professor & HOD	
04	Dr. Sunil V. Chaudhari	Gen. Medicine	Professor & HOD	
05	Dr. Jeevan M. Kulkarni	Pediatric	Professor & HOD	
06	Dr. Deepak O. Patil	Respiratory Medicine	Professor & HOD	
07	Dr. Nilesh R. Bhirud	DVL	Professor & HOD	
08	Dr. Mayur K. Muthe	Psychiatry	Professor & HOD	
09	Dr. Shivaji P. Sadulwad	Gen. Surgery	Professor & HOD	
10	Dr. Dwarkadas G. Tapadiya	Orthopedic	Professor & HOD	
11	Dr. Bhalchandra H. Paike	ENT	Professor & HOD	
12	Dr. Ragini R. Patil	Ophthalmology	Professor & HOD	
13	Dr. Maya N. Arvikar	OBGY	Professor & HOD	
14	Dr. Jayant M. Deshmukh	Anesthesiology	Professor & HOD	
15	Dr. Kiran C. Patil	Radiology	Professor & HOD	
16	Dr. Harikisan B. Rathi	PSM	Professor & HOD	

Other:-

- Nodal Officer HMW Members :- Mr. Jitendra Patil
- Nursing Incharge all patients care units Members :- Mrs. Aruna R. Karosiya
- CPWD Incharge Members :- Mr. Sanjay Bhirud
- Infection Control Nurses Members :- Mr. Arun Kumar




Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

meeting.

16) Effective work practices and procedures such as environmental management practices

8/06/2015

15701/2015

15-06-015

meeting was successfully ended with following outline.

- i) All guideline of above topic were discussed.
- ii) All problems regarding was last subject were solved.

Following members was present.

- ① Dean Dr. N. S. Amikare.
- ② medical Superintendent :- Dr. Chandrakant
- ③ secretary :- Dr. Anant Nagesh.
- ④ senior microbiologist :-


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



The ICT consists of the following members.

- Head of the institute – Dean : - Dr. Narayan S. Arvikar

Chairperson

Medical Superintendent – Dr. Chandrayya Kante

Secretary – Dr. Anantha Nagendra - HOD Microbiology

- Infection control officer (Senior Microbiologist Dr. Kailash B. Wagh)
- All heads of Department Members.

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05	Dr. Jeevan M. Kulkarni	Pediatric	Professor & HOD	
06	Dr. Deepak O. Patil	Respiratory Medicine	Professor & HOD	
07	Dr. Nilesh R. Bhurud	DVL	Professor & HOD	
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11	Dr. Bhalchandra H. Paikar	ENT	Professor & HOD	
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13	Dr. Maya N. Arvikar	OBGY	Professor & HOD	
14	Dr. Jayant M. Deshmukh	Anesthesiology	Professor & HOD	
15	Dr. Kiran C. Patil	Radiology	Professor & HOD	
16	Dr. Harikisan B. Rathi	PSM	Professor & HOD	

Other:-

- Nodal Officer HMW Members :- Mr. Jitendra Patil
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Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.


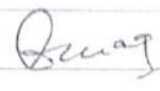




4/1/2016

Meeting was successfully ended with following outlines

- ① All guidelines of said topic "Health checking in health care workers" were discussed
- ② All problems regarding last topic were rechecked / reviewed,

Following Members were present

- ① Dean DUMC & H 
- ② M. S. DUMC & H
- ③ Secretary 
- ④ Senior Microbiologist 


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



The ICT consists of the following members.

- Head of the institute – Dean: - Dr. Narayan S. Arvikar

Chairperson

Medical Superintendent – Dr. Chandrayya Kante

Secretary – Dr. Anantha Nagendra - HOD Microbiology

- Infection control officer (Senior Microbiologist Dr. Kailash B. Wagh)
- All heads of Department Members.

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10	Dr. Dwarkadas G. Tapadiya	Orthopedic	Professor & HOD	
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Other:-

- Nodal Officer HMW Members :- Mr. Jitendra Patil
- Nursing Incharge all patients care units Members :- Mrs. Aruna R. Karosiya
- CPWD Incharge Members :- Mr. Sanjay Bhirud
- Infection Control Nurses Members :- Mr. Arun Kumar

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

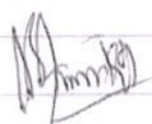

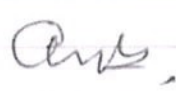



1/20/17

Meeting was successfully ended with following outlines.

- ① All guidelines of said topics Review of policies regarding prevention of the emergence and spread of antibiotics resistance organisms
- ② All problems regarding last topic were reviewed & rechecked.

following members were present

- 1) Dean DUPMC & H 
- 2) M.S of DUPMC & H 
- 3) Secretary of ICCT 
- 4) Senior microbiologist ICCT 

Dean
Dr. Uhas Patil Medical College
& Hospital, Jalgaon Kh.



The ICT consists of the following members.

- Head of the institute – Dean: - Dr. Narayan S. Arvikar

Chairperson

Medical Superintendent – Dr. Chandrayya Kante

Secretary – Dr. Anantha Nagendra HOD Microbiology

- Infection control officer (Senior Microbiologist Dr. Kailash B. Wagh)
- All heads of Department Members.

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01	Dr. Anantha S. Nagendra	Microbiology	Professor & HOD	<i>[Signature]</i>
02	Dr. Vilas M. Sangole	Pathology	Professor & HOD	<i>[Signature]</i>
03	Dr. Devendra R. Chaudhari	Pharmacology	Professor & HOD	<i>[Signature]</i>
04	Dr. Sunil V. Chaudhari	Gen. Medicine	Professor & HOD	<i>[Signature]</i>
05	Dr. Jeevan M. Kulkarni	Pediatric	Professor & HOD	<i>[Signature]</i>
06	Dr. Deepak O. Patil	Respiratory Medicine	Professor & HOD	<i>[Signature]</i>
07	Dr. Nilesh R. Bhirud	DVL	Professor & HOD	<i>[Signature]</i>
08	Dr. Mayur K. Muthe	Psychiatry	Professor & HOD	<i>[Signature]</i>
09	Dr. Shivaji P. Sadulwad	Gen. Surgery	Professor & HOD	<i>[Signature]</i>
10	Dr. Dwarkadas G. Tapadiya	Orthopedic	Professor & HOD	<i>[Signature]</i>
11	Dr. Bhalchandra H. Paik	ENT	Professor & HOD	<i>[Signature]</i>
12	Dr. Ragini R. Patil	Ophthalmology	Professor & HOD	<i>[Signature]</i>
13	Dr. Maya N. Arvikar	OBGY	Professor & HOD	<i>[Signature]</i>
14	Dr. Jayant M. Deshmukh	Anesthesiology	Professor & HOD	<i>[Signature]</i>
15	Dr. Kiran C. Patil	Radiology	Professor & HOD	<i>[Signature]</i>
16	Dr. Harikisan B. Rathi	PSM	Professor & HOD	<i>[Signature]</i>

Other:-

- Nodal Officer HMW Members :- Mr. Jitendra Patil
- Nursing Incharge all patients care units Members :- Mrs. Aruna R. Karosiya
- CPWD Incharge Members :- Mr. Sanjay Bhirud
- Infection Control Nurses Members :- Mr. Arun Kumar

Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



5/18

Meeting

Universal precautions e.g. handwashing, handling of Sharps, Personal protection, use of single use devices, aseptic techniques etc.

Meeting was successfully ended with following outline

- 1) All guidelines of above topic subject were discussed
- 2) All problem regarding last subject were solved

Following members was present

- (I) Dean. Dr. N'S Arvikar
- (II) medical superintendent: Dr Chandralcate
- (III) Secretary: Dr. Manoj Wajendra
- (IV) Senior microbiologist: Dr. Kailash B. Wagh


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Hospital Infection Control Committee of Dr. Ulhas Patil Medical College & Hospital, Jalgaon and following members are appointed for the Committee.

- | | | | |
|----|---|----|---|
| 01 | • Head of the Institute Chairperson
Dean, Dr. N. S. Arvikar. | 11 | Dr. Nilesh bhirud, |
| 02 | • Addl. Medical Superintendent Member
Medical Superintendent,
Dr. Chandrayya A. Kante. | 12 | HOD Dept. of Skin & VD
Dr. Mayur Muthe, |
| 03 | • Infection Control Nurses Member
HOD Dept. of Microbiology Secretary
Dr kailash wagh. | 13 | HOD Dept. of Psychiatry
Dr. Shivaji P. Sadulwad, |
| 04 | • Infection Control Officer (Senior
Microbiologist) Mr Prashant . | 14 | HOD Dept. of General Surgery
Dr. Dwarkadas G. Tapadiya, |
| | • All Heads of Department Members. | 15 | HOD Dept. of Orthopedics
Dr. Bhalchandra H. Paikar, |
| 05 | Dr. Dr kailash wagh, | 16 | HOD Dept. of ENT
Dr. . N. S. Arvikar, |
| 06 | HOD Dept. of Microbiology
Dr. Vilas M. Sangole, | 17 | HOD Dept. of Ophthalmology
Dr. Maya N. Arvikar, |
| 07 | HOD Dept. of Pathology
Dr. Devendra chaudhari, | 18 | HOD Dept. of OBGY
Dr. Jayant M. Deshmukh, |
| 08 | HOD Dept. of Pharmacology
Dr. Sunil V. Chaudhari, | 19 | HOD Dept. of Anaesthesia
Nodal officer HMW Members |
| 09 | HOD Dept. of General Medicine
Dr. Jeevan Kulkarni, | 20 | Mr. Jitendra Patil
Nursing in charge all patient |
| 10 | HOD Dept. of Paediatrics
Dr. Deepak O. Patil, | 21 | care unit Member
Mrs. Aruna R. Karosiya
CPWD in charge Members
Mr. Sanjay Bhirud |

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



10-10-2019

Meeting was arranged on . 12-10-2019
The agenda of meeting was.
new guidelines about Antimicrobial
prescribing pattern.

Meeting was ended with thanks to
chair

following members were present.


Dean

Dr. Ujhas Patil Medical College
& Hospital, Jalgaon Kh.



Annexure -I

- The ICT consists of the following members:

Chairperson

Head of the institute -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante . Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist -Mr.Prashant kumar

Infection control officer

- All heads of Department Members

Dr.Vilas Sangole HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT

Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other

- Nodal officer HMW Members

Mr.Jitendra Patil

- Nursing in charges all patient care units Members

Mrs. Aruna R. Karosiya

- CDMO Incharge Members- Mr. saniav bhirud



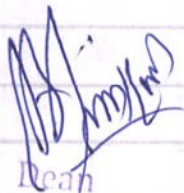
Dr. Vilas Patil Medical College
& Hospital, Jalgaon Kh.

8/05/2020

The meeting was held to discuss the following

- ① To formulate the policies & problem regarding guidelines of infection prevention control in covid ward.
- ② To prepare other S.O.P.

Following members were present,


Dean

Dr. Uthas Patil Medical College
& Hospital, Jalgaon Kh.



Dr. Ulhas Patil medical college and Hospital Jalgaon

- The ICT consists of the following members:

Chairperson

Head of the institute -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante . Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist -Mr.Prashant kumar

Infection control officer

- All heads of Department Members

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Dr.Vilas Sangole HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Other

- Nursing in charges all patient care units Members

Mrs. Aruna R. Karosiya

- CPWD Incharge Members- Mr. sanjay bhirud

- Infection Control Nurses Members- Mr. Arun kumar

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon



Meeting

30/8/21

Subject Reporting Blood and Body Fluids
Exposure.

Meeting was successfully ended after
following outline.

- ① All guideline of above topic were
discussed.
- ② All problems regarding last subject
were solved.

