CSSD DUTY ROSTER

I.T.S DENTAL COLLEGE AND HOSPITAL, MURADNAGAR

Central sterile services department

Date-05/04/21

Days	Collection area /Washing area	Sterilization area
	(sterilization technician)# (Duties: Instruments wasing, drying and packaging)	(senior sterilization technician)* (Duties: Dry heat/hot air oven and, steam/autoclave sterilization)
MONDAY	Nazma	Lokesh
TUESDAY	Nazma	Lokesh
WEDNESDAY	Nazma	Lokesh
THURSDAY	Nazma	Lokesh
FRIDAY	Nazma	Lokesh
SATURDAY	Nazma	Lokesh

*During the absence of senior sterilization technician, Nazma(sterilization technician) will take over the duties and sterilization nurse will do the instruments washing and packaging in the absence of sterilization technician

During the absence of sterilization technician, collection of instruments will be performed by (sterilization technician)

Dr.Nidhi Puri

(HOD CSSD)

1 Oral Medicine & Radiology
M. No. 9368700231

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Ghaziabad-201206

1.Central Sterile Supplies Department (CSSD) (Registers)

CSSD

03/01/2022

S.No	DATE	DEPT. NAME	LOT NO.	MATERIAL	QTY	START TIME	END TIME	CLASS-1 INDICATOR	CLASS-5 INDICATOR	BIOLOGICAL INDICATOR	SIGNATURE & REMARK
1	3-1-22	C.B-7		Drum	01						Remark
2	3-1-21	C.B-8		"	01			BM-3-1-22			
3	3-1-22	C.B-5	886	"	01	9:39	10:33	D18-6-1-22		OK	(CSSD Technician)
4	3-1-21	C.B-2		"	01						
5	3-1-21	C.B-6		"	01						LOKESH
1	3-1-22	C.B-1		Drum	01						
2	3-1-22	C.B-3		"	01			BM-3-1-22			
3	3-1-22	C.B-4	887	"	01	3:32	4:25	D18-6-1-22			
4	3-1-22	C.B-2 (P.G)		"	01						LOKESH KU.
5	3-1-22	C.B-7		"	02						
6	3-1-22	C.B-5		"	03						
1	3-1-22	C.B-2 (U.G)		Drum	02						
2	3-1-22	C.B-8		"	03			BM-3-1-22			
3	3-1-22	C.B-6	888	"	11	4:29	5:24	D18-6-1-22			
4	3-1-22	C.B-5		"	02						
5	3-1-22	C.B-3 CAMP		"	01						LOKESH KU.

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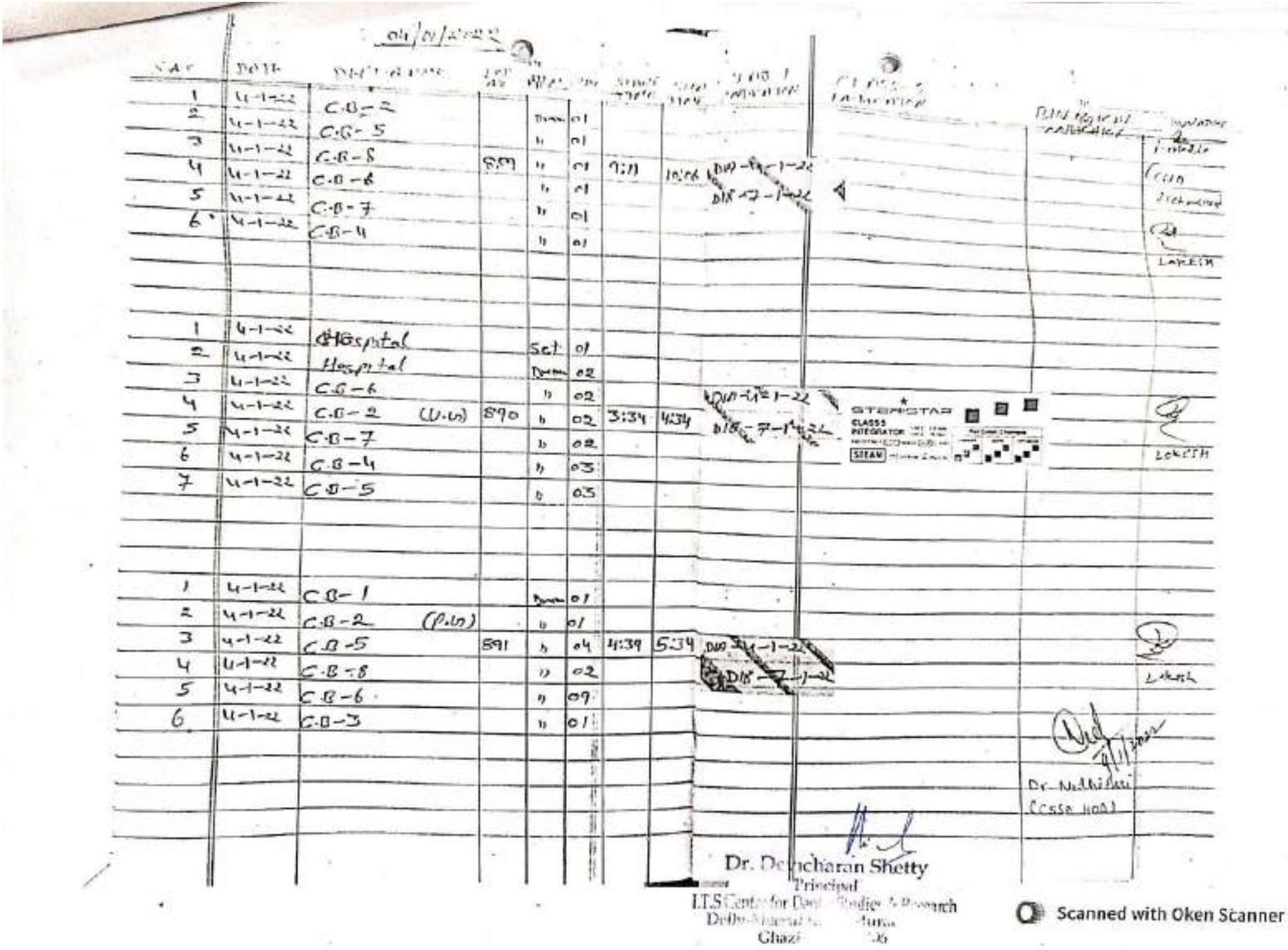

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05/01/2022

S.No	DATE	TIME	LOT NO	ROOM	QTY	START TIME	STOP TIME	CLASS-1 INDICATOR	CLASS-6 INDICATOR	BIOLOGICAL INDICATOR	SIGNATURE
1	5-1-22	C.B-8									
2	5-1-22	C.B-2		Drum	01			D/M-5-1-22			Chinmai
3	5-1-22	C.B-7	892	"	01	9:37	10:39	D/E-8-1-22			CSSD
4	5-1-22	C.B-5		"	01						Technician
5	5-1-22	C.B-6		"	02						Lokesh
1	5-1-22	Hospital		Pack	02						
2	5-1-22	C.B-5		Drum	01			D/M-5-1-22	STERISTAR		
3	5-1-22	C.B-6	893	"	02	3:30	4:25	D/E-8-1-22			
4	5-1-22	C.B-7		"	02						Lokesh
5	5-1-22	C.B-4		"	01						
6	5-1-22	C.B-2 (Pln)		"	01						
1	5-1-22	C.B-2 (U.ln)		Drum	01						
2	5-1-22	C.B-1		"	01			D/M-5-1-22			
3	5-1-22	C.B-5	894	"	02	4:29	5:22	D/E-8-1-22			Lokesh
4	5-1-22	C.B-6		"	11						
5	5-1-22	C.B-8		"	03						
6	5-1-22	C.B-3 CAMP		"	01						

