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HOSPITAL INFECTION CONTROL (HIC)

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Policy documentation control format. This document at the beginning of any policy may be adopted for better documentation control.

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Prepared by	Dr. S.K. Thorat	Sign	
Issued to	Medical Superintendent	Sign	
Issued date	01/09/2021		

Relevant Point:

1. This is the Hospital infection control Manual of RCH
2. The distributed copy shall be kept in safe custody of the in - charge of the administrator who will be responsible to train the staff in this policy as applicable to particular category of staff.
3. Amendments to the policy will be approved by the med supt.
4. All amendments and additions to this policy will be endorsed at the appropriate page in the document by the custodian of the document, who will authenticate the entry with his signature including date and time of endorsement

MED. SUPERINTENDENT
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HOSPITAL INFECTION CONTROL (HIC)

➤ **THE HOSPITAL INFECTION CONTROL (HIC) MANUAL**

The Hospital Infection Control (HIC) Manual for Small Healthcare Organizations (SHCOs) is a Reference guide containing policies as well as procedures to prevent infection among patients and staff. Hospital acquired infections are defined as infections acquired during or as a result of hospitalization. Any patient who develops an infection after 48 hours of hospitalization is considered to have hospital acquired infection.

The purpose of this manual is to help best possible infection control measures.

- Aim of this document is to provide evidence-based information on the prevention and control of infection. To fulfil this aim, need to form a Hospital Infection Control Committee (HICC) that will look after the infection control needs of the hospital.
- The HICC shall proactive monitor all infection control practices including action to prevent/ reduce the risks of health care associated infections [HAI] in patients and staff. The HICC shall have its structure of program, all processes, activities and surveillance procedures.
- This document will be reviewed and updated annually by the HICC.

HOSPITAL INFECTION CONTROL COMMITTEE :

Co-ordinator	Dr. P. T. Kabade	S.M.O.
Member	Dr. S. R. Jangada	Reader
	Dr. (Mrs.) S. S. Sonawane	Pathologist
	Dr. M. K. Chhajed	Medical Officer
	Dr. S. K. Thorat	Lecturer
	Mrs. S. D. Jadhav	Dispenser
	Smt. M. B. Sonawane	Nursing Incharge
	Mrs. R. U. Shinde	Aya



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AIMS :

- To prevent and minimize the infections in patients, relatives, and health care providers and to improve hospital infection control practices.

A. ACTIVITIES OF HOSPITAL INFECTION CONTROL COMMITTEE

- The hospital has an infection control committee, which coordinates the implementation of all infection prevention and control activities.
- The team is responsible for day-to-day functioning of infection control program.
- Supervision and surveillance of all infection prevention and control activities with appropriate action taken.
- Supervision and surveillance of biomedical waste management protocols with appropriate action taken.
- Hospital infection control audits shall be done at every month.
- Periodical training of all category staff about Infection Control Protocols and Policies.
- To introduce new policies and protocols on the method of disinfection and sterilization.

B. CONCEPT OF STANDARD PRECAUTIONS:

There are number of precautions designed to protect health care workers from exposure to blood borne pathogens. While majority of patients infected with HIV/HBsAg/ HCV are asymptomatic at the time of presentation, all patients are considered as having potentially infectious blood and body fluids. Precautions may vary based on anticipated exposure.

B.1 PURPOSE OF PERSONAL PROTECTIVE EQUIPMENT [PPE]

- Glove- direct contact with a patient's blood or other potentially infectious materials (e.g. body fluids, moist body substances and saliva), mucous membranes and non intact skin
- Mask- Protection from air borne infections or situation which lead any splash or sprays of blood and body fluid.
- Apron- Any chances of splash or contamination or soiling.
- Goggles- during positive cases (OT).



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- e) Boots – If necessary.
- f) Caps are worn whenever indicated.
- g) When using single-use personal protective equipment, dispose it immediately after use.