Following members were present during meeting

- ① Dean: Dr. H.S. Ankur
- ② medical superintendent: Dr. CA Kote
- ③ Secretary: Dr. Kailash Wagh
- ④ Senior microbiologist: Dr. Pratik Kharwar

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Godavari Foundation's

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

Hospital Infection Control Committee

Date: 05-01-2022

A Meeting of HICC meeting held on 5th January 2022.

Time: 11.00 to 11.45 AM

Venue: Dean's Office.

The members are attended the meeting as follows:

Chairperson Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr Harshda shaha and

Dr. Kailash wagh HOD Microbiology

Senior Microbiologist- Mr Prashant

Infection control officer- Mr.Bitopan

Infection Control Nurse - Mr Chinmay shukla

All heads of Department Members

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Dinesh Nehte HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Rajendra Sarode HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT

Dr. Kiran bhirud HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Nodal officer HMW Members- Mr.Jitendra Patil

CSSD & Nursing in charges Mrs. Manisha Kharat

CPWD Incharge Members- Mr. sanjay bhirud



[Signature]
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

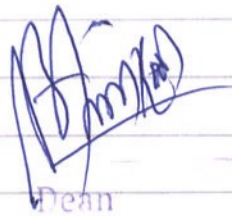
05/01/22

Subject: Incident of Reporting of needle stick injuries.

meeting was conducted on 5/01/22 in Dean's office at 11 AM.

- ① All the Procedures for needle stick injury was discussed.
- ② Prophylactic measures & to whom should be informed. was discussed & agreed.

meeting was ended at 12 PM by thanking all the members.



Dean

Dr. Ujjas Patil Medical College
& Hospital, Jalgaon Kh.





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DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

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Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

Hospital Infection Control Committee

Date: 09-02-2022

A Meeting of HICC meeting held on 9th February 2022.

Time: 11.00 to 11.45 AM

Venue: Dean's Office.

The members are attended the meeting as follows:

Chairperson Dean - Dr. N.S.Arviyar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr Harshda shaha and

Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- Mr Prashant

Infection control officer- Mr.Bitopan

Infection Control Nurse - Mr Chinmay shukla

All heads of Department Members

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Dinesh Nehte HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Rajendra Sarode HOD Dept. Of Orthopedics

Dr.Bhalchandra Paikar HOD Dept. Of ENT

Dr. Kiran bhirud HOD Dept. Of Ophthalmology

Dr.Maya Arviyar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Nodal officer HMW Members- Mr.Jitendra Patil

CSSD & Nursing in charges Mrs. Manisha Kharat

CPWD Incharge Members- Mr. sanjay bhirud

(Signature)
Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



9/2/22

Subject:- Segregation & disposal of BMW. for Final disposal.

Meeting was conducted on 9/2/22 at 11 AM in Dean's office.

Training given to all the staff who are involved in BMW handling & management.

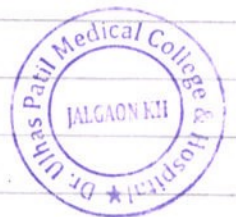
→ Staff are trained & time to time updated about BMW, Policies going in our hospital. In this context you being informed that the contract has been renewal done with Agency responsible to carry out our collected BMW everyday for final disposal. by Mansari Jalgaon.

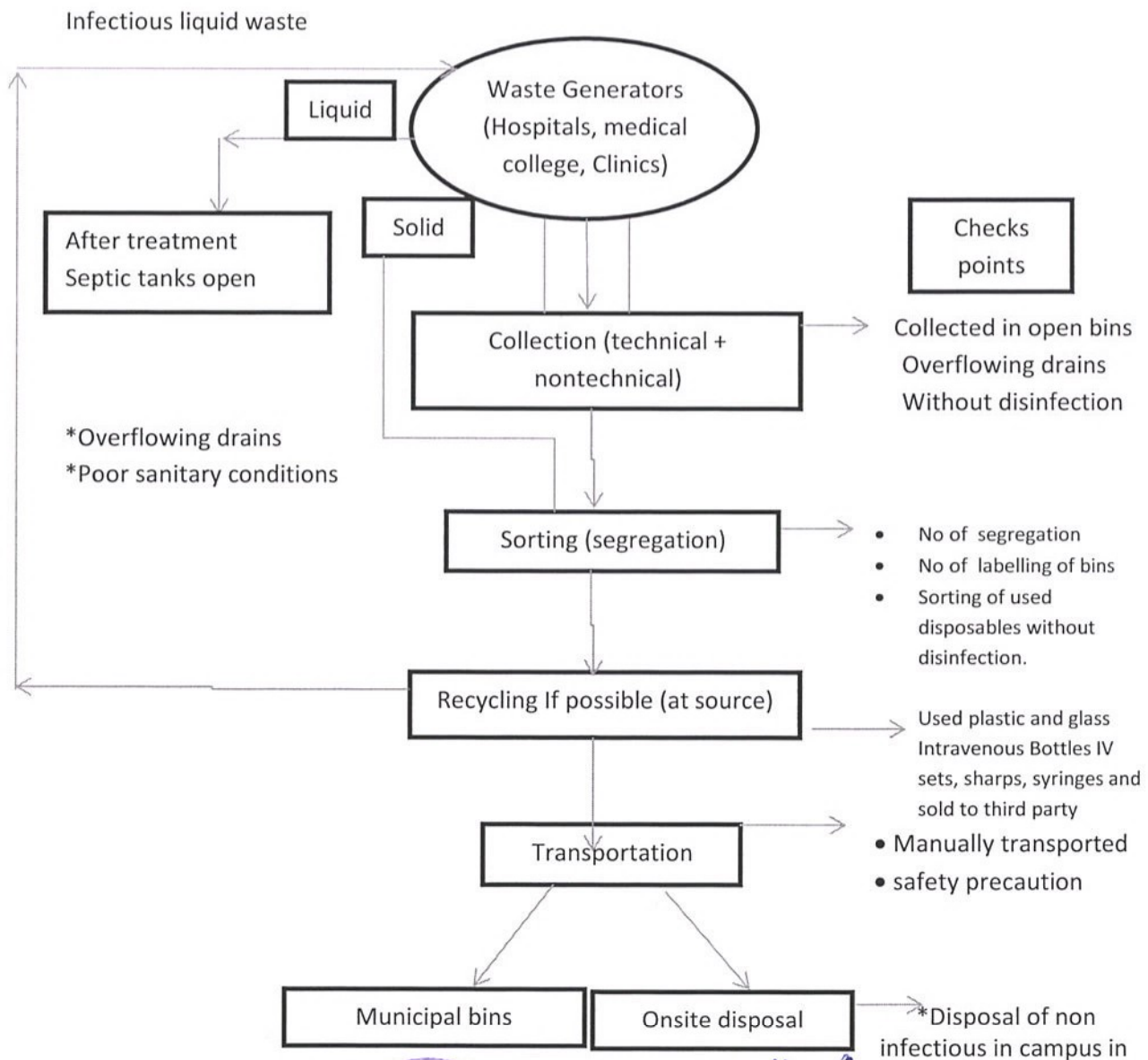
→ Ended at 12 PM.



Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.







Godavari Foundation's
(Registered under the Bombay Public Trusts Act, 1950)

DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON
PHARMACOVIGILANCE COMMITTEE

NH 6 (Jalgaon-Bhusawal Highway)
Jalgaon Khurd (Dist. Jalgaon) M. S. Pin - 425
309

Phone: (0257) 2366657
Fax: (0257) 2366648

PVC/ 2021/ Minutes of Meeting

DATE: 10/06/2021

Location: Dean's Office

Recorded By: Dr.D.R. Chaudhari

MEETING ATTENDED BY

Sr No	Name	Title	Organization	Signature
1	Dr. Devendra R. Chaudhari	Chairman	DUPMC, Jalgaon	
2	Dr. Chandrayya Kante	Member	DUPMC, Jalgaon	
3	Dr. Nilesh R. Bhurud	Member	DUPMC, Jalgaon	
4	Dr. Sachin Ingle	Member	DUPMC, Jalgaon	
5	Dr. Sunil V. Chaudhari	Member	DUPMC, Jalgaon	
6	Dr. Rahul P. Bhavasar	Member	DUPMC, Jalgaon	

1 MEETING LOCATION

Dr. Ulhas Patil Medical College and Hospital Jalgaon (Kh) at Dean's Office

2 MEETING START TIME

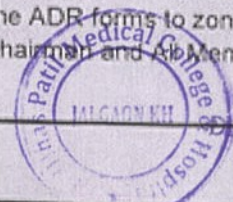
Meeting Schedule Start: 03.00 pm
Meeting Actual Start: 03.05 pm

3 AGENDA

- To discuss the Adverse Drug Reactions reported by clinicians from hospital & periphery
- To assess their causality with the drug
- To see whether such reactions are reported from other places
- Reporting this ADR to ADR monitoring centre (AMC).
- Discussion about increasing awareness of ADR monitoring and reporting

Minutes of meeting:-

- DR. Prajakta from PG from skin department has reported 5 ADRs
 - Fixed drug eruption by ofloxacin and metronidazole on 5th April 2021
 - Fixed drug eruption on 10th April 2021 by ofloxacin and ornidazole.
 - Erythematous maculopapular lesion by perfenidone on 10th May 2021
 - Toxic epidermal necrosis by carbamazepine on 18th May 2021
 - Maculopapular rash by paclitaxel on 7th June 2021
 - These reactions were discussed and causality was assessed.
 - It was decided to send the ADR forms to zonal centre.
- Meeting ended with thanks to Chairman and all Members.



Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

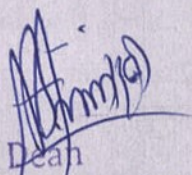


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DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON
PHARMACOVIGILANCE COMMITTEE

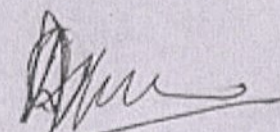
4 MEETING END

Meeting Schedule End: 04.00 pm
Meeting Actual End: 4.15 pm




Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.


Dr. D. R. Chaudhari
Chairman



Version-1.3

①

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002										FOR AMC/NCC USE ONLY			
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up										AMC Report No. :			
A. PATIENT INFORMATION										Reg. No. /IPD No. /OPD No./CR no. : No info available			
1. Patient Initials <u>VVP.</u>										Worldwide Unique No. :			
2. Age at time of Event or Date of Birth <u>78</u>										12. Relevant tests/ laboratory data with dates <u>None None</u>			
3. <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>										13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) <u>DM :: 10 yrs.</u>			
4. Weight <u>90</u> Kgs										14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to Prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Other (specify)			
B. SUSPECTED ADVERSE REACTION										15. Outcomes <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown			
5. Date of reaction started (dd/mm/yyyy) <u>2/4/21</u>													
6. Date of recovery (dd/mm/yyyy) <u>9/4/21</u>													
7. Describe reaction or problem <u>Fixed Drug Eruption.</u> <u>multiple erythematous to hypopigmented patches on b/c lower limb, stomach.</u>													
C. SUSPECTED MEDICATION(S)													
S.No	B. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment		
								Date started	Date stopped				
i	<u>Oxycodone</u>				<u>400</u>	<u>oral</u>	<u>OD</u>	<u>1/4/21</u>	<u>2/4/21</u>	<u>Post covid</u>	<u>Probable</u>		
ii	<u>Metronidazole</u>				<u>100</u>	<u>inj</u>	<u>BD</u>	<u>1/4/21</u>	<u>2/4/21</u>	<u>complication</u>	<u>Probable</u>		
iii													
iv													
9. Action Taken (please tick)										10. Reaction reappeared after reintroduction (please tick)			
S.No	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)			
i	<input checked="" type="checkbox"/>												
ii													
iii													
iv													
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)													
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication						
					Date started	Date stopped							
i													
ii													
iii													
Additional Information:									D. REPORTER DETAILS				
									16. Name and Professional Address: <u>Dr. Pankaj Talele</u>				
									<u>DUPMC, Jalgaon</u>				
									Pin: <u>425309</u> E-mail: <u>pankaj.talele@gmail.com</u>				
									Tel. No. (with STD code): <u>997023 7315</u>				
									Occupation: <u>Dermatologist</u> Signature: <u>Talele</u>				
									17. Date of report (dd/mm/yyyy): <u>5/4/21</u>				
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.													