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6-1-2022

S.No	Date	Dep't Name	Lot No	Pouch/Qty		Start Time	Stop Time	Chemical Indicator	Class 5 Indicator	Biological Indicator	Signature & Remark
1	6-1-22	C.B-2		Drum	01						
2	6-1-22	C.B-5		"	01			DIM -6-1-22			
3	6-1-22	C.B-6	895	"	02	9:15	10:06	DIE -9-1-22			(CSSD Technician)
4	6-1-22	C.B-8		"	01						
5	6-1-22	C.B-7		"	01						Lokesh
											Neezma
1	6-1-22	Hospital		Drum	02						
2	6-1-22	C.B-5		"	03						
3	6-1-22	C.B-2 (Pan)		"	01						
4	6-1-22	C.B-2 (U.M)		"	01			DIM -6-1-22	STERISTAR CLASS 5 INTEGRATOR STEAM		
5	6-1-22	C.B-4	896	"	02	3:36	4:34	DIE -9-1-22			Lokesh
6	6-1-22	C.B-7		"	02						
7	6-1-22	C.B-6		"	02						
8	6-1-22	C.B-1		"	01						
1	6-1-22	C.B-5		Drum	02						
2	6-1-22	C.B-3	897	"	02	4:38	5:33	DIM - 6-1-22			
3	6-1-22	C.B-8		"	03			DIE -9-1-22			Lokesh
4	6-1-22	C.B-6		"	10						
5											

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S.No	Date	Department	Lot	Pkt	Qty	Start Time	Stop Time	Chemical Indicator	Class Indicator	Biological Indicator	Verified by
1	7-1-22	C.B-9		Dram	01						
2	7-1-22	C.B-5		"	01						
3	7-1-22	C.B-8	898	"	01	9:30	10:20	7-1-22 / 10-1-22			CSSD Technician
4	7-1-22	C.B-6		"	01						
1	7-1-22	C.B-4									
2	7-1-22	C.B-2 (U.L.)		Dram	02						
3	7-1-22	C.B-6	899	"	01	3:37	4:20	7-1-22 / 10-1-22	STERISTAR		
4	7-1-22	C.B-2 (P.L.)		"	02						
5	7-1-22	C.B-1		"	01						
	C										
1	7-1-22	C.B-8		Dram	01						
2	7-1-22	C.B-7		"	01			7-1-22 / 10-1-22			
3	7-1-22	C.B-3	900	"	02	4:31					
4	7-1-22	C.B-6		"	16						
5	7-1-22	C.B-5		"	03						

7/1/2022

Dr. Nidhi [illegible]
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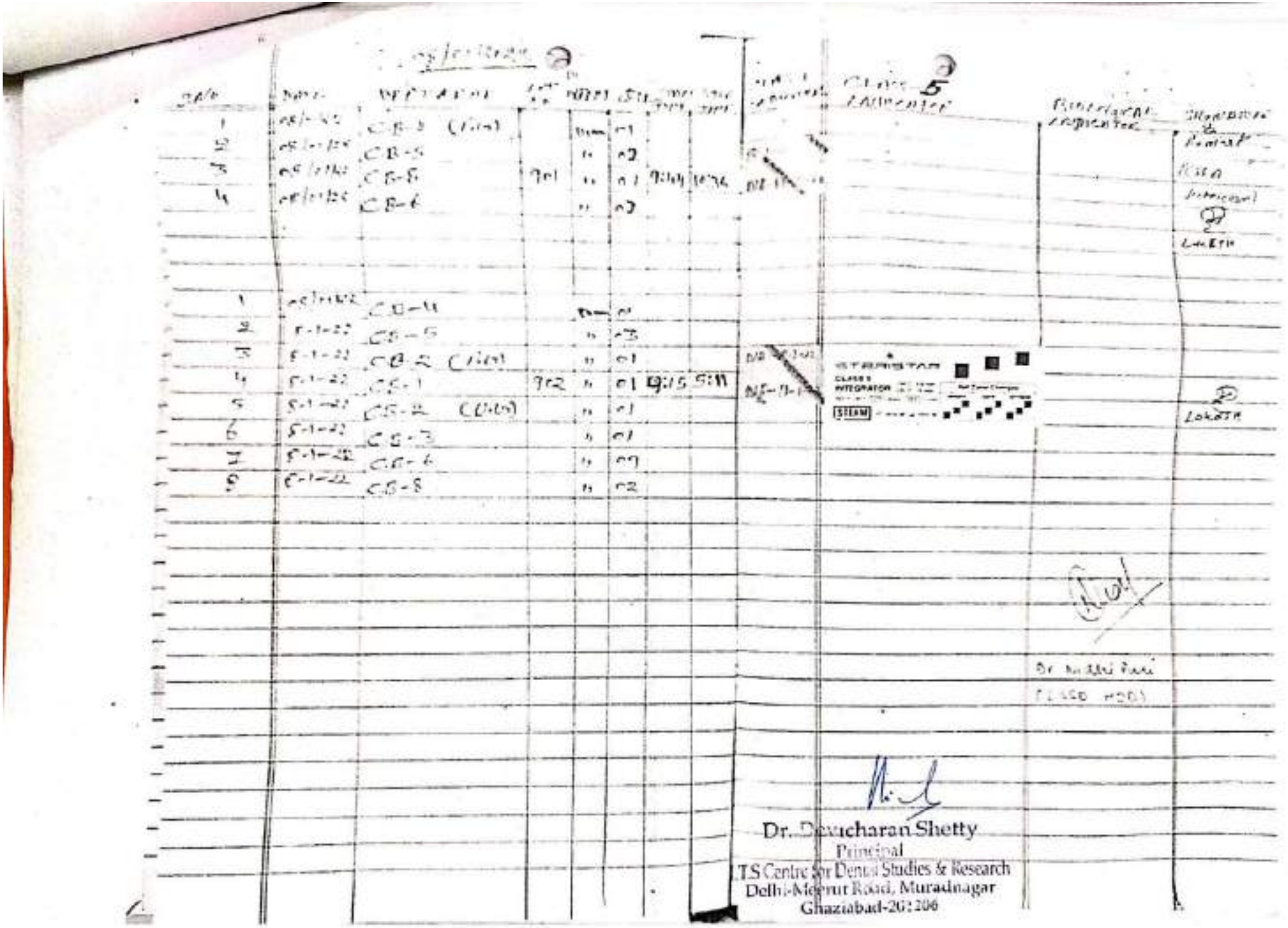

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16/01/2022

S.No	DATE	INSTRUMENT	LOT No.	TEMP	QTY	START TIME	STOP TIME	CHEMICAL INDICATOR	CHEMICAL INDICATOR	BIOLOGICAL INDICATOR	Signature
1	16-1-22	C.B-8		[illegible]	01						Reshma
2	16-1-22	C.B-7		"	01						(CSSD
3	16-1-22	C.B-2 (Gn)	905	"	02	9:51	10:29	16-1-22 / 16-1-22			Technician)
4	16-1-22	C.B-9		"	01						
5	16-1-22	C.B-6		"	01						Lokesh
1	16-1-22	C.B-8 (Gn)		[illegible]	01			16-1-22	STERISTAR		
2	16-1-22	C.B-1		"	01						
3	16-1-22	C.B-2 (Gn)	914	"	01	325	415	16-1-22			Lokesh
4	16-1-22	C.B-7		"	01						
5	16-1-22	C.B-4		"	01						
6	16-1-22	Suman hospital		"	01						
1	16-1-22	C.B-3		[illegible]	01						
2	16-1-21	C.B-6	905	"	10	423	5:15	16-1-22			Suresh
3	16-1-22	C.B-8		"	02			16-1-22			
4	16-1-22	C.B-5		"	02						