C. HAND HYGIENE: -Done with Hand washing vigorous rubbing of hand with soap and water or with any antiseptic agents

.1 PURPOSE

- a) To remove dirt and debris
- b) To decontaminate the hands
- c) To prevent cross infection
- d) To break the chain of infection

C.2 INDICATIONS FOR HAND HYGIENE

- a) Before and after duty.
- b) Before each procedure.
- c) Before and after using gloves.
- d) After touching of blood or body fluid.
- e) Before touching devices.
- f) When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.
- g) If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.
- h) Inserting urinary catheters, or other invasive devices that don't require surgery.
- i) Contact with patients skin.
- j) Contact with body fluids or excretions, non-intact skin, wound dressing.

C.3 TYPES

- a) Social hand wash
- b) Surgical hand wash



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C.4 METHODS OF HAND WASHING

- Wet hands with running water.
- Obtain soap or detergent that contains antimicrobial agents spread all area of the hands.
- Vigorous rubbing of hands (all area) about 30 sec to 1min.
- Wash hands thoroughly with running water.
- Rinse and dry.
- Turn off water cock with using paper towel or use elbow to close the tap handle.

C.5 STEPS OF SOCIAL HAND WASHING



STEP 1 Rub palms together.



STEP 2 Rub the back of both hands.



STEP 3 Interlace fingers and rub hands together.



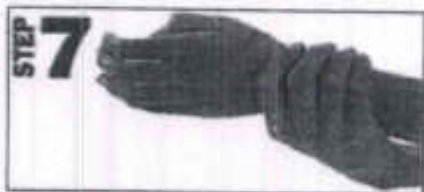
STEP 4 Interlock fingers and rub the back of fingers of both hands.



STEP 5 Rub thumbs in a rotating manner followed by the area between index finger and thumb for both hands.



STEP 6 Rub fingertips on palm for both hands.



STEP 7 Rub both wrists in a rotating manner. Rinse and dry thoroughly.

- Palm to palm.
- Right palm over left dorsum and left over right dorsum.
- Palm to palm finger interlocked.
- Back of finger to opposing palms with finger interlocked.
- Rotational rubbing of right thumb clasped in left palm and vice versa.
- Rotational rubbing, backwards and forwards and forwards with clasped fingers of right hand in left palm and vice versa.



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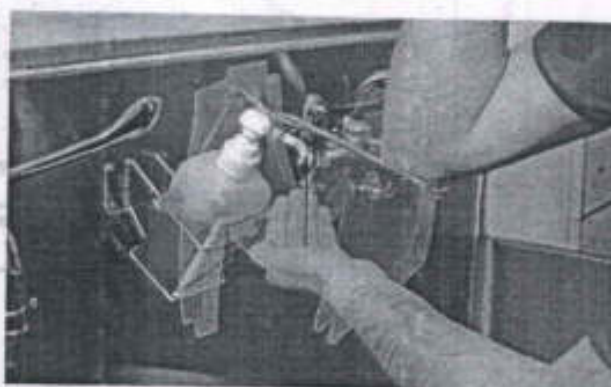
g) Rotational rubbing of right wrist and vice versa. Dry thoroughly.

C6. SURGICAL HAND WASHING (3-5min)

- a) Prior to all operative procedures.
- b) Prior to treatment of all burns cases.
- c) Before insertion of all invasive device.

A7 METHOD

- a) Hands are washed up to the elbow freely using disinfectant.
- b) Scrubbing of fingers, space between fingers and nails, brush used to scrub the nails.
- c) Wash hands thoroughly with running water after wash the tap should be closed with elbow.
- d) Keep the hand finger upright position.
- e) Dry the hand with sterile towel.