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

National Coordination Centre
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare,
Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
Tel.: 0120-2783400, 2783401, 2783392
Fax: 0120-2783311
www.ipc.nic.in

*Pharmacovigilance
Programme of India for
Assuring Drug Safety*

ADVICE ABOUT REPORTING

A. What to report

- Report serious adverse drug reactions. A reaction is serious when the patient outcome is:

- Death
- Life-threatening
- Hospitalization (initial or prolonged)
- Disability (significant, persistent or permanent)
- Congenital anomaly
- Required intervention to prevent permanent impairment or damage

- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products.

Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&EncHid=>

B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
➤ Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
➤ Or can directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
➤ A list of nationwide AMCs is available at:
<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
➤ The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
➤ The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dr. Ulhas Patil Medical College
& Hospital



**SUSPECTED ADVERSE DRUG REACTION REPORTING FORM**

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002				FOR AMO/CC USE ONLY							
Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Follow up				AMC Report No. : Reg. No./IPD No./OPD No./CR no.: No info available.							
A. PATIENT INFORMATION				Worldwide Unique No. :							
1. Patient Initials <u>TPL</u>				12. Relevant tests/ laboratory data with dates None.							
2. Age at time of Event or Date of Birth <u>50 yr</u>				13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) Alcoholic 20 yrs							
3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>				14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to Prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Other (specify)							
4. Weight <u>68</u> Kgs				15. Outcomes <input checked="" type="checkbox"/> Recovered <input type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown							
B. SUSPECTED ADVERSE REACTION											
5. Date of reaction started (dd/mm/yyyy) <u>4/4/21</u>											
6. Date of recovery (dd/mm/yyyy) <u>8/4/21</u>											
7. Describe reaction or problem Fixed Drug Eruption. Single hypopigmented patch. c vesicle around the periphery.											
C. SUSPECTED MEDICATION(S)											
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment
i	Ofloxacin				400	oral	BD	4/4/21	4/4/21	Pain in abdomen	Probable
ii	Ornidazole				500	oral	BD	4/4/21	4/4/21		Probable
iii											
iv											
9. Action Taken (please tick)								10. Reaction reappeared after reintroduction (please tick)			
S.No	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)	
i	<input checked="" type="checkbox"/>										
ii											
iii											
iv											
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)											
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication				
i					Date started Date stopped						
ii											
iii											
Additional Information:											
D. REPORTER DETAILS											
16. Name and Professional Address: <u>Dr. Pankaj Talwar</u> <u>DUPMC, Jalgaon</u> Pin: <u>425309</u> E-mail: <u>pankaj</u> Tel. No. (with STD code): <u>9970 237310</u> Occupation: <u>Dermatologist</u> Signature: <u>P Talwar</u>											
17. Date of this report (dd/mm/yyyy): <u>10/4/21</u>											
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.											

Dean

Dr. Ujjas Patel Medical College
& Hospital, Jalgaon Kh.

National Coordination Centre
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare,
Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
Tel.: 0120-2783400, 2783401, 2783392
Fax: 0120-2783311
www.ipc.nic.in

*Pharmacovigilance
Programme of India for
Assuring Drug Safety*

ADVICE ABOUT REPORTING

A. What to report

- Report serious adverse drug reactions. A reaction is serious when the patient outcome is:
 - Death
 - Life-threatening
 - Hospitalization (initial or prolonged)
 - Disability (significant, persistent or permanent)
 - Congenital anomaly
 - Required intervention to prevent permanent impairment or damage
- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products.

Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&EncHid=>

B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
- Or can directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
- A list of nationwide AMCs is available at:
<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
- The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
- The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dr. Uhas Patil Medical College
& Hospital, Jalgaon Kh.



SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION				FOR AMC/NCC USE ONLY						
(National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002				AMC Report No. : _____						
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up				Reg. No. /IPD No. /OPD No./CR no. : <u>not 2468</u>						
A. PATIENT INFORMATION				Worldwide Unique No. : _____						
1. Patient Initials <u>TPK</u>				12. Relevant tests/ laboratory data with dates <u>Not done</u>						
2. Age at time of Event or Date of Birth <u>34</u>										
3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>										
4. Weight <u>65</u> Kgs										
B. SUSPECTED ADVERSE REACTION				13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) <u>no medical history.</u>						
5. Date of reaction started (dd/mm/yyyy) <u>4-5-21</u>										
6. Date of recovery (dd/mm/yyyy) <u>10/5/21</u>										
Describe reaction or problem <u>Erythematous maculopopular lesion</u>				14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (to patient) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to Prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Other (specify) _____						
				15. Outcomes <input checked="" type="checkbox"/> Recovered <input type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown						
C. SUSPECTED MEDICATION(S)										
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped	Indication	Causality Assessment
i	<u>Pertinidone</u>				<u>200mg</u>	<u>oral</u>	<u>BD</u>	<u>3/5/21</u> <u>5/5/21</u>	<u>Covid-19</u>	<u>Probable</u>
ii										
iii										
iv										
5. No 9. Action Taken (please tick)								10. Reaction reappeared after reintroduction (please tick)		
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)
i	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
ii										
iii										
iv										
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)										
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped	Indication				
i										
ii										
iii										
Additional Information:										
D. REPORTER DETAILS										
16. Name and Professional Address: <u>Dr. Pankaj Talele</u> <u>Dr. Ulhas Patil Medical College</u> Pin: <u>425309</u> E-mail: <u>pankaj.talele@gmail.com</u> Tel. No. (with STD code) <u>9976237310</u> Occupation: <u>Dermatologist</u> Signature: <u>[Signature]</u>										
17. Date of this report (dd/mm/yyyy): <u>10/5/21</u>										
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.										

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



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 - Hospitalization (initial or prolonged)
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 - Congenital anomaly
 - Required intervention to prevent permanent impairment or damage
- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products.

Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&EncHid=>

B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
- Or can directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
- A list of nationwide AMCs is available at:
<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information

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- The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

**SUSPECTED ADVERSE DRUG REACTION REPORTING FORM**

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION(National Coordination Centre-Pharmacovigilance Programme of India)
Ministry of Health & Family Welfare, Government of India
Sector-23, Raj Nagar, Ghaziabad-201002Report Type ☐ Initial ☐ Follow up**A. PATIENT INFORMATION**

1. Patient Initials DK. 2. Age at time of Event or Date of Birth 20. 3. M ☐ F ☐ Other ☐
4. Weight _____ Kgs

B. SUSPECTED ADVERSE REACTION

5. Date of reaction started (dd/mm/yyyy) 15/5/21
6. Date of recovery (dd/mm/yyyy) 29/5/21

7. Describe reaction or problem

Toxic Epidermal Necrosis
(TEN)

- Flaccid bulla. with denodation
of skin

FOR AMC/NCC USE ONLY

AMC Report No. _____

Reg. No./IPD No./OPD No./CR no.: No info available

Worldwide Unique No.: _____

12. Relevant tests/ laboratory data with dates

None

13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)

None14. Seriousness of the reaction: No ☐ If Yes ☐ (please tick anyone)

- ☐ Death (dd/mm/yyyy) ☐ Congenital anomaly
☐ Life threatening ☐ Required intervention to prevent permanent impairment/damage
☐ Hospitalization/Prolonged ☒ Other (specify)
☐ Disability

15. Outcomes

- ☐ Recovered ☒ Recovering ☐ Not recovered
☐ Fatal ☐ Recovered with sequelae ☐ Unknown

C. SUSPECTED MEDICATION(S)

S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped	Indication	Causality Assessment
i	Carbamazepine				200	oral	OD	13/5/21 15/5/21	Epilepsy	Possible
ii										
iii										
iv										

9. Action Taken (please tick)

S.No as per C	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)
i	<input checked="" type="checkbox"/>									
ii										
iii										
iv										

10. Reaction reappeared after reintroduction (please tick)

11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)

S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped	Indication
i						
ii						
iii						

Additional Information:

D. REPORTER DETAILS

16. Name and Professional Address: Dr. Pinky Talele
SUPMC Jalgaon.
Pin: 425209 E-mail: _____
Tel. No. (with STD code) 997027310
Occupation: Dermatologist Signature: P. Talele

17. Date of this report (dd/mm/yyyy): 18/5/21

Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel caused or contributed to the reaction.

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B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

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E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

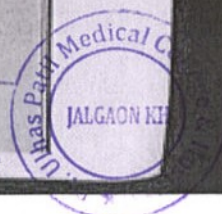
For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dean

Dr. Ulhas Patil Medical College



**SUSPECTED ADVERSE DRUG REACTION REPORTING FORM**

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002							FOR AMO/NCC USE ONLY			
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up							AMC Report No. :			
A. PATIENT INFORMATION							Reg. No. /IPD No. /OPD No./CR no. : No info available			
1. Patient Initials <u>PPK</u>							Worldwide Unique No. :			
2. Age at time of Event or Date of Birth <u>55 ym</u>							12. Relevant tests/ laboratory data with dates			
3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>							None			
4. Weight <u>62</u> Kgs							13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)			
B. SUSPECTED ADVERSE REACTION							DM : 18 ym			
5. Date of reaction started (dd/mm/yyyy) <u>1/6/21</u>							14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone)			
6. Date of recovery (dd/mm/yyyy) <u>7/6/21</u>							<input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital anomaly			
7. Describe reaction or problem							<input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to prevent permanent impairment/damage			
Maculopapular Rash							<input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Other (specify)			
C. SUSPECTED MEDICATION(S)							15. Outcomes			
S.No	8. Name (Brand/Generic)	Manufacturer (If known)	Batch No. / Lot No.	Exp. Date (If known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped	Indication	Causality Assessment
i	Paditaxel	-	-	-	-	iv	OD	1/6/21 2/6/21	Prostate carcinoma	Possible
ii										
iii										
iv										
S.No as per C	9. Action Taken (please tick)						10. Reaction reappeared after reintroduction (please tick)			
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unk own	Yes	No	Effect unknown	Dose (if reintroduced)
i	<input checked="" type="checkbox"/>									
ii										
iii										
iv										
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)										
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped		Indication			
i										
ii										
iii										
Additional Information:							D. REPORTER DETAILS			
							16. Name and Professional Address: <u>Dr. Ulhas Patil</u>			
							<u>Dr. Ulhas Patil</u>			
							Pin: <u>425309</u> E-mail: <u></u>			
							Tel. No. (with STD code) <u>9970234310</u>			
							Occupation: <u>Dermatologist</u> Signature: <u>Ulhas</u>			
							17. Date of this report (dd/mm/yyyy): <u>7/6/21</u>			
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[Signature]
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Godavari Foundation's



Dr. Ulhas Patil Medical College & Hospital

Recognised by Medical Council of India, Approved by Central Govt. of India, New Delhi,
and Affiliated to Maharashtra University of Health Science, Nashik

N.H.6 (Jalgaon- Bhusawal Road), Jalgaon (Kh.) - 425 309 Tal & Dist - Jalgaon
Ph. No. (0257) 2366657 Fax : 2366648 E-Mail Id : dupmcj@yahoo.in

Date:-8/06/2021

CIRCULAR

All members of Pharmacovigilance committee are informed that meeting is arranged in Dean's office on 10/06/2021 at 3.00 pm

All members are requested to attend meeting

Copy to all members

Dr. Arvikar N. S.