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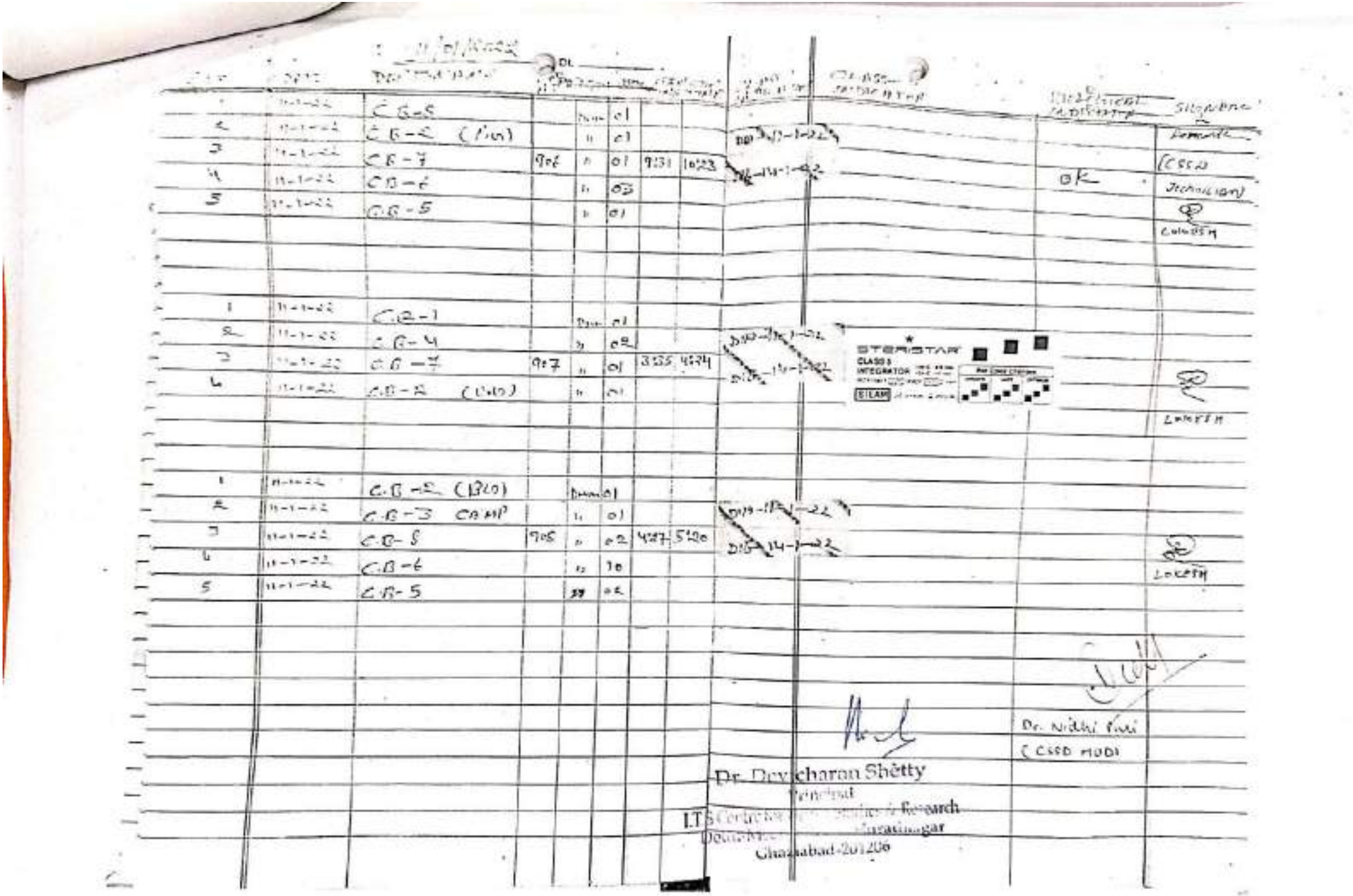

12/01/2022

S.No	Date	Department	Load No.	[illegible]		Start Time	End Time	Class-4 Indicator	Class-5 Indicator	Biological Indicator	Signature
1	12-1-22	C.B-7		[illegible]	01						
2	12-1-22	C.B-5		"	01			DB-12-1-22			
3	12-1-22	C.B-2 (Pilot)	909	"	01	9:21	10:12	DE-15-1-22			CSSD Technician
4	12-1-22	C.B-5		"	01						
5	12-1-22	C.B-6		"	01						LOKESH
1	12-1-22	C.B-8 C-[illegible]		[illegible]	01			DB-12-1-22	STERISTAR INTEGRATING INDICATOR TYPE 6		
2	12-1-22	C.B-2 (Pilot)	910	"	01	3:27		DE-15-1-22			LOKESH
3	12-1-22	C.B-4		"	03						
4	12-1-22	C.B RYA HOSPITAL		"	02						
1	12-1-22	C.B-7		[illegible]	01						
2	12-1-22	C.B-1		"	01			DB-12-1-22			
3	12-1-22	C.B-3	911	"	02	5:22	5:16	DE-15-1-22			LOKESH
4	12-1-22	C.B-8		"	03						
5	12-1-22	C.B-6		"	09						
6	12-1-22	C.B-5		"	02						

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13/01/2022

S.No	Date	Dept. Name	Load	Material	Qty	Start Time	End Time	Chemical Indicator	Class-5 Indicator	Biological Indicator	Signature
1	13-1-22	C.B-6		Drum	01						[illegible]
2	13-1-22	C.B-2		"	01			DM-13-1-22			
3	13-1-22	C.B-8	9:12	"	01	9:28	10:18	DIB-16-1-22			CSSD
4	13-1-22	C.B-5		"	01						Technician Lokesh
1	13-1-22	Surya Hospital		Bot	01						
2	13-1-22	Surya Hospital		Drum	02						
3	13-1-22	C.B-1		"	01			DM-13-1-22	STERISTAR CLASS 1 INTEGRATOR STEAM		
4	13-1-22	C.B-2 (P.G)	9:13	"	01	3:25	4:18	DIB-16-1-22			Lokesh
5	13-1-22	C.B-2 (U.G)		"	01						
6	13-1-22	C.B-7		"	01						
7	13-1-22	C.B-5		"	02						
8	13-1-22	C.B-4		"	01						
1	13-1-22	C.B-3		Drum	01						
2	13-1-22	C.B-5	9:33	"	01	4:24	5:14	DM-13-1-22			
3	13-1-22	C.B-6		"	03			DIB-16-1-22			
4	13-1-22	C.B-8		"	02						Lokesh

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14/01/2022

S.No	DATE	DEPT NAME	LT No	PROCEDURE	QTY	START TIME	STOP TIME	CLASS-1 INDICATOR	CLASS-6 INDICATOR	BIOLOGICAL INDICATOR	SIGNATURE
1	14-1-22	C.B-8		Drum	01						
2	14-1-22	CB-2	915	"	01	9:25	10:15	BD-14-1-22			
3	14-1-22	CB-5		"	01						Lessa
4	14-1-22	CB-6		"	01			916-17-1-22			Technician
											Lokesh
1	14-1-22	C.B-4		Drum	01						
2	14-1-22	C.B-2 (U.L)		"	01						
3	14-1-22	C.B-2 (R.D)		"	01						
4	14-1-22	C.B-7		"	01						
5	14-1-22	C.B-1	916	"	01	4:00	4:53	BD-14-1-22			
6	14-1-22	C.B-3 (CAMP)		"	01			916-17-1-22			
7	14-1-22	C.B-6		"	05						Lokesh
8	14-1-22	C.B-5		"	01						Nagma
9	14-1-22	C.B-8		"							

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15/01/2022

S.No	Date	Dept Name	Lot No.	Item	Qty	Start Time	Off Time	Class 1 Indicator	Class 5 Indicator	Biological Indicator	Signature
1	15-1-22	C.B-8		Drum	01						Pramod
2	15-1-22	C.B-7		11	02						
3	15-1-22	C.B-2	917	11	01	9:27	10:25	DN-15-1-22			(CSSD
4	15-1-22	C.B-5		11	01						Technician)
5	15-1-22	C.B-6		11	01			DG-18-1-22			Lokesh Gond
1	15-1-22	C.B-2 (P.W)		Drum	01						
2	15-1-22	C.B-4		11	01						
3	15-1-22	C.B-2 (U.W)		11	01						
4	15-1-22	C.B-1		11	01						
5	15-1-22	C.B-5	918	11	01	4:22	4:55	DN-15-1-22			
6	15-1-22	C.B-3		11	01			DG-18-1-22			Lokesh
7	15-1-22	C.B-7		11	01						
8	15-1-22	C.B-6		11	05						
9	15-1-22	C.B-8		11	02						