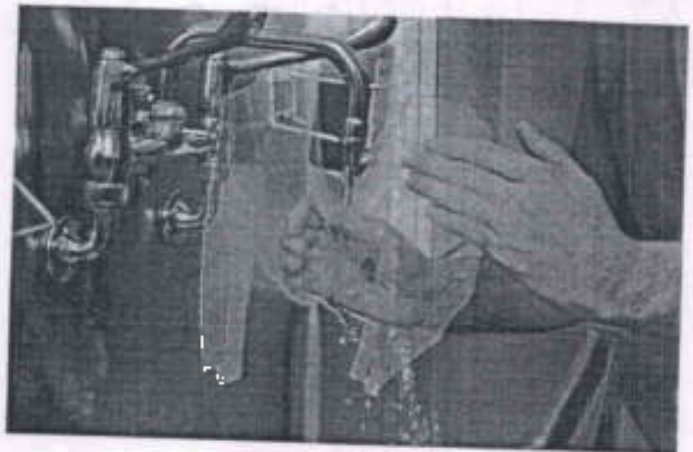
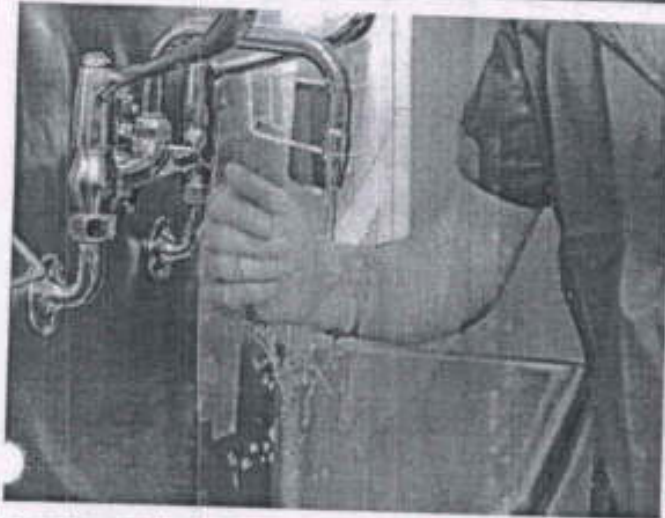
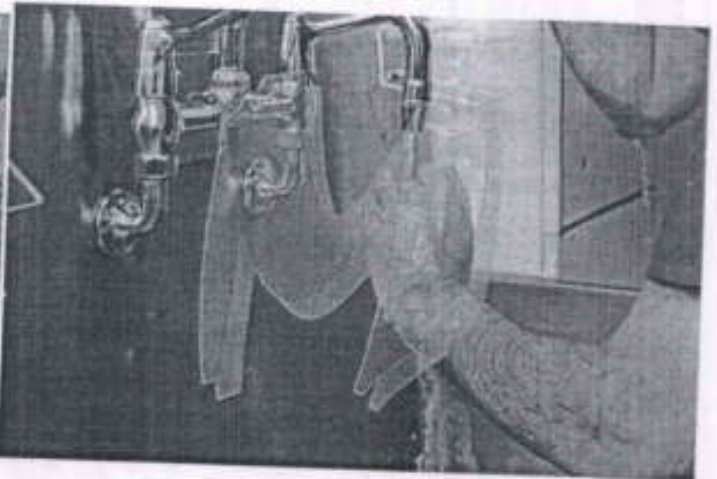
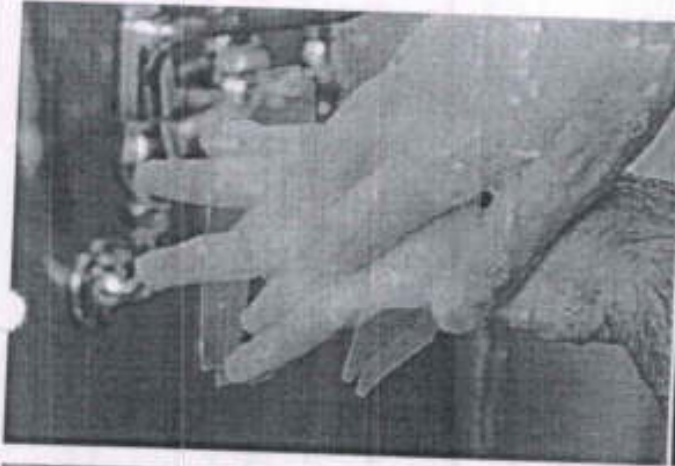


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D. DISINFECTION AND CLEANING OF EQUIPMENTS

SR. NO.	DEPT.	ITEM	CLEANING
1	OPD	B.P. Apparatus , stethoscope, weighing machine, etc.	Clean properly with spirit and disinfectant as and when applicable
		B.P. Apparatus cuff etc.	Clean with soap and water
2	IPD	Glucometer, nebulizer etc.	Clean properly with spirit and disinfectant as and when applicable
		dressing trolley, suction apparatus, IV stand, bedpan, urine pot, sputum mug etc.	Clean with soap and water
3	ECG	ECG and transducer cables etc.	Clean properly with spirit and disinfectant as and when applicable
4	SURGICAL	oxygen mask, proctoscope, O2 flow meter etc	Clean properly with spirit and disinfectant as and when applicable
		Wheelchairs, ambu bag and mask etc.	Clean with soap and water