Dean

Dr. Ulhas Patil Medical
College & Hospital, Jalgaon kh

Sr No	Name
1	Dr. D. R. Chaudhari
2	Dr. Chandrayya Kante
3	Dr. Nilesh R. Bhirud
4	Dr. Sachin Ingle
5	Dr. S. V. Chaudhari
6	Dr. Rahul Bhavasar

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Godavari Foundation's
(Registered under the Bombay Public Trusts Act. 1950)

DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON
PHARMACOVIGILANCE COMMITTEE

NH 6 (Jalgaon-Bhusawal Highway)
Jalgaon Khurd (Dist. Jalgaon) M. S. Pin - 425 309

Phone: (0257) 2366657
Fax: (0257) 2366648

PVC/ 2021/ Minutes of Meeting

DATE: 30/01/2021

Location: Dean's
Office

Recorded By: Dr.D.R. Chaudhari

1 MEETING ATTENDED BY

Sr No	Name	Title	Organization	Signature
1	Dr. Devendra R. Chaudhari	Chairman	DUPMC, Jalgaon	
2	Dr. Chandrayya Kante	Member	DUPMC, Jalgaon	
3	Dr. Nilesh R. Bhirud	Member	DUPMC, Jalgaon	
4	Dr. Sachin Ingle	Member	DUPMC, Jalgaon	
5	Dr. Sunil V. Chaudhari.	Member	DUPMC, Jalgaon	
6	Dr. Rahul P. Bhavasar	Member	DUPMC, Jalgaon	

2 MEETING LOCATION

Dr. Ulhas Patil Medical College and Hospital Jalgaon (Kh) at Dean's Office

3 MEETING START TIME

Meeting Schedule Start: 03.00 pm

Meeting Actual Start: 03.05 pm

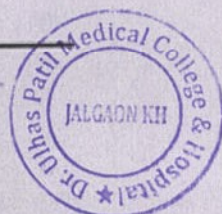
4 AGENDA

- To discuss the Adverse Drug Reactions reported by clinicians from hospital & periphery
- To assess their causality with the drug
- To see whether such reactions are reported from other places
- Reporting this ADR to ADR monitoring centre (AMC)
- Discussion about increasing awareness of ADR monitoring and reporting

Minutes of meeting:-

- DR. Prajakta from PG from skin department has reported 2 ADRs
 - Erythema multiforme developed from SODIUM VALPROATE on 7th January 2021
 - Fixed drug eruption by meftal spas (dicyclomine + mefenamic acid) on 20th January 2021.
- These reactions were discussed and causality was assessed.
- It was decided to send the ADR forms to zonal centre.

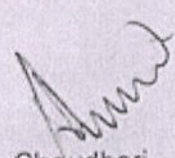
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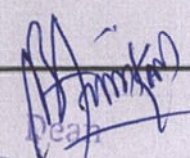


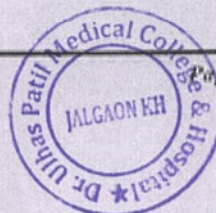
Meeting ended with thanks to Chairman and All Members.

5 MEETING END

Meeting Schedule End: 04.00 pm
Meeting Actual End: 4.15 pm


Dr. D. R. Chaudhari
Chairman


Dean
Dr. Uthas Patil Medical College
& Hospital, Jalgaon Kh.





Godavari Foundation's

Dr. Ulhas Patil Medical College & Hospital

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Ph. No. (0257) 2366657 Fax : 2366648 E-Mail Id : dupmcj@yahoo.in

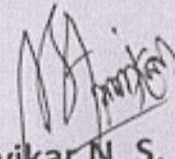
Date:-28/01/2021

CIRCULAR

All members of Pharmacovigilance committee are informed that meeting is arranged in Dean's office on 30/01/2021 at 3.00 pm

All members are requested to attend meeting

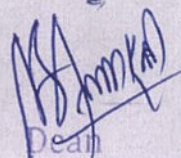
Copy to all members


Dr. Arvikar N. S.

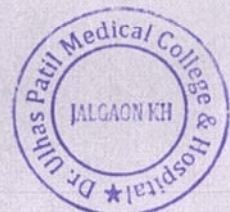
Dean

Dr. Ulhas Patil Medical
College & Hospital, Jalgaon kh

Sr No	Name
1	Dr. D. R. Chaudhari
2	Dr. Chandrayya Kante
3	Dr. Nilesh R. Bhirud
4	Dr. Sachin Ingle
5	Dr. S. V. Chaudhari
6	Dr. Rahul Bhavasar


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Version-1.3

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002								FOR AMC/NCC USE ONLY			
Report Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow up								AMC Report No. _____			
A. PATIENT INFORMATION								Reg. No./IPD No./OPD No./CR no.: <u>No info available</u>			
1. Patient Initials <u>SVF</u>	2. Age at time of Event or Date of Birth <u>28 yr</u>	3. M <input type="checkbox"/> F <input checked="" type="checkbox"/> Other <input type="checkbox"/>	4. Weight <u>56</u> Kgs					Worldwide Unique No.: <u>IN-PC-300517455</u>			
B. SUSPECTED ADVERSE REACTION								12. Relevant tests/ laboratory data with dates <u>None</u>			
5. Date of reaction started (dd/mm/yyyy) <u>7/1/2021</u>								13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) <u>Alcohol use 5 yrs.</u>			
6. Date of recovery (dd/mm/yyyy) <u>18/1/2021</u>								14. Seriousness of the reaction: No <input type="checkbox"/> If Yes <input type="checkbox"/> (please tick anyone)			
7. Describe reaction or problem <u>Erythema Multiforme</u>								<input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to Prevent permanent <input type="checkbox"/> Hospitalization/Prolonged impairment/damage <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify) _____			
C. SUSPECTED MEDICATION(S)								15. Outcomes			
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped		Indication	Causality Assessment
i	<u>Na Valproate</u>	<u>No information available</u>				<u>oral</u>	<u>OD</u>	<u>4/1/21</u>	<u>7/1/21</u>	<u>epilepsy</u>	<u>Probable</u>
ii											
iii											
iv											
9. Action Taken (please tick)								10. Reaction reappeared after reintroduction (please tick)			
as per C	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unk own	Yes	No	Effect unknown	Dose (if reintroduced)	
i	<input checked="" type="checkbox"/>										
ii											
iii											
iv											
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)											
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped		Indication				
i	<u>None</u>										
ii											
iii											
Additional Information: <u>None</u>								D. REPORTER DETAILS			
								16. Name and Professional Address: <u>Dr. Pankaj Tare</u>			
								Pin: <u>425304</u> E-mail: <u>pankaj.tare@gmail.com</u>			
								Tel. No. (with STD code): <u>90140 237310</u>			
								Occupation: <u>Dermatologist</u> Signature: <u>Pankaj Tare</u>			
								17. Date of this report (dd/mm/yyyy): <u>10/1/21</u>			
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.											

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

National Coordination Centre
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare,
Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
Tel.: 0120-2783400, 2783401, 2783392
Fax: 0120-2783311
www.ipc.nic.in

*Pharmacovigilance
Programme of India for
Assuring Drug Safety*

ADVICE ABOUT REPORTING

A. What to report

- Report serious adverse drug reactions. A reaction is serious when the patient outcome is:
 - Death
 - Life-threatening
 - Hospitalization (initial or prolonged)
 - Disability (significant, persistent or permanent)
 - Congenital anomaly
 - Required intervention to prevent permanent impairment or damage
- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products.

Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&EncHid=>

B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
- Or can directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
- A list of nationwide AMCs is available at:
<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
- The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
- The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

E. Mandatory field for suspected ADR reporting form

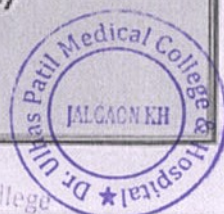
- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Version-1.3

5

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002										FOR AMC/NCC USE ONLY			
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up										AMC Report No. _____			
A. PATIENT INFORMATION										Reg. No./IPD No./OPD No./CR no.: <u>NO info available</u>			
1. Patient Initials <u>A.T.S.</u>		2. Age at time of Event or Date of Birth <u>26 yrs</u>		3. M <input type="checkbox"/> F <input checked="" type="checkbox"/> Other <input type="checkbox"/>		4. Weight <u>53</u> Kgs		Worldwide Unique No.: <u>IN-13C-300517381</u>					
B. SUSPECTED ADVERSE REACTION								12. Relevant tests/ laboratory data with dates					
5. Date of reaction started (dd/mm/yyyy) <u>20/1/21</u>								None					
6. Date of recovery (dd/mm/yyyy) <u>30/1/21</u>								13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)					
7. Describe reaction or problem <u>Fixed Drug Eruption.</u> <u>4 erythematous - hyperpigmented patches; 1 over the neck & 3 over the UL.</u>								None					
C. SUSPECTED MEDICATION(S)								14. Seriousness of the reaction: No <input checked="" type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone)					
S.No	B. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment		
i	Mettolopas					oral	OD	19/1/21	20/1/21	for menstrual cramps	Probable		
ii	Cycloclonim	No information available											
iii	Hydrochloric												
iv	Metformin												
9. Action Taken (please tick)								10. Reaction reappeared after reintroduction (please tick)					
S.No as per C	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unk own	Yes	No	Effect unknown	Dose (if reintroduced)			
i	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						
ii													
iii													
iv													
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)													
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication						
i	None												
ii													
iii													
Additional Information: <u>None</u>													
D. REPORTER DETAILS													
16. Name and Professional Address: <u>Dr. Pankaj Lalde</u> <u>DPMC Jalgaon, 35th department</u> Pin: <u>425209</u> E-mail: <u>pankaj.lalde@gmail.com</u> Tel. No. (with STD code) <u>9970227310</u> Occupation: <u>Dermatology</u> Signature: <u>P.Lalde</u>													
17. Date of this report (dd/mm/yyyy): <u>22/1/21</u>													
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.													

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



National Coordination Centre
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare,
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B. Who can report

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C. Where to report

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<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

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- The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
- The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required.

E. Mandatory field for suspected ADR reporting form

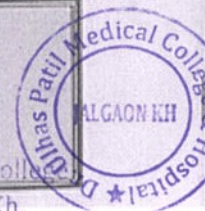
- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

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(9:00 AM to 5:30 PM, Working Days)

*Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.*





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Ph. No. (0257) 2366657 Fax : 2366648 E-Mail Id : dupmcj@yahoo.in

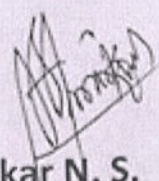
Date:-23/02/2021

CIRCULAR

All members of Pharmacovigilance committee are informed that meeting is arranged in Dean's office on 25/02/2021 at 3.00 pm

All members are requested to attend meeting

Copy to all members


Dr. Arvikar N. S.