Dr. Nidhi Puri
(CSSD HOD)

Dr. Devicharan Shetty

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	17/1/2022								
	DATE								
1	17-1-22	C.B - 5		Drum	01				
2	17-1-22	C.B - 2		"	01				
3	17-1-22	C.B - 6	919	"	01	9:27	10:32		
4	17-1-22	C.B - 4		"	01				
5	17-1-22	C.B - 5		"	01				
1	17-1-22	C.B-6		Drum	03				
2	17-1-22	C.B-4	920	"	02	3:23	4:14		
3	17-1-22	C.B - 2 (U.M)		"	01				
4	17-1-22	C.B -2 (P.M)		"	01				
1	17-1-22	C.B - 1		Drum	01				
2	17-1-22	C.B - 7		"	01				
3	17-1-22	C.B - 5	921	"	01	5:17	5:09		
4	17-1-22	C.B - 3 (CAMP)		"	01				
5	17-1-22	C.B-8		"	02				
6	17-1-22	C.B-7		"	07				

STERISTAR

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18/01/2022

S.No	Date	Dept. Name	Load No.	Pkg. Type	Qty.	Start Time	Stop Time	Test-1 Labelling Integrity	Class-6 Indicator	Biological Indicator	Signature
1	18-1-22	C.B-2 (U.G.)		Drum	02						
2	18-1-22	C.B-6		"	01						
3	18-1-22	C.B-5	922	"	01	3:15	4:23	DOP-18-1-22 DOE-21-1-22			CSSD Technician Lalita
4	18-1-22	C.B-4		"	01						
5	18-1-22	C.B-2 (PG)		"	01						
6	18-1-22	C.B-8		"	01						
1	18-1-22	C.B-3		Drum	01						
2	18-1-22	C.B-7		"	01						
3	18-1-22	C.B-1	923	"	01	4:25	5:37	DOP-18-1-22 DOE-21-1-22	STERISTAR Class 5 Integrator		Suresh
4	18-1-22	C.B-6		"	02						
5	18-1-22	C.B-5		"	01						
6	18-1-22	C.B-8		"	02						

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19/01/2022

S.No	Date	Department							
1	19-1-22	C.B-6							
2	19-01-22	C.B-7		Dum	01				
3	19-01-22	C.B-6	9:24	"	01			IN-19-1-22	OUT-22-1-22
4	19-01-22	C.B-5		"	01	9:76	10:11		
				"	01				
1	19-01-22	C.B-2 U.G							
2	19-01-22	Surya Hospital		Dum	01				
3	19-01-22	C.B-4	9:25	"	03			IN-19-1-22	OUT-22-1-22
4	19-01-22	C.B-2 / (PG)		"	02	3:18	4:29		
				"	01				
1	19-1-22	C.B-2 (U.G)		Dum	01				
2	19-1-22	C.B-3		"	01				
3	19-1-22	C.B-7		"	01			IN-19-1-22	
4	19-1-22	C.B-1	9:26	"	01	4:22	5:15	OUT-22-1-22	
5	19-1-22	C.B-8		"	02				
6	19-1-22	C.B-5		"	01				
7	19-1-22	C.B-6		"	06				

STERISTAR

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20/01/2022

S.No	Date	Unit Name	Lot No.	Model	[illegible]	Time In	Time Out	Date [illegible]	[illegible] Indicator	Deliberation/Indicator	Signature
1	20-1-22	C.B-2		Dem	01						
2	20-1-22	C.B-5		"	01						
3	20-1-22	C.B-6	9.27	"	02	9.28	10:08	DT [illegible]-22			
4	20-1-22	C.B-5		"	01			DT 23-[illegible]		O.K.	(CSSD Incharge)
1	20-1-22	C.B-2 (B.Ln)		Dem	01						
2	20-1-22	C.B-2 (P.Ln)		"	01						
3	20-1-22	C.B-4		"	02						
4	20-1-22	C.B-7		"	01			DT [illegible]-22			
5	20-1-22	C.B-1	9.28	"	01	4.24	5.28	DT 23-1-22			
6	20-1-22	C.B-3 CAMP		"	01						
7	20-1-22	C.B-5		"	02						
8	20-1-22	C.B-8		"	02						
9	20-1-22	C.B-6		"	06						

STERISTAT CLASS 5 INTEGRATOR

Dr. Nidhi Rai
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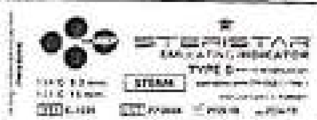
21/01/2022

S.No	DATE	DEPT NAME	SET No	PATIENT / ITEM	QTY	STERILIZATION TIME	CYCLE TYPE	Class-1 Indicator	Class-6 Indicator	Biological Indicator	Signature & Contact
1	21-01-22	C.B-7		Drum	01						
2	21-01-22	C.B-8		"	01						
3	21-01-22	C.B-5	929	"	01			21-01-22			CSSD Technician
4	21-01-22	C.B-2 (U.G)		"	01	9:48	1038	DIB 21-1-22			
5	21-01-22	CB-6		"	02						Lokesh
1	21-1-22	C.B-2 (U.D)		Drum	01						
2	21-1-22	C.B-4		"	01						
3	21-1-22	C.B-7		"	01			DIB 21-1-22			
4	21-1-22	C.B-1	930	"	01	4:08	5:?3	DIB 21-01-22			Lokesh
5	21-1-22	C.B-5		"	02						Nazma
6	21-1-22	C.B-3 (CAMP)		"	01						
7	21-1-22	C.B-6		"	06						
8	21-1-22	CB-8		"	02						

Dr. Nidhi Puri
(CSSD HOD)

Dr. [illegible]
Principal [illegible] Research
ITS [illegible] Muradnagar
Delhi-Meerut Road
Ghaziabad-201206

22/01/2022

S.No	Date	Dept. Name	Lot No.		Qty	Start Time	Stop Time	B.D.-1 Indicator	C.I. Class-5 Indicator	Biological Indicator	Signature
1	22-01-22	C.B-8									Sign
2	22-01-22	C.B-2		Drum	01						
3	22-01-22	C.B-6	931	"	01			DI 22-01-22			(CSSD)
4	22-01-22	C.B-5		"	02	9:14	10:28	DE 25-1-22			Technician
				"	01						Lokesh
1	22/01/22	Surya Hospital	932	Drum	04	10:13	11:02	DI 22-1-22 DE 25-1-22	STERISTAR CLASS 5 INTEGRATOR STEAM		Lokesh
1	22-1-22	C.B-2 (Pln)		Drum	01						
2	22-1-22	C.B-4		"	01						
3	22-1-22	C.B-2 (U.ds)		"	01						
4	22-1-22	C.B-1		"	01			DI 22-1-22			
5	22-1-22	C.B-5	933	"	02	4:09	5:03	DE 25-1-22			
6	22-1-22	C.B-3		"	02						Lokesh
7	22-1-22	C.B-6		"	07						
8	22-1-22	C.B-8		"	02						

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Dr. Nidhi Puri
(CSSD HOD)