E. HOUSE KEEPING IN HOSPITAL.

- The floor is to be cleaned at least thrice in 24 hours. Detergent and copious amounts of water should be used during one cleaning.
- The walls are to be washed with a brush, using detergent and water once a six month.
- High dusting is to be done with a wet mop.
- Fans and lights are cleaned with soap and water once a month.



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- e) All work surfaces are to be disinfected by wiping with suitable disinfectant then cleaned with detergent and water twice a day.
- f) Cupboards, shelves, beds, lockers, IV stands, stools and other fixtures are to be cleaned with detergent and water once a week.
- g) Curtains are to be cleaned once a month or whenever soiled.
- h) Patient's cot is to be cleaned once a month with detergent and water. 1% Sodium hypochlorite to be used when soiled with blood or body fluids.
- i) Store rooms are to be mopped once a day and high dusted once a week.
- j) The floor of bathrooms is to be cleaned with a broom and detergent once a day and then disinfected.
- k) Toilets are cleaned with a brush using a detergent twice a day (in the morning and evening).
- l) Wash basins are to be cleaned every morning.

E.1 PROTOCOL FOR BODY FLUID SPLASH & SPILLAGES:

- a) Prepare 1% sodium hypochlorite solution (200 ml 5% hypochlorite in 800 ml of water).
- b) Wear gloves pour 1% sodium hypochlorite on the spillage.
- c) Cover it with a piece of paper or cloth.
- d) Keep it there for 10 – 20 minutes.
- e) Wipe the spillage using the covered paper or cloth.
- f) After wiping discard the same in the yellow cover.
- g) If it is large spillage, after covering the spillage with paper or cloth, Mop it with Separate mop (mop should be dipped in 1 % sodium hypochlorite for 30 minutes).

F. We are not performing major Invasive procedure at our hospital although if any ex. Proctoscopy, ryles tube, suturing etc Done with adequate sterilisation methods.

POLICIES AND PROCEDURE FOR STERILIZATION ACTIVITIES:

F.1 PURPOSE :- This policy will provide guidance to the staff about sterilization activity.

F.2 SCOPE :- To avoid HAI infections in the hospital.



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F.3 RESPONSIBILITIES

- Nurses
- Nursing incharge

F.4 PROCEDURE: -

- Adequate space is provided for sterilization activity.
- Hospital has separate area for receiving, washing, cleaning, packing, sterilization.
- We count the instrument and then check the working state of it after that sterilization and disinfection are done.
- Packing of sterilize equipment done properly at proper places.
- Hospital has a policy in place to store instrument/ equipment in an appropriate manner.
- Before sterilization we clean the equipment and sterilized in different drums these drums are kept in casualty, different OPDS and IPDS.
- Used instrument / equipment are kept in surgical tray, away from sterilized instrument.

F.5 VALIDATION TEST: - If the Autoclave identification tapes turn black after autoclaving, then the sterilization is considered valid. This process always did before and after any procedure. Documentation maintain properly.

F.6 FUMIGATION:

- Fumigation done monthly of each ward.
- Action time 45 minutes to 1 hr.
- Room should be kept closed for 8 - 12 hours.

G. LAUNDRY AND LINEN MANAGEMENT: - All used linen shall be considered contaminated and shall be bagged at the location of use before being taken to in-house laundry.

G.1 SOILED LINEN:

- Personnel shall wear protective clothing, including gloves and gowns/aprons when handling soiled linen.
- All blood-stained soiled linen changed every day and whenever required.
- All soiled linen as changed every third day and after discharge of patient including bed linen.