Dean

Dr. Ulhas Patil Medical
College & Hospital, Jalgaon kh

Sr No	Name
1	Dr. D. R. Chaudhari
2	Dr. Chandrayya Kante
3	Dr. Nilesh R. Bhirud
4	Dr. Sachin Ingle
5	Dr. S. V. Chaudhari
6	Dr. Rahul Bhavasar


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Godavari Foundation's
(Registered under the Bombay Public Trusts Act, 1950)

DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON
PHARMACOVIGILANCE COMMITTEE

NH 6 (Jalgaon-Bhusawal Highway)
Jalgaon Khurd (Dist. Jalgaon) M. S. Pin - 425 309

Phone: (0257) 2366657
Fax: (0257) 2366648

PVC/ 2021/ Minutes of Meeting

DATE: 25/02/2021
Location: Dean's
Office

Recorded By: Dr.D.R. Chaudhari

1 MEETING ATTENDED BY

Sr No	Name	Title	Organization	Signature
1	Dr. Devendra R. Chaudhari	Chairman	DUPMC, Jalgaon	
2	Dr. Chandrayya Kante	Member	DUPMC, Jalgaon	
3	Dr. Nilesh R. Bhirud	Member	DUPMC, Jalgaon	
4	Dr. Sachin Ingle	Member	DUPMC, Jalgaon	
5	Dr. Sunil V. Chaudhari	Member	DUPMC, Jalgaon	
6	Dr. Rahul P. Bhavasar	Member	DUPMC, Jalgaon	

2 MEETING LOCATION

Dr. Ulhas Patil Medical College and Hospital Jalgaon (Kh) at Dean's Office

3 MEETING START TIME

Meeting Schedule Start: 03.00 pm
Meeting Actual Start: 03.05 pm

4 AGENDA

- To discuss the Adverse Drug Reactions reported by clinicians from hospital & periphery
- To assess their causality with the drug
- To see whether such reactions are reported from other places
- Reporting this ADR to ADR monitoring centre (AMC).
- Discussion about increasing awareness of ADR monitoring and reporting

Minutes of meeting:-

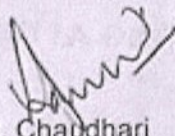
- DR. Prajakta from PG from skin department has reported 2 ADRs
 - Fixed drug eruption by etoricoxib on 10th February 2021
 - Acral erythema & erythrodermia developed from Docetaxel on 16th February 2021.
- These reactions were discussed and causality was assessed.
- It was decided to send the ADR forms to zonal centre.

Meeting ended with thanks to Chairman and All Members.

Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

5 MEETING END

Meeting Schedule End: 04.00 pm
Meeting Actual End: 4.15 pm


Dr. D. R. Chaudhari
Chairman


Dean





Godavari Foundation's

Dr. Ulhas Patil Medical College & Hospital

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Ph. No. (0257) 2366657 Fax :2366648 E-Mail Id : dupmcj@yahoo.in


Date:-24/03/2021

CIRCULAR

All members of Pharmacovigilance committee are informed that meeting is arranged in Dean's office on 25/03/2021 at 3.00 pm

All members are requested to attend meeting

Copy to all members


Dr. Arvikar N. S.

Dean

Dr. Ulhas Patil Medical
College & Hospital, Jalgaon kh

Sr No	Name
1	Dr. D. R. Chaudhari
2	Dr. Chandrayya Kante
3	Dr. Nilesh R. Bhirud
4	Dr. Sachin Ingle
5	Dr. S. V. Chaudhari
6	Dr. Rahul Bhavasar


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Godavari Foundation's
(Registered under the Bombay Public Trusts Act, 1950)

DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON PHARMACOVIGILANCE COMMITTEE

NH 6 (Jalgaon-Bhusawal Highway)
Jalgaon Khurd (Dist. Jalgaon) M. S. Pin - 425 309

Phone: (0257) 2366657

Fax: (0257) 2366648

PVC/ 2021/ Minutes of Meeting

DATE: 25/03/2020

Location: Dean's
Office

Recorded By: Dr.D.R. Chaudhari

1 MEETING ATTENDED BY

Sr No	Name	Title	Organization	Signature
1	Dr. Devendra R. Chaudhari	Chairman	DUPMC, Jalgaon	
2	Dr. Chandrayya Kante	Member	DUPMC, Jalgaon	
3	Dr. Nilesh R. Bhirud	Member	DUPMC, Jalgaon	
4	Dr. Sachin Ingle	Member	DUPMC, Jalgaon	
5	Dr. Sunil V. Chaudhari.	Member	DUPMC, Jalgaon	
6	Dr. Rahul P. Bhavasar	Member	DUPMC, Jalgaon	

2 MEETING LOCATION

Dr. Ulhas Patil Medical College and Hospital Jalgaon (Kh) at Dean's Office

3 MEETING START TIME

Meeting Schedule Start: 03.00 pm

Meeting Actual Start: 03.05 pm

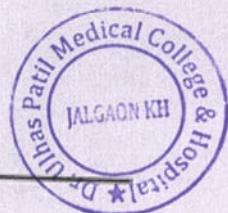
4 AGENDA

- To discuss the Adverse Drug Reactions reported by clinicians from hospital & periphery
- To assess their causality with the drug
- To see whether such reactions are reported from other places
- Reporting this ADR to ADR monitoring centre (AMC).
- Discussion about increasing awareness of ADR monitoring and reporting

Minutes of meeting:-

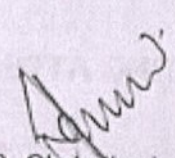
- DR. Prajakta from PG from skin department has reported 2 ADRs
 - Multiple oral ulcers by amoxicillin on 6th March 2021
 - Maculopapular rash on 8th March 2021.
 - These reactions were discussed and causality was assessed.
 - It was decided to send the ADR forms to zonal centre.
- Meeting ended with thanks to Chairman and All Members.


Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



5 MEETING END

Meeting Schedule End: 04.00 pm
Meeting Actual End: 4.15 pm


Dr. D. R. Chaudhari
Chairman


Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.





Version-1.3

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

2

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002							FOR AMC/NCC USE ONLY				
Report Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up							AMC Report No. _____				
12. Relevant tests/ laboratory data with dates							Reg. No. /IPD No. /OPD No. /CR no.: No info available				
Worldwide Unique No.: IN-IPC-300517372											
A. PATIENT INFORMATION											
1. Patient Initials VTI	2. Age at time of Event or Date of Birth 68 yrs	3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	4. Weight 74 Kgs								
B. SUSPECTED ADVERSE REACTION											
5. Date of reaction started (dd/mm/yyyy) 16/2/21							13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)				
6. Date of recovery (dd/mm/yyyy) 22/2/21							None				
7. Describe reaction or problem Docetaxel induced Acral erythema & erythrodysesthesia.							14. Seriousness of the reaction: No <input checked="" type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify)				
15. Outcomes											
<input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Recovering <input type="checkbox"/> Not recovered											
<input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown											
C. SUSPECTED MEDICATION(S)											
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment
i	Docetaxel	No information available					OD	14/2/21	16/2/21	Ca Prostate	Possible
ii											
iii											
iv											
9. Action Taken (please tick)							10. Reaction reappeared after reintroduction (please tick)				
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)	
i	<input checked="" type="checkbox"/>										
ii											
iii											
iv											
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)											
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication				
i	None										
ii											
iii											
Additional Information:							D. REPORTER DETAILS				
None							16. Name and Professional Address: Dr. Pankaj Tole				
							DUPMC, Jalgaon SKIN Department				
							Pin: 425309 E-mail: _____				
							Tel. No. (with STD code) 9970 237 310				
							Occupation: Dermatologist Signature: _____				
							Date of this report (dd/mm/yyyy) 21.				
Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.											

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

National Coordination Centre
Pharmacovigilance Programme of India
Ministry of Health & Family Welfare,
Government of India
Sector-23, Raj Nagar, Ghaziabad-201002
Tel.: 0120-2783400, 2783401, 2783392
Fax: 0120-2783311
www.ipc.nic.in

**Pharmacovigilance
Programme of India for
Assuring Drug Safety**

ADVICE ABOUT REPORTING

A. What to report

- Report serious adverse drug reactions. A reaction is serious when the patient outcome is:
 - Death
 - Life-threatening
 - Hospitalization (initial or prolonged)
 - Disability (significant, persistent or permanent)
 - Congenital anomaly
 - Required intervention to prevent permanent impairment or damage
 - Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines, Vaccines and Herbal products.
- Note- Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&EncHid=>)

B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
- Or can directly mail this filled form to pvpi@ipcindia.net or pvpi.ipcindia@gmail.com
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<http://www.ipc.gov.in>, http://www.ipc.gov.in/PvPI/pv_home.html

D. What happens to the submitted information

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
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E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Version-1.3

6

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002							FOR AMC/NCC USE ONLY			
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up							AMC Report No. _____			
A. PATIENT INFORMATION							Reg No./IPD No./OPD No./CR no.: <u>No info available</u>			
1. Patient Initials <u>DVF</u>	2. Age at time of Event or Date of Birth <u>29 yrs</u>	3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	4. Weight <u>61</u> Kgs				Worldwide Unique No.: <u>581-IPc-300517464</u>			
B. SUSPECTED ADVERSE REACTION							12. Relevant tests/ laboratory data with dates			
5. Date of reaction started (dd/mm/yyyy) <u>10/2/21</u>							None			
6. Date of recovery (dd/mm/yyyy) <u>16/2/21</u>							13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)			
7. Describe reaction or problem <u>fixed Drug eruption</u> <u>single erythematous to hypopigmented patch on R forearm</u> <u>single small ulcer on genital</u>							None			
C. SUSPECTED MEDICATION(S)							14. Seriousness of the reaction: No <input checked="" type="checkbox"/> If Yes <input type="checkbox"/> (please tick anyone)			
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped	Indication	Causality Assessment
i	Etoricoxib	No information available			oral	BD	8/2/21	10/2/21	for fracture Pain	Probable
ii										
iii										
iv										
S.No as per C	9. Action Taken (please tick)						10. Reaction reappeared after reintroduction (please tick)			
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)
i	<input checked="" type="checkbox"/>									
ii										
iii										
iv										
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)										
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped		Indication			
i	None									
ii										
iii										
Additional Information:							D. REPORTER DETAILS			
None							16. Name and Professional Address: <u>Dr. Pankaj Jalele</u>			
							Pin: <u>425204</u> E-mail: <u>pankaj.jalele@gmail.com</u>			
							Tel. No. (with STD code): <u>99105237310</u>			
							Occupation: <u>Dr. Pankaj Jalele</u> Signature: <u>[Signature]</u>			
							17. Date of this report (dd/mm/yyyy): <u>8/2/21</u>			

Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the reaction.

Dean
Dr. Ulhas Patil Medical College
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National Coordination Centre
Pharmacovigilance Programme of India
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Sector-23, Raj Nagar, Ghaziabad-201002
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*Pharmacovigilance
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B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

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E. Mandatory field for suspected ADR reporting form

- Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

For ADRs Reporting Call on PvPI Helpline (Toll Free)

1800 180 3024

(9:00 AM to 5:30 PM, Working Days)

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Version-1.3

3

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

INDIAN PHARMACOPOEIA COMMISSION (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002										FOR AMC/NCC USE ONLY			
Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up										AMC Report No.			
A. PATIENT INFORMATION										Reg. No./IPD No./OPD No./CR no.: NO info available			
1. Patient Initials <u>ASB</u>		2. Age at time of Event or Date of Birth <u>40 yrs</u>		3. M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>		4. Weight <u>60</u> Kgs		Worldwide Unique No.: <u>IN-3PC-30051-7475</u>					
B. SUSPECTED ADVERSE REACTION										12. Relevant tests/laboratory data with dates <u>Drug Allergy Testing done - 14/3/21</u>			
5. Date of reaction started (dd/mm/yyyy) <u>6/3/21</u>										13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) <u>No information available</u>			
6. Date of recovery (dd/mm/yyyy) <u>16/3/21</u>										14. Seriousness of the reaction: No <input checked="" type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death () <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify)			
7. Describe reaction or problem <u>multiple Oral ulcer</u> <u>multiple oral ulcers</u>										15. Outcomes <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown			
C. SUSPECTED MEDICATION(S)													
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates Date started Date stopped		Indication	Causality Assessment		
i	<u>Amoxycillin</u>	<u>No information available</u>				<u>oral</u>	<u>BD</u>	<u>5/3/21</u>	<u>6/3/21</u>	<u>84000</u>	<u>Probable</u>		
ii	<u>500mg Drug</u>					<u>oral</u>					<u>Certain</u>		
iii													
iv													
9. Action Taken (please tick)										10. Reaction reappeared after reintroduction (please tick)			
S.No as per C	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)			
i	<input checked="" type="checkbox"/>												
ii													
iii													
iv													
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)													
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates Date started Date stopped		Indication						
i	<u>None</u>												
ii													
iii													
Additional Information: <u>None</u>													
D. REPORTER DETAILS													
16. Name and Professional Address: <u>Dr Pankaj Talote</u> <u>DDPM Jalgaon Skin department</u> Pin: <u>425309</u> E-mail: <u>pankaj.talote@gmail.com</u> Tel. No. (with STD code): <u>9970237310</u> Occupation: <u>Dermatologist</u> Signature: <u>Pankaj Talote</u>													
17. Date of this report (dd/mm/yyyy): <u>8/3/21</u>													
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Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.