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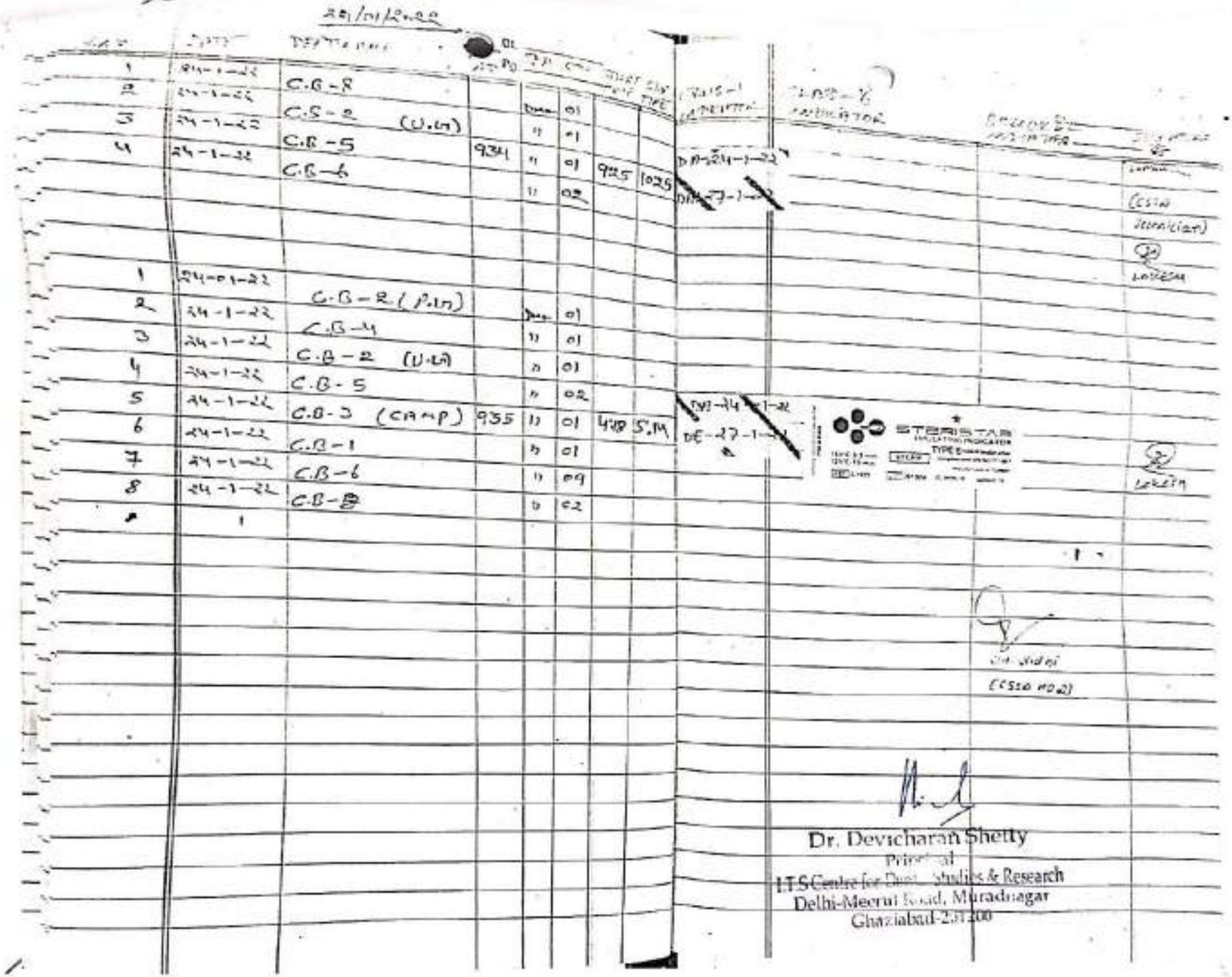

S.No.	Date	Department						
1	25-1-22	C.B-2 (U.G)		Drum	01			
2	25-1-22	C.B-5		"	01			
3	25-1-22	C.B-7	936	"	01	935	937	
4	25-1-22	C.B-5		"	01			
5	25-1-22	C.B-6		"	01			
1	25-1-22	C.B-2 (U.G)		Drum	01			
2	25-1-22	C.B-6		"	02			
3	25-1-22	C.B-4	937	"	01	3:27	4:16	
4	25-1-22	C.B-5		"	01			
1	25-1-22	C.B-7		Drum	01			
2	25-1-22	C.B-4		"	01			
3	25-1-22	C.B-2 (U.G)		"	01			
4	25-1-22	C.B-1		"	01			
5	25-1-22	C.B-3	938	"	01	4:19	5:14	
6	25-1-22	C.B-5		"	01			
7	25-1-22	C.B-8		"	02			
8	25-1-22	C.B-6		"	10			

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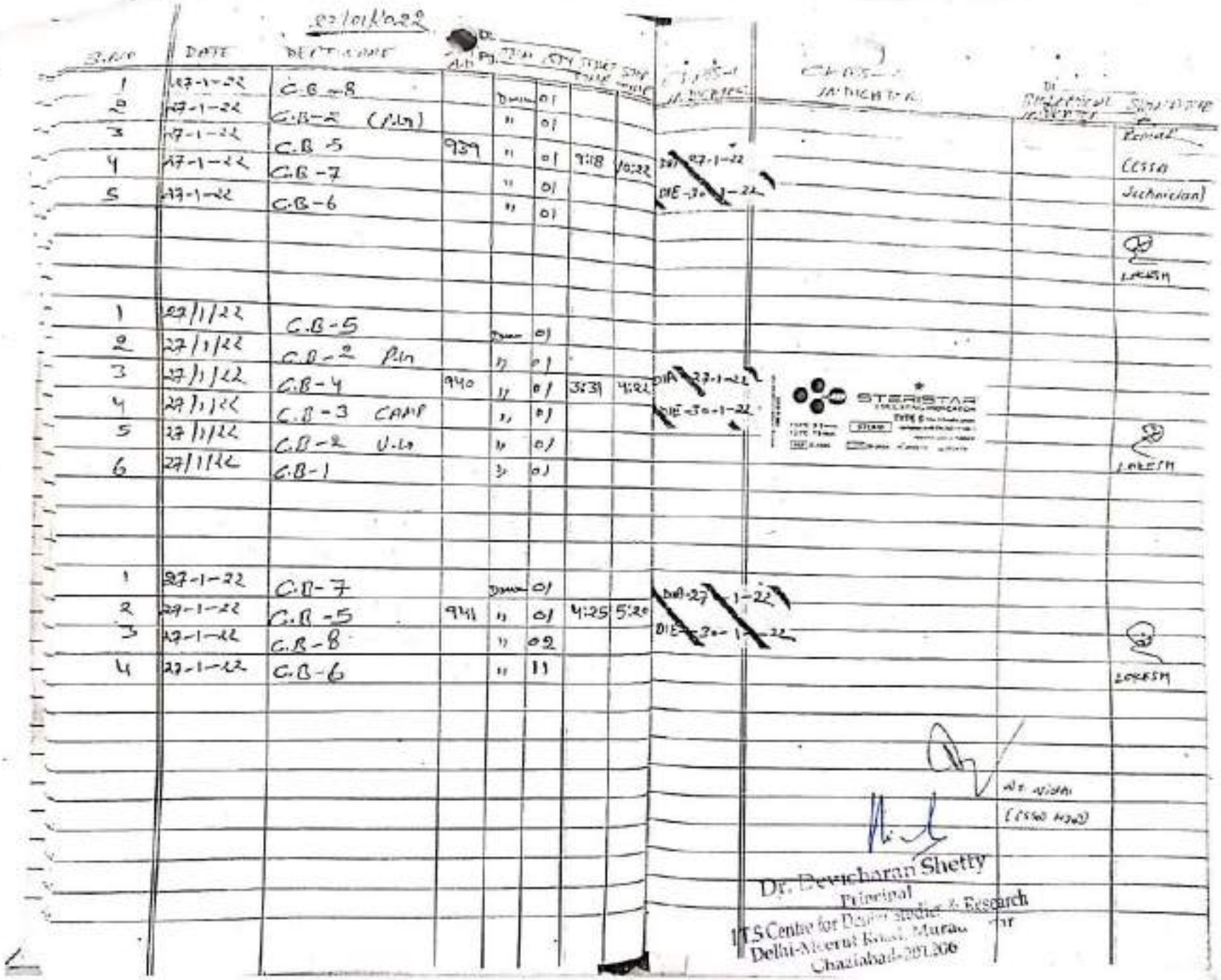