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- d) All linen that is contaminated with blood; excreta or other body fluids shall be placed in designated laundry bags and tied before being taken to laundry.
- e) Soiled linen shall not be sorted in-patient Care areas.
- f) Soiled linen shall be handled as little as possible and with minimum agitation, in order to prevent gross microbial contamination of the air and of persons handling the linen.
- g) Designated container shall be covered during transport of soiled linen.
- h) Cloth linens /containers shall be washed daily.
- i) Dirty utility room shall be swept daily and washed /Mopped with a detergent/Disinfectant weekly and whenever visibly soiled.
- j) Employees collecting clean linen at the laundry shall also wear heavy-duty gloves and a gown.
- k) Hands shall be washed after gloves are removed.

G.2 CLEAN LINEN:

- a) Hand washing for 10-15 seconds, with attention to nails and areas fingers is mandatory before handling clean linen.
- b) Clean linen shall not be handled more than necessary in order to minimize contamination.
- c) Any linen dropped shall be considered soiled.
- d) Covered linen bag shall be used to transport clean linen to the stored place.
- e) Clean linen shall be stored in a clean, dry area.

H. HOSPITAL KITCHEN

IPD patient make their own arrangement for their food, from their own sources. However, some minimal supportive facilities are there for it. Example- gas stove etc. has been made available.

- a) Personal cleanliness or hand washing important when handling food.
- b) Ensure raw products are fresh and wholesome.
- c) Food product covered properly.
- d) Proper cleaning and sanitizing of all food contact surface utensils.
- e) Good basic housekeeping is done.
- f) Water supply – enough water for frequent hand washing and cleaning utensils.
- g) Sewages- All sewage including liquid waste. Should be disposed through public sewage system.



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- h) Garbage and refuse- must be kept in durable easily cleanable, insect rodent proof containers that do not leak and do not absorb liquids.



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HOSPITAL INFECTION CONTROL - 2 (HIC - 2)

THE ORGANIZATION TAKES ACTIONS TO PREVENT OR REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS (HAI) IN STAFF.

- A. Hospital provides adequate and appropriate personal protective equipment for employees, soaps and disinfectant at the point of use and adequate inventory is maintained at all time to ensure availability of these. Personal protective equipment's includes Gloves, Mask, Apron, Gown, Cap/ hair cover etc.

B THE ORGANIZATION TAKES ACTIONS TO PREVENT OR REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS (HIA) IN PATIENTS

B.1 ACTION TO PREVENT URETHRAL CATHETERIZATION INDUCE INFECTION

Catheters should be inserted by a person who know the correct technique under aseptic precaution and sterile equipment. Use an appropriate antiseptic solution for per urethral cleaning. Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.

B.2 ACTION TO PREVENT RESPIRATORY TRACT INFECTIONS.

Oxygen masks, nebulizer chambers, ambu bags are cleaned carefully & sterilized also with adequate use of disinfectants, cleaning measures etc.

B.3 ACTION TO PREVENT SURGICAL SITE INFECTIONS

prevent surgical site infections with adequate aseptic precaution, cleaning, care etc.

C. PRE AND POST EXPOSURE PROPHYLAXIS

- The nursing care provider maintains documentation of occupational injuries if any.
- We maintain the record of pre exposure prophylaxis for ex. covid-19 vaccination, hepatitis-B vaccination.
- The post-exposure prophylaxis in needle stick injury we prefer to give Ledum pal, Hypericum like homoeopathic remedy.
- Tetanus Toxoid vaccination given as required.



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D. TRAINING OF HOSPITAL STAFF

- a) The hospital conducts training regularly for all staff as and when required. Training includes policies, procedures and practice of infection control program. All categories of staff under goes training and the records are maintained.

IDENTIFIES AND TAKES APPROPRIATE ACTIONS TO CONTROL OUTBREAKS OF INFECTIONS.

Procedure to Identifying Outbreak

The occurrence of two or more similar cases relating to place and time is identified as an outbreak and needs investigation to discover the route of transmission of infection and possible sources of infection in order to apply measures to prevent further spread.