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 - Hospitalization (initial or prolonged)
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 - Required intervention to prevent permanent impairment or damage

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B. Who can report

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

C. Where to report

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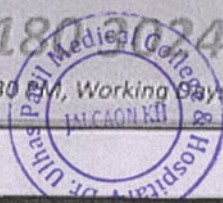
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Dear _____
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

**SUSPECTED ADVERSE DRUG REACTION REPORTING FORM**

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

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Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow up										AMC Report No. _____			
										Reg. No. /IPD No. /OPD No. /CR no. _____			
A. PATIENT INFORMATION										Worldwide Unique No. : <u>IN-IPC-300517480</u>			
1. Patient Initials <u>VAF</u>		2. Age at time of Event or Date of Birth <u>56 yrs.</u>		3. M <input type="checkbox"/> F <input checked="" type="checkbox"/> Other <input type="checkbox"/>		4. Weight <u>45</u> Kgs		12. Relevant tests/ laboratory data with dates <u>None</u>					
B. SUSPECTED ADVERSE REACTION										13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.) <u>DM1 :: 2 yrs.</u>			
5. Date of reaction started (dd/mm/yyyy) <u>8/3/21</u>													
6. Date of recovery (dd/mm/yyyy) <u>15/3/21</u>													
7. Describe reaction or problem <u>Maculopapular rash.</u> <u>multiple skin coloured to erythematous macules & papules & few confluent plaques all over body i.e. on trunk, UL, LL except face</u>										14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (immediate) <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify) _____			
C. SUSPECTED MEDICATION(S)										15. Outcomes <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown			
S.No	S. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment		
i	Isotiazide	No information			oral	OD	8/3/21	8/3/21	Tuberculosis	Probable			
ii	Pyrazinamide	available			oral	OD	8/3/21	8/3/21		Probable			
iii	Rifampicin				oral	OD	8/3/21	8/3/21		Probable			
iv	ethambutol				oral	OD	8/3/21	8/3/21		Probable			
10. Reaction reappeared after reintroduction (please tick)													
S.No as per C		Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)		
i		<input checked="" type="checkbox"/>											
ii													
iii													
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11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)													
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication						
i	<u>NONE</u>												
ii													
iii													
Additional Information: <u>None</u>													
D. REPORTER DETAILS													
16. Name and Professional Address: <u>Dr. Pankaj Patel</u> <u>Dr. Pankaj Patel</u> <u>Pin: 425209 E-mail: pankaj.patel@gmail.com</u> <u>Tel. No. (with STD code): 9990 237310</u> Occupation: <u>Dermatologist</u> Signature: <u>[Signature]</u>													
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JALGAON KH

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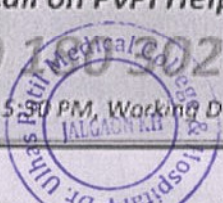
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Dr. Ulhas Patil Medical College

	Safety Manual	Date of Issue: 01/09/2016
		Rev Number:00

**Dr. Ulhas Patil Medical College and General
Hospital, Jalgaon**

Safety Manual




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Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Safety Manual

Date of Issue:

01/09/2016

Rev Number:00

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A	Purpose
B	Scope
C	Policy
	1.Care Environment
	2.Safety Management
	3.Diagnostic Services Safety Manual
	4.Risk Management
	5.Communcable Disease
	6.Regulation and Standard
	7.Hospital Safety Committee
	8.Hospital Safety Officer
	9.Safety Inspection and Records
	10.Hazard Communication and Reporting of Event



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Dr. Uthas Patil Medical College
& Hospital, Jalgaon Kh.

- A. Purpose:** This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information.

Safety Manual

Date of Issue:

01/09/2016

Rev Number:00

B. Scope: The Safety Management Plan defines the mechanisms for controlling hazards, promoting and implementing safety measures for the patients, staff in particular and the hospital in general.

C. Policy:

1. Care Environment (CE): is made up of three components: building(s), equipment, and people. The following are identified as elements and issues that can contribute to positively or negatively influencing patient outcomes, satisfaction, patient and staff safety that are appropriate and consistent with the clinical philosophy, security, orientation and access to the outside environment, ease in traversing both the inside and outside of facilities, efficient layouts that support staffing and overall function.

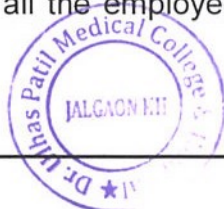
To effectively manage the CE the following should be done:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, staff, students and visitors
- Maintain CE that is sensitive to patient needs for comfort, social interaction, and positive distraction
- Maintain CE that minimizes unnecessary environmental stresses for patients, staff and visitors.

2. SAFETY MANAGEMENT:

a. HAZARD IDENTIFICATION & RISK ANALYSIS (HIRA) PROGRAMME:

- The purpose of this programme is to ensure the level of safety compliance at the hospital and to identify any situation that detracts from our goal of providing a safe and secure environment for our patients, employees and visitors.
- The HIRA Program is based on review of incident reports, employee accident reports, facility rounds, Infection Control and Security Reports. In addition, reports from outside agencies, such as Fire Department, Electrical Inspectors, etc., will be used in this Program.
- The Quality & Safety Committee will review the hospital's performance based on problem indicators selected by the Committee developed from the data collected from the HIRA program. E.g. for Indicators – Needle stick injury, reducing the patient falls, etc.
- **Facility Inspection Round** is carried out once a month. This tour will be done by the members of Safety Committee. Depending on the need other members also participate in this activity.
- All the employees report any deviation from safety norms observed in their work areas. In order to achieve this all the employees are trained to identify the deviations on a regular basis.



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Dr. Vilhas Patil Medical College
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Safety Manual

Date of Issue:

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Rev Number:00

- The Safety & Risk Management Committee will monitor the effectiveness of action taken based on the established indicators.
- The Quality & Safety Committee will be responsible for making revisions to indicators and action taken if process is not effective.
- The Committee will determine when an indicator is no longer needed, based on effective resolutions to the problem identified.

Hazard identification is the process used to identify all possible situations in the hospital where people (patient, staff, visitors etc.) may be exposed to injury, infections or disease. The risk management authorities undertake periodic evaluation of safety precautions to be followed by each department.

For hazard recognition the following steps will be undertaken:

1. Both Clinical and Non-clinical audits will be undertaken on a periodical basis to identify the measures taken to prevent/reduce the impact of the potential hazards.
2. All the staff of the hospital will be encouraged to routinely assess all activities to identify potential hazards.
3. Departmental Heads will identify hazards within their specific area of control. The same should be notified to the appropriate hospital authorities for immediate corrective actions.

b. ELECTRICAL SAFETY:

The following measures are undertaken to ensure Electrical safety:

1. Routine Inspection of the power outlets throughout the hospital by the electrician.
2. Trip Switches are located in different parts of the hospital to prevent short circuits.
3. Periodic inspection of wires to ensures that they are in appropriate conditions.
4. Before any electrical appliance is brought into DUPMCH, a safety inspection is Provided.
5. Electrical equipment not required during night are switched off.
6. Areas around electrical switchboards must be kept clear for a distance of at least 1 meter.
7. ABC type fire extinguisher will be located adjacent to electrical switchboards.

i) POWER LOSS:



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& Hospital, Jalgaon Kh.

	Safety Manual	Date of Issue: 01/09/2016
		Rev Number:00

The Hospital may experience temporary power losses due to

1. Storms
2. Power company disruptions, or damage to the service lines entering the hospital.
3. Malfunctioning of the internal electrical wire system of the hospital.

ii) **IMMEDIATE ACTION:**

In the event of power loss, every effort should be made to immediately turn off all electrical equipment (if required) within an employee's work area before power is restored to protect the equipment.

iii) **REPORTING POWER LOSSES:**

In general, the loss of power or the disruption in normal electrical service should be reported immediately to the Electrician.

Maintenance staff will investigate the scope and condition of power loss and proceed to correct the matter accordingly.

c) **BIOLOGICAL HAZARD:**

Two primary sources for biological hazards has been identified which are:

1. Infectious Sharp objects.
2. Blood and Body fluid spills.

I) INFECTIOUS SHARP OBJECTS:

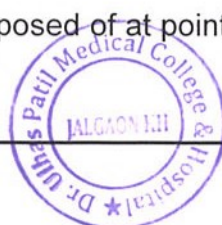
- Sharps are any medical or non-medical equipment that is capable of cutting and/or puncturing the skin.
- Sharps' injuries represent the major occupational cause of accidents involving potential exposure to blood borne illnesses.

1. The Hospitals policy on Sharps Handling is:

- Any equipment designated as a sharp must be handled and disposed of safely
- Sharps are to be handled carefully at all times.
- Sharps are designated as clinical waste.

2. PROCEDURE

- Sharps must be disposed of at point of use.
- Used needles:



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- Must not be recapped after use unless using an appropriate device.
- Must not be removed from syringes by hand.
- Must not be bent, broken or otherwise manipulated by hand.
- Must be destroyed immediately after its use.
- Used disposable sharps are disposed of in a designated, clearly marked, puncture resistant container.
- Reusable sharps are disposed of in a clearly labeled, puncture resistant container for transport to the reprocessing area (CSSD).
- Sharps' containers must be sealed and replaced when 3/4th full.

ii. BLOOD AND BODY FLUID SPILLS:

1. The Hospitals policy on Blood and Body Spills is:

- Blood and body fluid spills must be cleaned up immediately or as soon as possible.
- Standard precautions must be used when cleaning up spills of blood or body fluids.
- Gloves and other personal protective equipment appropriate for the task must be worn.
- Hands must be washed properly after the spill has been cleaned up.

2. Procedure

The following points should be taken into account while cleaning up body fluids:

- Type of body fluid
- Size of spill
- Surface type area involved

- Impervious Surfaces:

- a. Wipe the spill up using absorbent paper towel.
- b. Wash the area with water and detergent.
- c. If there is a likelihood of bare skin contact with the surface, the area is disinfected with sodium hypochlorite solution.

Spill kit should be kept at each floor for cleaning of large spills

- Operating theatres

- a. Spills should be attended to as soon as it is safe to do so.
- b. Area to be disinfected with sodium hypochlorite.

- Bathrooms and toilets



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- a. Spill are hosed off into sewerage system and are flushed with water and detergent.
- b. The area is disinfected with sodium hypochlorite.

A detailed inference to the preventive measures undertaken to control biological hazards can be drawn from the following manual:

1. Hospital Infection Control Manual.

The Infection Control Manual can be referred for instruction guidelines regarding management of hazardous waste.

d. FIRE PROTECTION:

Incidents of fire has been termed as "**CODE RED**".

In an incident of fire the staff has been instructed not to shout the word "**FIRE**" instead of that the word "**CODE RED**" to be used for informing the other staff about the incidence of fire.

The two-fold objectives of the Fire Safety Plan are :

i. **Fire Prevention:** To prevent the incidence of fire by implementing appropriate measure to control fire hazards in the building and by the maintenance of the building facilities provided for the safety of the occupants.(patients, staff ,visitors etc).

- a. The hospital has been declared 'No Smoking' zone.
- b. Smoke Detection Devices are placed in different parts of the hospital, incase of the fire, on detecting smoke the devices are activated and an hooter is alarmed in the security office.
- c. Fire Extinguisher: Fire extinguishers, in appropriate sizes and types (ABC), are provided throughout the hospital in every floor of the hospital. Extinguishers are inspected as required by a qualified contractor. The theft of or tampering with an extinguisher should be reported immediately to the Maintenance In charge.