Dr. Bevcharan Shetty
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IIMS Centre for Paper studies & Research
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	Date	Name					
1	25-1-22	C.B - 2					
2	25-1-22	C.B - 8					
3	25-1-22	C.B - 7	9:12			9:12	10:01
4	25-1-22	C.B - 6					
5	25-1-22	C.B - 5					
1	25-1-22	C.B - 4					
2	25-1-22	C.B - 2 (Pen)					
3	25-1-22	C.B - 7					
4	25-1-22	C.B - 1	9:45			3:31	4:21
1	25-1-22	Surya Hospital					
2	25-1-22	C.B - 2 (U.L)					
3	25-1-22	C.B - 6					
4	25-1-22	C.B - 5	9:49			4:25	5:22
5	25-1-22	C.B - 3 CAMP					
6	25-1-22	C.B - 3					
7	25-1-22	C.B - 6					

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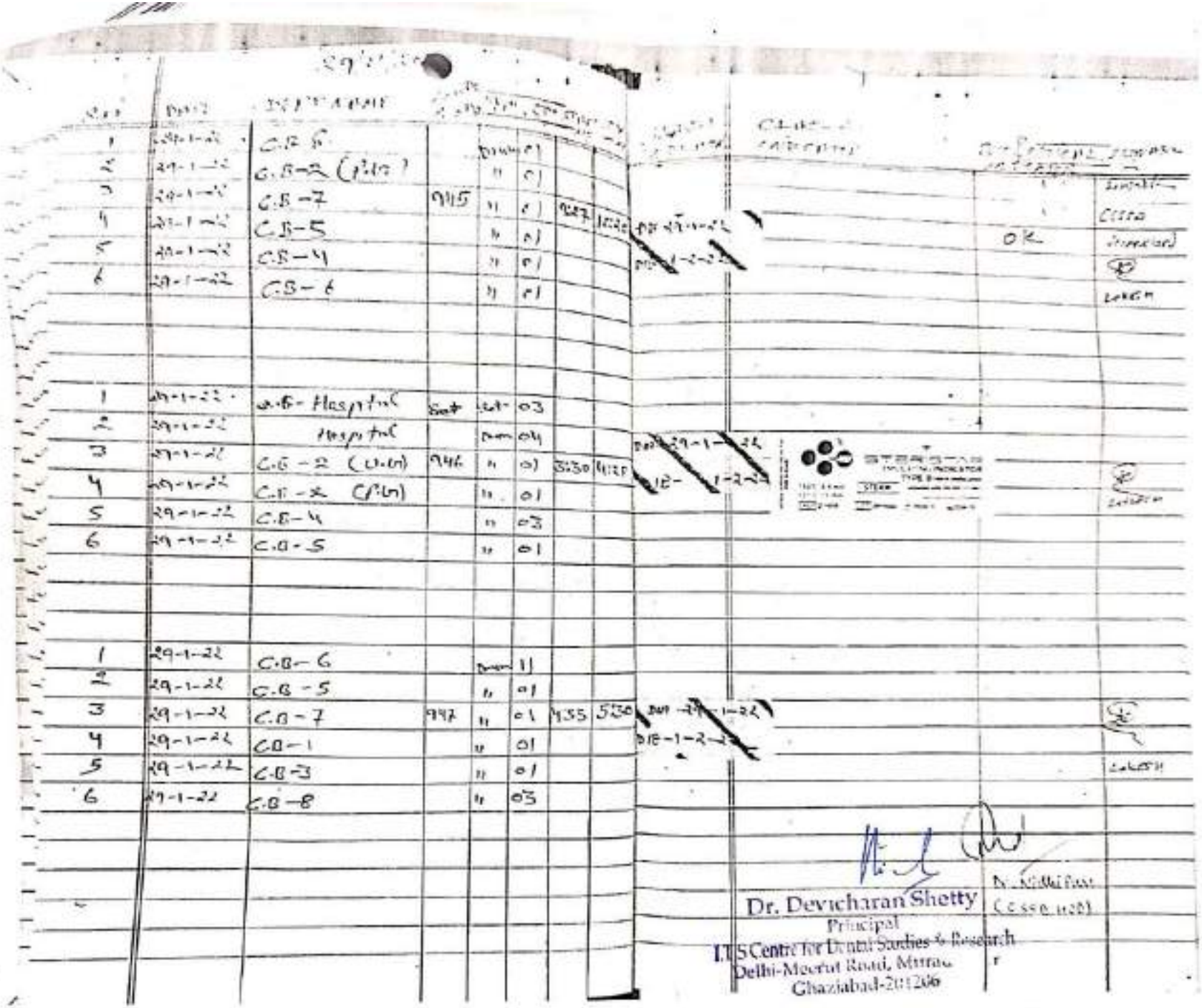

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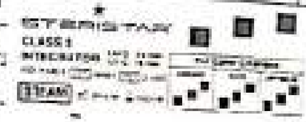
31/1/2022

S.No	Date	Dept Name	Load No.	Pkt Type	Qty	Start Time	Stop Time	Chemical Indicator	Class 5 Indicator	Biological Indicator	Signature
1	31/1/22	C.B-2		Pouch	01						Komal (CSSD Technician)
2	31/1/22	C.B-8		"	01						
3	31/1/22	C.B-6		"	01						
4	31/1/22	C.B-5	948	"	01	9:37	10:33	WP 31-1-22 / ME 1-2-22			
				"	01						Lakesh
1	31/1/22	Hospital									
2	31-1-22	Hospital		Set	02						
3	31-1-22	C.B-2 (U.W)		Pouch	03						
4	31-1-22	C.B-2 (Au)	949	"	01	3:28	4:25	WP 31-1-22 / ME 1-2-22			
5	31-1-22	C.B-6		"	01						Lakesh M
6	31-1-22	C.B-4		"	01						
				"	01						
1	31-1-22	C.B-3		Pouch	01						
2	31-1-22	C.B-5		"	01			WP 31-1-22			
3	31/1/22	C.B-7	950	"	01	4:31	5:27	ME 1-2-22			
4	31-1-22	C.B-1		"	01						Lakesh M
5	31-1-22	C.B-8		"	03						
6	31-1-22	C.B-6		"	10						

31/01/22

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Dr. Nidhi ...
(CSSD HOD)

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2. Provides Personal Protective Equipment (PPE) while working in the clinic

TOTAL PPE CONSUMPTION

Item Name	U.O.M	Jul.17 to Jun 18	Jul.18 to Jun 19	Jul.19 to Jun 20	Jul. 20 to Jun 21	Jul.21 to Jun 22	Total
Gloves (Pack of 100)	Pkt	5516	5674	4932	2336	4169	22627
Face mask Dispo.(Pack of 100)	Pkt	1300	1374	1670	1089	1398	6831
Cap Dispo (Pack of 100)	Pkt	144	159	169	239	361	1072
Shoe Cover (Pack of 100)	Pkt	0	0	0	11	511	522
Patient Drapes	Pkt	0	8	8	20	1511	1547
PPE Kit	Nos	0	0	80	1255	200	1535
GLOVES STERILIZED(Pack of 25 pairs)	Pkt	81	50	65	22	54	272

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3. Patient Safety Curriculum

I.T.S. DENTAL COLLEGE GHAZIABAD

MURAD NAGAR, GHAZIABAD-201206 (U.P.)

PATIENT SAFETY ASSESMENT MANUAL

1. Leadership and management standards

- A. The leadership and governance are committed to patient safety.
- B. The hospital has a patient safety programme.
- C. The hospital uses data to improve safety performance.
- D. The hospital has essential functioning equipment and supplies to deliver its services.
- E. The hospital has technically competent staff for safer patients round the clock to deliver safe care.
- F. The hospital has policies, guidelines, and standard operating procedures for all departments and supporting services.

A. The leadership and governance are committed to patient safety.

1. The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan. **Senior patient safety hospital staff member/hospital manager Dr. Akhil is appointed as key respondent having** responsibility, accountability and authority for patient safety.

The leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.