Investigation of an outbreak:

- Preliminary investigation must be begun by developing a case definition, identifying the site, pathogen and affected population.
- Determination of the magnitude of the problem and if immediate control measures are required.
- Verification of the diagnosis. Each case should be reviewed to meet the definition.
- The appropriate departments and personnel and the hospital administration should be notified and involved.
- Specific control measures should be implemented as soon as the cause of outbreak is identified.
- Monitoring for further cases and effectiveness of control measures should be done.
- A report should be prepared for presentation to the HICC, departments involved in the outbreak and administration
- The hospital takes appropriate corrective action to prevent the recurrence

Immediate control measures

Control measures should be initiated during the process of investigation. General control measures initiated at once. General measures include:

- Strict hand washing;
- Intensification of environmental cleaning and hygiene.



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- Adherence to aseptic protocols, and
- Strengthening of disinfection and sterilization.

Specific control measures

Specific control measures are instituted on the basis of nature of agent and characteristics of the high-risk group and the possible sources. These measures may include:

- a) Identification and elimination of the contaminated product;
- b) Modification of nursing procedures;
- c) Identification and treatment of carriers



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HOSPITAL INFECTION CONTROL - 3 (HIC -3)

BIO-MEDICAL WASTE (BMW) IS HANDLED IN AN APPROPRIATE AND SAFE MANNER

A. BIO MEDICAL WASTE TREATMENT FACILITY.

- Waste management policy at Hospital has been implemented in accordance with the rules of Biomedical Waste Management Act.
- The hospital has MOU with WATER GRACE PRODUCT NASHIK. The waste is collected from the collection area of hospital by WATER GRACE PRODUCT with adequate care for treatment.
- Annual report of waste generated is maintained by administration.
- All categories of staff handling bio medical waste are using appropriate personal protective measures.

B. SEGREGATION OF WASTE IN COLOUR CODED BAGS

- HOSPITAL adopts color coded segregation of biomedical waste in all patient care areas.
- This is monitored by IIC nurse on daily basis.
- All waste containers are emptied when they are 3/4ths full it is removed once in a day or more if necessary
- Avoid the transport of too many bags at one time and contact of the bag with the body of personnel
- Avoid mixing of segregated wastes

B.1 SEGREGATION OF WASTE IN COLOUR CODED BAGS

M	Red bags	Black bags	Blue bags
Infectious waste, bandages gauzes, cotton or any other things in contact with body fluids,	Plastic waste such as, catheter, iv set, injection	Waste paper, dry waste, common waste dust, outdated & discarded medicine	Needles without syringes, Blades, All type of glass bottles & broken glass articles, all metal articles.



S.N.J.B.'S

SMT. K. B. ABAD HOM. MED. COLLEGE, SHRI. R. P. CHORDIYA HOSPITAL &
BHAMASHAH SHRI. V. D. MEHATA, DEV-VIJAY P. G. INSTITUTE OF HOMOEOPATHY &
RESEARCH CENTRE, NEMINAGAR, CHANDWAD- 423 101 NASHIK (MH) TEL. 02556-252054

HOSPITAL INFECTION CONTROL (HIC)

Issue Date	01/09/2021	Rev. Date	-
Issue No.	01	Rev. No.	-
No of Pages	17/17		

- C. Hospital provides adequate and appropriate personal protective equipment for employees,
- Soaps and disinfectant at the point of use and adequate inventory is maintained at all time to ensure availability of these.
 - Personal protective equipment's includes Gloves and Mask provided to all concerned staff member.

MED. SUPERINTENDENT
Shriman R.P.Chordiya Hospital,
Neminagar - Chandwad

S.N.J.B.'S
SMT. K. B. ARAD HOM. MED. COLLEGE,
SHRI. R. P. CHOEDIYA HOSPITAL &
BHAMASHA SHRI. V. D. MENATA P. G. INST. OF
HOM. & RESEARCH CENTRE, NEMINAGAR,
CHANDWAD - 428 101 (NASHIK)



ESTD - 1928

CERTIFICATE

Certified that

This Register Contains 64 Pages, Paged Throughout


From 01 To 64. This Register Used For

HIL Committee Meeting Minutes

& Taken into use on 16/05/21

Place: Chandwad

Date: 16/05/2021


MED. SUPDT./ PRINCIPAL

MED. SUPERINTENDENT
Shri. R.P. Chordiya Hospital,
Neminagar - Chandwad

MEETING 1

Date - 16.09.21

Date - 16.09.21

Venue - Medical Superintendent Cabin

Time - 3:30 pm

Agenda - Brief discussion of role and responsibility of HICC and planning for prevention and control of hospital acquired infection.