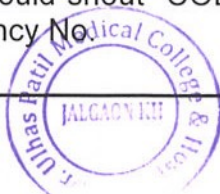
ii. **Emergency Evacuation:** To establish a systematic method of safe and orderly evacuation of an area or building, by and of its occupants, in case of fire or other emergency.

The following procedures are observed to minimize the effects of Fire Accidents in the hospital:

iii. The R.A.C.E. Procedure is followed:

- **RESCUE**

Remove patients or others in immediate danger, and the door behind is closed .If the person is busy in rescue effort, he should shout "**CODE RED**" so that other employees can pull the alarm/dial code red emergency No.



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- **Alarm :**

Break open Alarm system are placed in different parts of the hospital which can be activated at the time of fire by breaking the glass panel.

Smoke detectors are also located in different parts of the hospital which in the event of detecting smoke will activate the alarm system in the in house telephone exchange.

- **Contain:**

Contain the fire by closing doors and windows so that it does not spread to other parts of the hospital.

- **Extinguish/evacuate**

- i. Extinguish fire if possible.
- ii. Use correct extinguisher for the type of fire.
- iii. Evacuate all persons to a safe area, if necessary.
- iv. Follow directions of Safety Officer, Fire Department or Nursing Supervisor.

Fire plan is placed in every floor which indicates the exact location of the **fire exits** and **fire extinguishers** hence in case of any fire accidents; the nearest fire exit in the floors can be easily traced.

The procedure for use of any fire extinguisher is :

1. Pull Pin (from handles)
2. Aim at base of fire
3. Squeeze handles
4. Sweep nozzle or hose from side to side

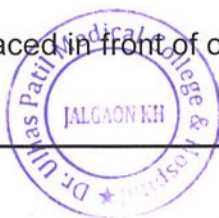
iv) **Fire Training and Drills:**

Fire Training and Fire drills are held at periodic intervals .All employees are provided adequate fire training, they are informed about the fire evacuation procedures including fire exits located in their work places.

The following special precautions are also undertaken:

v) **Exits:**

- No obstructions may be placed in front of or upon any exit door.



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- No aisle, exit access, or stairway may be obstructed with furniture or other obstructions so as to reduce the required width of the exit unless it is required for some maintenance purpose or during night hours when the main entrance is closed.

vi) Railings, Steps and Walks:

The area immediately outside of building exits will be maintained free of material at all times. Vehicles are not permitted on sidewalks immediately adjacent to an exit.

5) The policy on laboratory services and radiology services can be referred for laboratory and radiation safety procedures observed by the department in particular and the hospital in general.

6) RISK MANAGEMENT:

DUPMCH recognizes and attaches greatest importance to and concern for, the safety of all its patients, hospital staff and the users of the premises under its control. Consequently the hospital strives to ensure that accidents, incidents and near misses are identified, reported and action taken to help ensure the safety and security of all staff, patients, visitors and other users of the hospital.

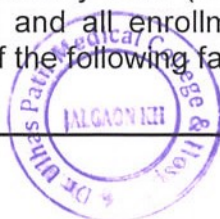
7) COMMUNICABLE DISEASE

DUPMCH is committed to assure, to the extent possible, that each employee enjoys safe and healthful work conditions. The Hospital, in its effort to control communicable diseases on the hospital, has adopted this provision.

- Persons infected or reasonably believed to be infected with communicable diseases will not be restricted in their access to Hospital services or facilities unless medically-based judgments in individual cases establish restriction is necessary to the welfare of the individual, patients and other members of the institution, or others associated with the institution through clinical, cooperative, intern, or other such experience, involving the general public.
- Persons known to have, or have a reasonable basis for believing, that they have been infected or have a communicable disease which may pose a threat to others are expected to seek expert advice about their health circumstances and are obligated, ethically and legally, to conduct themselves so as to protect themselves and others.

iii. Employees or Applicants Currently Infected

Any applicant or currently enrolled employee who is known to have a communicable disease (including human immunodeficiency virus (HIV), hepatitis B, and other blood borne disease) will be individually evaluated and all enrollment decisions concerning the individual will be based upon a consideration of the following factors:



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- a) The potential harm that the individual poses to other people,
- b) The ability of the individual to accomplish the objectives of the assignment, and
- c) Whether or not a reasonable accommodation can be made that will enable the individual to safely and efficiently accomplish the objectives and specific tasks for the assignment without significantly exposing the individual or other persons to the safety of infection. All employees who have a known communicable disease will be assessed as needed by appropriate medical staff. The evaluation of an applicant or currently enrolled employee with a known communicable disease will include a physician's statement of the individual's health status as it relates to the individual's ability to adequately and safely accomplish the essential objectives of the applicant's or employee's assignment. The physician's statement must also indicate the nature and extent of the individual's susceptibility to infectious diseases often encountered when accomplishing the objectives of the individual's assignment.

Each new employee is required to undergo pre employment medical examination prior to their reporting to duty and all the existing employees of the organization have to undergo annual medical check on a regular basis. The Food Handlers are required to under medical check up once every six month.

6. Regulations and Standards :

The Hospital ensures strict adherence to the required standards and performs its operations within the purview of the law of the land so as ensure utmost safety for its patients ,staff ,visitors etc. The required licenses and other regulatory requirements are duly satisfied.

7. Hospital Quality &Safety Committee:

The Hospital Quality &Safety Committee is a multidisciplinary committee consisting of five members. It meets at least six times in a year to evaluate the various quality and safety aspects of the hospital .The Committee undertakes detail analysis of the ongoing monitoring activities and gives its feedback on the same .The Committee submits its report to the hospital administrator.

- i. The Hospital Quality &Safety Committee evaluates the ongoing monitoring activities on various aspects of the following problems:
 - Injuries to patients/ visitors
 - Property damage.
 - Occupational illnesses and injuries to staff
 - Hazardous materials and waste spills, exposures, and other related incidents
 - Security incidents involving patients, staff, students and visitors at DUPMCH.



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- Fire-safety management problems, deficiencies, and failures.
- Medical equipment-management problems, failures, and user errors
- Utility systems management problems, failures, or user errors.
- Staff Unavailability (such as mass casualty, natural disasters)

ii. **Role of the Committee** :

- A. Provide guidance and direction in all phases of the Quality & Safety Management Program.
- B. Pro-active safety risk assessments of the clinical and clinical support areas of hospital.
- C. Facilitates the Environmental Monitoring Rounds.
- D. Advising management of unsafe conditions or of non-compliance with regulations and standards.
- E. Conducts on-going safety education classes.
- F. Responsible for proposing/revising safety policies.

iii. **Records and Reports:**

- 1. Both the quarterly and annual reports are to evaluate the objectives, scope, performance and effectiveness of each of the CE management plans.
- 2. Both quarterly and annual reports are compiled, trended and presented to the Hospital Quality & Safety Committee.
- 3. The Hospital Quality & Safety Committee submits the reports to the hospital Administrator.
- 4. The annual evaluation includes recommendations for Performance Improvement during the following year.

8.HOSPITAL SAFETY OFFICER –

i. Authority

- Appointed by the Hospital Administrator
- Reports to the designated authorities on all matters pertaining to safety matters
- Has the authority to shut down any process that is considered to be in violation of policy until the issue is resolved by Head of Department or Officer
- Has the authority to enter all areas of the Hospital, assess safety practices

ii. Responsibilities

- Administer safety policies of the hospital and department
- Liaise with hospital authorities and other regulatory authorities

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- Inspect laboratories and other areas to ensure safety practices are being observed
- Advise Head of Department of the various department on new and proposed legislation, together with safe work practices needed for compliance
- Ensure suitable personnel are appointed to positions to oversee biohazards, chemicals and radiation matters within the respective department
- Prepare Departmental procedures dealing with health and safety issue within the Department
- Identify training needs and arrange for Departmental staff and student training in consultation with Hospital Officers.

9. SAFETY INSPECTION AND RECORDS:

The hospital undertakes periodic inspection of the safety precautions undertaken either internally or with the help of an appropriate external agency. The reports of the safety inspections are reviewed by the hospital's safety committee and the same is submitted to appropriate authority as and when required.

The Safety Officer or Committee may require periodic assessment of the following inventory:

- Environmental (lighting, dusts, gases, sprays, noises).
- Hazardous materials (flammable and caustic).
- Equipment (biomedical equipment's etc.).
- Power equipment (boilers, motors, etc.).
- Electrical equipment (switches, breakers, fuses, outlets, connections).
- Hand tools.
- Personal protective equipment (safety glasses, ventilators, radiation safety aprons etc).
- Personal service/first aid supplies (Medical Check Up).
- Fire protection equipment (alarms and extinguishers).
- Walkways/roadways (sidewalks, roadways).
- Transportation equipment (Ambulances, lifts).
- Containers (hazardous waste bags).
- Structural openings (windows, doors, stairways).
- Buildings/structures (floors, roofs, planter walls, fences).
- Miscellaneous (any items not covered above).



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Each inspection report will record pertinent safety management violations, noncompliance items, and observe deficiencies. Employees directly involved in the use or operation of the facilities or function being inspected is to participate in the inspection process.

10. HAZARD COMMUNICATION:

a. General

Any incident in the hospital which effects the safety policies of the hospital will be investigated by the Hospital Quality & Safety Committee and the report would be forwarded to the appropriate higher authority for further action. The following incidents should be immediately informed to the Safety Officer of the hospital:

1. Serious injury to patients.
2. Serious injury to employees.
2. Serious injury, caused by Hospital operations, to another party.
3. Major loss of Hospital equipment or property.
4. Major loss of equipment or property belonging to another party caused by hospital operations.

b. Reporting Accidents

i. Any accident should be immediately investigated by the employee's supervisor or appropriate staff member.

ii. Incident Report Form should be completed and filed as soon as possible with the Safety Officer for reporting purposes and for further investigation and resolution.

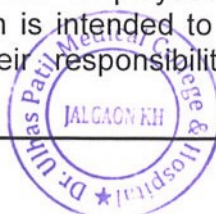
iii. Upon learning of a serious accident involving employees, patients, or equipment, an employee must notify the Hospital Safety Officer immediately. Serious accidents will be investigated by the Hospital Safety Officer. Reports for any such incident is to be forwarded to the Quality & Safety committee of the hospital.

c. Release of Information

In the case of accidents, supervisors and employees must not release information to the news media so as to avoid creation of unwanted panic among the people. Information to the media is to be provided by the top management authorities. If contacted by the media please refer these individuals to the appropriate persons

d. Safety education:

The Hospital requires all new employees to attend new employee safety orientation programme. This orientation is intended to provide new employees with an awareness of safety importance and their responsibility for maintaining a safe and healthy work



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environment, and to give an overview of workplace safety basics. The results should be more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.

Safety Orientation for New Employees

All new employees receive safety orientation. The orientation will consist of the following information: The Safety Management Officer or external instructors will present the general safety policies of the Hospital, and the new employee's supervisor will present:

1. Procedures and policies specific to the new employee's position
2. Fire reporting procedures
3. Fire extinguisher location and use
4. Fire prevention
5. Safe lifting techniques
6. Any information the supervisor feels will provide the new employee with a safe environment.