There is monthly assessment by the team for quality assessment and patient safety.

External audits are done quarterly for reviewing the patient safety protocols.

2. The hospital follows a code of ethics.

The hospital follows Code of ethics, for example, in relation to research, resuscitation, consent and confidentiality of the patients.

All the patients before undergoing any treatment are made to sign a consent form and are thoroughly explained in the local language about the treatment or the research. The patient's information is kept confidential. The staff in each department is trained to follow and implement the code of ethics.

The college has an internal and external Ethical committee, the mandatory permission/ approval of which is required before commencing any research on the patients.

Dr. Devicharan Shetty
Principal
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Delhi-Meerut Ro Ghaziab

The college has a **Code Activation system** operating e. g Code blue, purple, red etc. in case of any emergency. Each code consists of 4-5 Members who are ready to perform immediately whenever any code is activated.

B. The hospital has a patient safety programme.

The hospital conducts regular monthly morbidity and mortality meetings. The hospital has a multidisciplinary patient safety internal body or any other committee, whose members meet regularly to ensure an overarching patient safety programme.

Any adverse drug reactions are recorded and discussed. Patient safety-related risk is managed proactively. Improvements are implemented based on recommendations of the root cause analysis

The audits are regularly carried out to assess the standards of patient safety practices.

C. The hospital uses data to improve safety performance.

The hospital sets and reviews targets related to patient safety goals. The hospital has qualified staff who are regularly trained to follow all the protocols.

All the guidelines by WHO for sterilization and hand hygiene etc are followed. The hospital has a set of process and output measures that assess performance with a special focus on patient safety.

The reports are assessed quarterly and performance and improvement is evaluated for patient safety.

D. The hospital has essential functioning equipment and supplies to deliver its services.

The institute ensures availability of essential functioning equipment. Each Department has allocated a a store in-charge to monitor the same.

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Each department in the college has updated Crash Kart. The departments have atrial defibrillators and oxygen cylinders for emergency.

The faculty is trained regularly in BASIC LIFE SUPPORT in collaboration with American heart association.

The hospital undertakes regular preventive maintenance of equipment, including calibration. The radiation monitoring protocol is followed and all faculty and technicians are provided with personal monitoring TLD devices.

The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment. The complaints are added on an online complaint software and are attended on emergency basis.

The hospital ensures that staff receive appropriate training for available equipment.

The Institute undertakes regular repair or replacement of broken (malfunctioning) equipment; the records of which are updated in the ORION software.

The institute has proper disposal of the waste material with central biomedical waste disposal plant.

E: The hospital has technically competent staff for safer patients round the clock to deliver safe care.

The institute has a Qualified clinical Faculty who are registered **with DCI to practise.** Clinical staffing levels reflect patient needs at all times. All the departments have an appropriate non-clinical support staff to meet patient needs at all times.

Students and trainees work within their competencies and under appropriate supervision. The compliance of students with policies and procedures to work within their competencies is assessed monthly in the form of end posting exams and competency tests.

An occupational health programme is implemented for all staff. The faculty and staff are fully immunized with Hepatitis vaccine as well as covid vaccination.
The health records of all the employees are maintained. All the staff is trained in occupational health programme and procedures such as needle stick injury, basic life support , sterilization, spill management etc.
The College has a workplace violence prevention programme. In case of any violence immediate code PURPLE is activated and action is taken.

F. The hospital has policies, guidelines, and standard operating procedures for all departments and supporting services.

Institute has policies and procedures for all the departments and services.

All the departments follow separate standard operating procedure (SOP) guidelines which are updated and revised regularly.

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2. Patient and Public involvement standards

- Patient safety is incorporated into the patient and family rights statement of the hospital.
- The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.
- The Institute ensures proper patient identification and verification at all stages of care.
- The hospital involves the community in different patient safety activities.
- The hospital encourages patients to speak up and acts upon the patients' concerns. The hospital has a patient-friendly environment.

1. Patient safety is incorporated into the patient and family rights statement of the hospital.

The College has a patient rights statement and it is visible to all patients. Patient safety is included in the patient rights statement. Patients and their families are briefed about, and aware of, their rights.

The patients have Right to access care in the hospital; right to respect patients' cultural and spiritual beliefs and personal preferences; - right to be informed and involved in taking in all medical decisions during their care; - right to security, privacy and confidentiality; - right to have pain managed; - right to access information about hospital services and outcomes.

2. The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.

Informed consent is signed by the patient or authorized person. He/she is informed of all risks, benefits and potential side-effects of a procedure in advance. A physician explains, and a staff oversees the signing. All patients obtain from their treating physicians complete updated information on their diagnosis and treatment. The College has a health care website which is regularly updated and patients have access to it.

Patients and family are made aware by use of Educational videos, flyers, literature, and lectures on oral health.

The faculty and staff are well trained timely to educate the patients and community.

Regular awareness camps are being organized and patients are educated about oral and overall health.

3. The Institute ensures proper patient identification and verification at all stages of care.

The Institute uses a bar coding for patient identification which is printed on [illegible] card having patients demographic details. This Id number is unique for every patient.

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All the patients are completely examined with proper history recording in the Orion software such as past medical history, history of allergies, any surgery or medication history. The treatment plan is formulated after all the investigations and is discussed with the patient.

4. The hospital involves the community in different patient safety activities.

The College conducts patient safety and treatment campaigns that share solutions and raise awareness of patients in the community. The hospital regularly uses Social media and/or marketing to promote patient safety and treatment options available in the college.

Various camps are regularly organized to create awareness at the community level.

5. The hospital encourages patients to speak up and acts upon the patients' concerns.

The college obtains patients' and their carers' feedback through different tools such as telephonic conversation, complaint boxes installed in the departments and also online complaint registry software.

The feedback is shared with the concerned physician and the solution is provided. College responds to patients' complaints by sending them feedback on how each complaint was managed and changes that have taken place to prevent recurrence of the complaint.

The hospital provides a chat/message board for patients and their carers to write their concerns and share successful solutions along with the reminder system for their next appointment or follow up.

College provides access to computer-based information on patient safety, health literacy and patient well-being. All the patient's records are available on online software Orion and also mailed to the patient for further reference.

6. The hospital has a patient safety friendly environment.

The Departmental staff are trained to be supportive and to deal with patients' anxieties.

The hospital has entertainment for patients; educational videos are shown in every department.

The college has a place for prayers a nice temple in the campus and meets patients' spiritual and religious needs.

3. Effective clinical governance that ensures inclusion of patient safety

- The hospital maintains clear channels of communication for urgent critical results.
- The hospital implements the use of a surgical safety checklist and conforms to guidelines, including WHO guidelines on safe surgery.

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1. The hospital maintains clear channels of communication for urgent critical results.

Any patients requiring urgent care are immediately discussed by the team and care is provided.

2. The hospital implements the use of a surgical safety checklist and conforms to guidelines, including WHO guidelines on safe surgery.

Surgical safety checklist used in operating rooms for every surgical procedure. The hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines.

3. Hospital has a system to reduce risk of healthcare-associated infections. Infection control protocols are followed. The college has central sterilization unit for proper disinfection and sterilization of instruments. The staff faculty wears proper PPE kits to ensure patient safety. T hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high-risk areas. The hospital implements recognized guidelines for hand hygiene, including WHO guidelines. The hand hygiene protocol is pasted on walls of all the departments near the wash basins and taps.

The hospital acts to protect staff and volunteers from health care-associated infections, including by provision of hepatitis B vaccination.

The culture reports are taken every 15 days to ensure are the proper sterilization protocols followed.

4. The College has a local clinical guideline committee that meets regularly to select, develop and ensure the implementation of guidelines, protocols and checklists relevant to safety.

Covid safety protocol and guidelines are completely followed.

Staff are screened before employment and regularly afterwards for colonization and transmissible infections.

5. The hospital implements guidelines, including WHO guidelines, on safe blood and blood products. Biomedical waste management protocol is strictly followed.