A meeting was called by HICC coordinator Dr. P.T. Kabade with the permission of NABH coordinator Dr. S.R. Jangade and medical superintendent Dr. C. Borade.

Following points are discussed :

- Role and responsibility are explained to coordinator with work division.
- Audit should be done monthly and check by HICC co-ordinator.
- Surveillance register are maintained by nursing incharge with help of supportive staff.
- All the training related to HIC practice conducted by team members of HIC Committee.

Following staff attended meeting -

Dr. P.T. Kabade

Dr. S.R. Jangade

Dr. (MB) S.S. Sawane

Dr. M.K. Chhajed

Dr. S.K. Thorat

Mrs. B.D. Jadhav

Dr. M.B. Sawane

Mrs. R.R. Pali

Mrs. P.D. Shinde

Principal

सौ दिनेश

- HIC meetings -

MEETING 2

Date - 06.01.22.

Time - 2:30 pm

Venue - OPD-5

Agenda - Review of 3 months work with deficiency and action taken for the same if needed.

A meeting was called by HIC coordinator in OPD-5 with all the HIC members and all registers are checked by members

Following few deficiency found in last 3 months which are as follows:

⇒ Nov - Cleaning of toilet found improper

⇒ Dec - Cleaning of hospital waiting area found improper.

Action taken: Instruction given to concern staff.

Following staff attended meeting -


Principal

Dr. P. T. Kolade

Dr. S. R. Jangada

Dr. (Smt.) S. S. Sonawane

Dr. M. K. Chhajed

Dr. S. K. Thorat

Mrs. S. D. Jadhav

Smt. M. B. Sonawane

Mrs. R. R. Patil

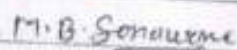
Mrs. R. V. Shinde

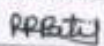


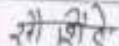










MEETING - 3

Date - 26.05.22

Time - 9:40 am

Venue - OPD - 5

Agenda - Review of 3 months work with deficiency and action taken for the same if needed with planning for upcoming NABH Inspection.

A meeting was called by HICC co-ordinator in OPD 5 with all the HICC members and planning for upcoming NABH Inspection.

All registers are checked by members following few deficiency found in last 3 months which are as follows -

⇒ FEB - Cleaning of male toilet found improper

⇒ APRIL - Physiotherapy room cleaning found improper.

Action Taken - Instruction given to concern staff

Following staff attended meeting -

Dr. P. T. Kabade

Dr. S. R. Jangada

Dr. (Smt) S. S. Sonawane

Dr. M. K. Chhajed


Dr. S. K. Thorat

Mrs. S. D. Jadhav

Smt. M. B. Sonawane

Ms. R. R. Pahl

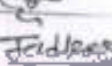
Mrs. R. V. Shinde

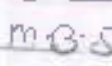


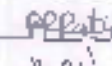


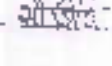


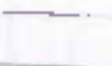













Principal

S. N. J. B's

**SMT. K. B. ABAD HOMOEOPATHIC MEDICAL COLLEGE &
SHRI. R. P. CHORDIYA HOSPITAL, CHANDWAD - 423 101(NASHIK)**

CERTIFICATE

CERTIFIED THAT THIS REGISTER HAS PAGE FROM 01 TO 33 & THIS
REGISTER IS USED FOR Hospital Infection Audit Record. & THIS
IS TAKEN INTO USE ON 01/01/2019

DATE : 01/01/2019


MED. SUPDT.
MED. SUPERINTENDENT
Shri. R. P. Chordiya Hospital,
Neminagar - Chandwad

Name

Signature
Date & Time

Inspection

Inspector's Name

Self-2021

House Keeping of Hospital	Document OK	Waiting areas of the critical cleaning met proper	Yes per inspection.
Fumigation	Reg. OK	-	Follow-up on concerned subject.
Consents & Dressing (daily CRT)	Reg. OK	-	
Sterilization of Equipment and Validation Tool	Reg. OK	-	
Sterilization of Items & Validation on Test	Reg. OK	Cleaning of linen met proper	Satisfaction for improved class.
Feedback of H.R.T	Reg. with Jorge	-	
gown	OK New up to - 31.1.2022.	-	
Engineering of Hospital (water storage, plumbing, etc. etc.)	OK	-	