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Surgical Safety Checklist

(To be filled by the Anaesthetist, Surgeon and Nurse)

Patient Name: _____
Gender : _____
Reg. No.: _____
Ward _____
Consultant: _____

Age: _____
IPD No.: _____
Bed No. _____
Date: _____

SIGN IN		TIME OUT	SIGN OUT	
Before induction of anaesthesia at holding area		Before start of procedure / skin incision	Before patient leaves the operating room	
<ul style="list-style-type: none"> ◆ Patient has confirmed <ul style="list-style-type: none"> <input type="checkbox"/> Identity <input type="checkbox"/> Site <input type="checkbox"/> Procedure <input type="checkbox"/> All consents ◆ Surgical site marked <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable ◆ Pre-operative preparation <ul style="list-style-type: none"> <input type="checkbox"/> NBM <input type="checkbox"/> Premedication <input type="checkbox"/> Radiologic & Pathologic Tests <input type="checkbox"/> History and Clinical Record <input type="checkbox"/> Jewellery/Lenses/dentures etc. removed <input type="checkbox"/> Pre anaesthesia assessment <input type="checkbox"/> Hair removal as per SSI measures ◆ Co-morbid Condition Explained ◆ Does the patient have a Known allergy? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes ◆ Anaesthesia Safety Check Completed ◆ Difficult airway/aspiration risk? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, equipment/assistance available ◆ Risk of >500ml blood loss (7ml/kg in children) <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, adequate IV Access & Fluid available <input type="checkbox"/> Blood Availability _____ ◆ Equipments required during procedure are checked with Special Equipments <ul style="list-style-type: none"> <input type="checkbox"/> Surgical <input type="checkbox"/> Anaesthetic <input type="checkbox"/> Medication Check Complete 	<ul style="list-style-type: none"> ◆ Introduction of team members themselves by name and role ◆ Patient's name confirmed ◆ Site - Marked & Visible / N.A. ◆ All members discussed planned procedure ◆ Reviews on Anticipated Critical Events Surgeon <ul style="list-style-type: none"> <input type="checkbox"/> Anticipated blood loss <input type="checkbox"/> Critical or Unexpected steps <input type="checkbox"/> Operative duration <input type="checkbox"/> Equipment concern confirmed ◆ Anaesthetist <ul style="list-style-type: none"> <input type="checkbox"/> Any patient specific concern <input type="checkbox"/> Specific levels of support required ◆ Scrub & Circulating Nurse <ul style="list-style-type: none"> <input type="checkbox"/> Sterilization indicator confirmed <input type="checkbox"/> Equipment concerns ◆ Surgical Site Infection measures <ul style="list-style-type: none"> <input type="checkbox"/> Antibiotic prophylaxis within last 60 min <input type="checkbox"/> Yes <input type="checkbox"/> N.A. <input type="checkbox"/> Patient warming <input type="checkbox"/> Glycaemic control ◆ Relevant images properly labelled & displayed <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N.A. ◆ Has VTE prophylaxis been undertaken? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N.A. 	<p>Nurse verbally confirms with team</p> <ul style="list-style-type: none"> ◆ Instruments, swabs and sharp counts are complete <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N.A. ◆ Name of the procedure been recorded ◆ Specimens been labelled (including patient name)? and sent to Path lab <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N.A. ◆ Any equipment problems to be addressed <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No ◆ Team members review the key concerns for recovery and Management of the Patient <p>Procedure:</p>	<p>Surgeon</p> <p>Asst. Surg.</p> <p>Anaes.</p> <p>Asst. Anaes.</p> <p>Scrub Nurse</p> <p>Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.</p>	<p>Name</p> <p>Sign</p>

Each section to be read out loudly

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Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmci@yahoo.in Web Site : www.dupmc.ac.in

Date: 08/09/2022

PROGRAM REPORT

Title of Program	Training on Biomedical waste Handling and Sample Collection
Objective of Program	1. Training on Biomedical waste collection 2. Training on sample collection
Participant Type (tick applicable)	Interns, residents, nursing staff
Date and Duration of Program	06/ 09/ 2022 From: 10 am To: 12 noon Number of Hours (duration): 2
Venue of the program/event	Lecture Hall , Second floor, Hospital building
Program Organized by (Department/Committee/Unit)	Dept. of Microbiology(Hospital Infection Control Committee)
Program in-charge	Dr. Kailash Wagh
Name of Faculty / Guest Speaker	Dr. Prashant Gudetti, Mr. Bitopan and Mr. Bhavani Verma.
Supporting staff member	Dr. Jayant Deshmukh
Vote of thanks presented by	Dr. Kailash Wagh
Geo-tagged photos (tick applicable)	Soft copy: Yes / No Hard Copy: Yes / No
Number of participants (attended program / event)	28
Brief about the Program (Activity/Event details)	Participants were given training in biomedical waste segregation and collection. Also they were demonstrated sample collection techniques..

Prepared by Coordinator



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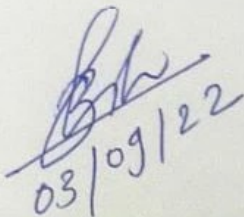
N.H.6 (Jalgaon- Bhusawal Road), Jalgaon (Kh.) - 425 309 Tal & Dist - Jalgaon
Ph. No. (0257) 2366657 Fax : 2366648 E-Mail Id : dupmcj@yahoo.in

Dated : 03/09/22

This is here by informed you that **Training Workshop On Sample Collection And Biomedical Waste Management** has been arranged by Department of Microbiology (**Hospital Infection Control Committee**) on 06/09/2022 in Lecture Hall 2nd Floor, Hospital Building at 10.00 am. All clinicians are requested to present along with their concern Staff (Intern, Resident/Brothers/Sisters).

Programme outline given here

- 1.) Dr. Kailash wagh : Importance of Hospital acquired infection- 30 mins .
- 2.) Dr.Prashant: Proper sample collection techniques in microbiology -45 mins .
- 3.) Mr.Bitopan and Mr. Bhavani : Biomedical waste management in hospital - 45 mins.


03/09/22

Professor & HOD
Dept. of Microbiology
Dr. Ulhas Patil Medical College & Hospital
Jalgaon Kh, Jalgaon


Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

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DEPARTMENT OF MICROBIOLOGY

INFECTION CONTROL COMMITTEE

S.NO.	NAME	DEPARTMENT	SIGNATURE
1	Shobha G. Bafne	FMW	[Signature]
2	Subodhi Rungved	MMW	[Signature]
3	Pandey Indira	MMW	[Signature]
4	Sushama Thyate	FMW	[Signature]
5	Smita Podeshi	Rad	[Signature]
6	Hemlata Bhargwal	T.B. chest. W.	[Signature]
7	Nilima Bhargwal	Paediatric	[Signature]
8	Sonu Chaudhari	Skin	[Signature]
9	Shikha S. Khare	O.B.G.	[Signature]
10	Ahinsa A. Lakhonde	CVS OT, Pathology, General	[Signature]
11	Kajal Deygude	Psychiatry	[Signature]
12	Maja Sable	FSW	[Signature]
13	Anita Talol	FSW	[Signature]
14	Vinay Anir	MIW	[Signature]
15	Girish Pruthi Khudde	Clinical	[Signature]
16	Mr. Pratik Shridharan Ade	Otho OT	[Signature]
17	Nikhil Chaudhari	OT	[Signature]
18	MS Dipi V. Raut	OT	[Signature]
19	Dr. Kamlesh M. Sonawane	PICU	[Signature]
20	Dr. Ashish Bachhav	Intern (CCU)	[Signature]
21	Dr. Suraj S. Sable	Intern (CCU)	[Signature]
22	Dr. Karishma B. Wagh	Faculty (Microbiology)	[Signature]
23	Dr. Jayant M. Deshmukh	Microbiology	[Signature]
24	Mr. Chandan Shankar Vajra	Microbiology	[Signature]
25	Bitapan Das	Microbiology	[Signature]
26	Jyoti Vajra	Intern (PSM)	[Signature]
27	Arunesh Vishwakarma	Intern (PSM)	[Signature]
28	Sargam Wagh	Intern (PSM)	[Signature]



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Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

Training on Biomedical waste Handling and Sample Collection on 06/09/2022



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Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648
Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in


Date: 20/11/22

PROGRAM REPORT

Title of Program	Use of disinfectants in OT
Objective of Program	1. Training on use of disinfectants in OT 2. To give basic knowledge of fogging in OT
Participant Type (tick applicable)	Interns, residents, nursing staff on OT
Date and Duration of Program	18/ 11/ 2022 From: 3.00 pm To: 5.00 pm Number of Hours (duration): 1.30
Venue of the program/event	Operation Theatre
Program Organized by (Department/Committee/Unit)	Dept. of Microbiology(Hospital Infection Control Committee)
Program in-charge	Dr. Kailash Wagh
Name of Faculty / Guest Speaker	Dr. Prashant Gudetti
Supporting staff member	Mr. Bitopan
Vote of thanks presented by	Dr. Kailash Wagh
Geo-tagged photos (tick applicable)	Soft copy: Yes / No Hard Copy: Yes / No
Number of participants (attended program / event)	26
Brief about the Program (Activity/Event details)	Participants were given training in basic knowledge of fogging in operation theatre; They were training in safe and appropriate use of disinfectants.


Prepared by Coordinator




Dean
Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Godavari Foundation's

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, NH-6, JalgaonKh, Tal. & Dist. Jalgaon 425309

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Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

Hospital Infection Control Committee

GF/DUPMC/D.O/ 2022/HICC

Date: 18-11-2022

Workshop on Use of Disinfectants in O.T has been arranged in O.T.

Time: 03.00 to 04.30 PM

Venue: O.T. DUPMC & H (Hospital side)

All concern representative of O.T (O.T. Incharge and nursing staff) are requested to attend the workshop .

Agenda-

1. Introduction about basic knowledge of process of fogging.
2. How to use Disinfectant in O.T.



Chairman

HICC, DUPMC

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

DEPARTMENT OF MICROBIOLOGY

INFECTION CONTROL COMMITTEE

1	Chinmay Shukla	Nursing	<u>Dr. Chaudhary</u>
2	Nikash Sanawane	MSc. Nursing	<u>Dr. Chaudhary</u>
3	Rahul Hulle	BSc. Nursing	<u>Dr. Chaudhary</u>
4	Shubham Wamne	BSc. Nursing (Comp. Yr)	<u>Dr. Chaudhary</u>
5	Sumit Bhosambe	Nursing	<u>Dr. Chaudhary</u>
6	Nilesh V. Patole	(PTCU Nursing Jalgaon)	<u>Dr. Chaudhary</u>
7	Dr. Jyoti Kulkarni	Medicine Resident	<u>Dr. Chaudhary</u>
8	Divya Gogiya	BHMS Intern	<u>Dr. Chaudhary</u>
9	Shubham S. Khadape	BHMS Intern	<u>Dr. Chaudhary</u>
10	Pooja S. Pardihi	2nd Year (MBBS)	<u>Dr. Chaudhary</u>
11	Jumaid B. Maniyar	2nd Year (MBBS)	<u>Dr. Chaudhary</u>
12	Mayuri Padole	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
13	Niraj Pardihi	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
14	Madhuri S. Alupe	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
15	Yash Mahajan	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
16	Mayuri B. Mhaske	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
17	Almas Kazi	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
18	Nidhi Kachar	2nd Yr (MBBS)	<u>Dr. Chaudhary</u>
19	Vaishali Kolhe	- II -	<u>Dr. Chaudhary</u>
20	Hopeta Komali	- II -	<u>Dr. Chaudhary</u>
21	Girish P. Khutke	MSc 1st Yr	<u>Dr. Chaudhary</u>
22	Mr. Pratik S. Ade	MSc 1st Yr	<u>Dr. Chaudhary</u>
23	Dr. Suruchi R. Shukla	PG (Pediatric)	<u>Dr. Chaudhary</u>
24	Prabhasini B. Sanawane	BHMS Intern	<u>Dr. Chaudhary</u>
25	Mahima G. Naik	GNM Nursing	<u>Dr. Chaudhary</u>
26	Pranjali S. Onkar	GNM Nursing	<u>Dr. Chaudhary</u>



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Use of disinfectants in Operation Theatre






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