No Hospital Equipment Inspection Given in

check by

Dr. P. I. Khabad

verified by

Dr. H. C. - Khabad

Page No. 1/1

housekeeping of hospital	Nov-2021	Document OK	Ground floor	Initiation, Review, Solution & Action
Sanitation	Reg-OK	Make toilet clean	my not proper.	Corrected. Initiative in Compliance
Sanitary & Dressing (duty copy)	Reg OK			
Verification of Equipment and Validation Test	Reg-OK			
Verification of Inven & Validation Test	Reg-OK			
Condition of Inven	Regularly Taken			
AMIN	OK			
Engineering of Hospital Tender, Storage, Plantation, Disinfectant	NOC upto Jan 2022 OK			

No Hospital Reported Infection Cases

Check by:-

Dr. P.T. Kachade

Verified by:-

Dr. P.O. Wadwad

AT

Inspection of Hospital Premises	Document OK	ECC Regn clear not prop. 5. Churno given for Regn clear in future	
Assembly & Dressing Library area	Reg OK	-	
Inspection of Equipment and ventilation tests	Reg OK	-	
Identification of Areas of ventilation tests	Reg OK	-	
Checklist of AHU	Regularly	-	
Drivd	OK	-	
Engineering of Hospital Exhausts, chimneys, etc ducts	OK	-	

No. Hospital Inspection given in

Referral. Attended by

Check by

on RT Road

[Signature]

Worked by

Dr A.C. Dattatraya

Name

Maintenance
doc & reg

Infectious

Action taken

FCB - 2022		
1	Housekeeping of Hospital	Document OK
2	Fumigation	Reg. OK. Ground floor m. Subinfectious drain daily in presence of the toilet etc. Wash water supply. the same. being not proper.
3	Cleaning & Disinfecting	Reg. OK
4	Sterilization of Equipments & Validation Test	Reg. OK
5	Sterilization of linen & Vali- dation Test	Reg. OK
6	Feedback of HMC	Regularly Taken
7	BMW	OK
8	Eng. working of Hospital [Water supply, plumbing etc. etc. duct]	OK

No. Hospital Infection seen in Patient

Attendant 2.5%

check by -

Dr. P.T. Khabade

Verified by -

Dr. A.O. Dethad

13/08/2022

- 1 Housekeeping of Hospital
- 2 fumigation
- 3 causality & Dressing (daily OPD)
- 4 Sterilization of Equipment & Validation Test
- 5 Sterilization of linen & Radiation Test.
- 6 Feedback of HMD
- 7 BMW
- 8 Engineering of Hospital Canteen, storage, plumbing, A/C ducts]

Document OK.

Reg OK

Reg OK

Reg OK

Reg. OK

Regularity

OK

OK

Ground floor

Male toilet cleaning not proper.

Gendered women to latrine & higher authority to issue the memo for same because repeatedly. Several complaints are not considered in spite of given card instructions.

No Hospital infection seen in patient.

check by.

Dr. P. T. Kabadi

Verified by-

Dr. A. C. Chakrabarti

(Signature)

MAY-2022

Gynoc record is not proper cleaning

Warning given to Concern Staff of cleaning Gynoc record by ~~Dr. S. P. Jangade~~ Dr. S. P. Jangade & Dr. A. C. Patil (Inv. with)

1	Housekeeping of Hospital	Document ok
2	Disinfection	Reg ok
3	Causality & Dressing Daily opai	Reg ok
4	Sterilization of Equipment & validation Test	Reg ok
5	Sterilization of linen & validation Test	Reg ok
6	Feedback of HAT	Regularly
7	BWW	OK
8	Engineering of Hospital Water storage & Plumbing A/C duct	OK

No Hospital Infection seen in Padmal
check by Attendant & staff

Verified by Dr P T Khabade
Dr A. C. Patil