6. The hospital has systems in place to ensure safe injection practice. Safe injection policies and procedures that include preventing reuse of needles at hospital; educating patients and families regarding transmission of blood-borne pathogens; and ensuring safe disposal practices for sharp items, e.g. no re-capping of needles, and safety boxes for sharps. The notifications of these with pictorial presentations are presented in form of posters in all the departments.

7. Institution has a safe medication system. It ensures availability of life-saving medications at all times with updated crash kart in all departments.

Dr. Dev[illegible] Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad [illegible]

8. The hospital ensures legible handwriting when prescribing or writing physicians' orders. All the patients are explained about the timings and duration of the medications prescribed and post treatment instructions are given in local language.

9. **The hospital has a structured medical records system. The complete case history, investigations, treatment planning, treatment done is recorded in an online software for each patients for future assess.** The hospital ensures that each patient has a single completed medical record with a unique identifier/ Bar code/ CR Number is used which is unique for every patient. The hospital has an automated information management and electronic medical records system with an appropriate backup system.

D. The Institute has a safe and secure physical environment for patients, staff, volunteers and visitors.

1. The hospital has a multidisciplinary environmental safety committee.

2. The hospital design is maximized to provide a safe environment, including for infection control.

The institute has directive signs all around the hospital for patient's convenience. Floors have no fall hazards (slip resistant, dry); floors comply with infection prevention and control (IPC) measures.

Special needs patients have access to all departments and needs are met (bathrooms, slopes, LIFT etc.); Wheelchairs and stretchers are clean, in good operating condition, and can access all areas.

The patient spiritual and religious needs are met; place to worship is available in the campus.

3. The hospital implements a security programme and uses secure areas whenever appropriate.

- Secure medical records in ORION software.
- Secure operating rooms in oral surgery department.
- Doors to hazardous areas and other secure areas locked when appropriate and symbols and posters for awareness in no entry areas such as high radiation areas of CBCT.
- Security of hazardous materials: All the waste is handled in proper color-coded dustbins following BMW guidelines.

4. The hospital ensures that staff display personal identification.

All the faculty and staff wear proper dress with personal identification badge.

5. The hospital implements an external and internal emergency plan.

Dr. Do[illegible]n Shetty
Principal
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All the faculty and staff is trained to declare the emergency code in case of any such ad CODE activation. A team is made for the same which acts on immediate basis during a code activation.

6. The hospital implements a fire and smoke safety programme with an evacuation plan.

Emergency Red Code activation in case of fire. Fire extinguishers, alarms and evacuation system are Present in multiple areas in hospital in good working condition.

7. The hospital has an implemented radiation safety programme.

The hospital displays warning signs marking unsafe areas.

Radiation hazard symbols/ poster sare displayed outside Radiology department and CBCT section.

All the machines are regularly calibrated and AMC is done on regular basis to avoid any radiation leakage.

The walls of the radiation rooms follow the radiation safety guidelines and proper lead aprons., thyroid collars are used to minimize the radiation dose to patients.

8. The hospital supplies appropriate and safe food and drinks for patients, staff and visitors. The hospital maintains a clean environment. Environmental safety staff member D.1.2.14 The hospital has an implemented smoke-free policy. No smoking signs are displayed in the institution.

9. **The hospital segregates waste according to hazard level and colour codes it. The color coded system is used in every department and then combined waste is disposed at a centrel BMW disposal area in the campus.** The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste. All the chemical, biological, radiation waste are dealt by following proper WHO guidelines.

Documents: Env safety committee notice

E. The hospital has a staff professional development programme with patient safety as a cross-cutting theme.

All staff are familiar with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.

Dr. Deepak Shetty
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Delhi-Meerut Road, Muradnagar
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The hospital verifies competency (particular issue knowledge). The hospital verifies competency for all health care professionals working in it or contracted. The hospital verifies the credentials of all health care professionals, including staff received from other national, regional and international institutions

The hospital conducts research in patient safety on an on-going basis. The hospital conducts WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis at least once every year. The hospital has an implemented reporting system for adverse events, sentinel events and near misses.

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ITS Dental College, Hospital and Research Centre, Muradnagar

TOPIC – Use of Equipments & Instrm | DATE: 5/12/21

TRAINNER NAME: DR Akhil Manocha - en | TIME: 1 - 3 pm

DESIGNATION: Quality Manager

S. No:	NAME	DESIGNATION	SIGNATURE
1	Injila	OPD Executive	Injila
2	Anchal Sharma	OPD Executive	Asharma
3	SHIVAM AGARWAL	SR. Lecturer	SA
4	Jyati Sharma	Senior Executive	Jyoti
5	Ridhi Kothwasi Tyagi	Senior Lecturer	Ridhi
6	Dr. Akanksha Goel	PG 3rd year	Akanksha
7	Dr. Vishal Sharma	PG- III yr.	
8	Dr Pooja	Endo dep	
9	Dr Shrishti Sharma	OMDR	
10	Dr. Akshi	PG 2nd yr.	
11	Dr Amit	Prosthe	Amit
12	DR RACHITA	BDS TUTOR	Rachita jain
13	Dr. Vidhi K. Bhalla	Senior lecturer	Vidhi
14	Dr Pooja	BDS TUTOR	Pooja
15	Dr Manvi Malik	Leader	
16	Dr. R.C.I Vijaya Chandini	PG 3rd year	Chandini
17	Dr. Anmol Rajhan	PG 3rd	
18	Dr. Lakshay Sethi	PG 2nd Year.	Lakshay
19	Dr Shradha Saksena	PG. III year	Shradha
20	Dr Nidya	Prof.	

Dr. Devicharan Shetty
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Akhil Manocha
TRAINNER SIGNATURE

FACILITY INSPECTION CHECKLIST

INSPECTOR:

Date: 12/7/21

This inspection checklist monitors the compliance activities at the facility. It also serves as a hazard assessment to current activities. The inspection shall be completed in all areas of the facility, including warehouse and office areas as it is applicable. Issues shall be summarized on the last page. Corrections will be made and documented completion date on the summary page. All corrections are expected to be completed in a timely manner.

REVIEW OF PRIOR CORRECTIONS	Yes	No	N/A	Comments	CAPA
Have all identified issues been corrected and noted on the previous facility inspection summary?	✓				
Are all corrections of previously identified issues still effective and not recurring?	✓				
**If issues are recurring a corrective action must be opened.					

EMERGENCY LIGHTING	Yes	No	N/A	Comments	CAPA
All exit signs illuminated and remain illuminated when battery tested?	✓				
All exit signs free of damage?	✓				

EMERGENCY PREPAREDNESS	Yes	No	N/A	Comments	CAPA
Are all walkways and aisle ways free of obstructions?		✓		Obstruction should be clean.	All obstruction is cleaned and cleared.
Are all exits free of storage and clutter?	✓				
Are stairwells and corridors free of storage and clutter?	✓				
Are all employees trained on Emergency Evacuation Procedures?	✓				
Are all employees aware of the proper meeting location in the event	✓				

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FACILITY INSPECTION CHECKLIST

of an emergency?					
Are all materials stored in racks wrapped and stable to prevent falling?	✓				
Is the First Aid cabinet fully stocked?	✓				
FIRE EXTINGUISHERS	**Yes**	**No**	**N/A**	**Comments**	
Are all extinguishers in their designated location?	✓				
Are all extinguishers clearly identified with a wall mounted sign?	✓				
Are all extinguishers securely mounted to the wall?		✓		Some of the screws needs to change.	screws are changed.
Are all extinguishers easily accessible and free of obstructions?	✓				
Are inspection tags current with initial and date of inspection?	✓				
Are all seals and tamper pins in place?	✓				
Are all extinguishers free of damage, corrosion, leakage or clogged nozzles?	✓				
Do all pressure gauges indicate the extinguishers are ready for use?	✓				
Are all staff members trained on fire extinguisher use?	✓				
Do all staff members know where the extinguishers are located?	✓				
Is there anything else that needs attention at this time?					

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FACILITY INSPECTION CHECKLIST

HAZARDOUS MATERIALS	Yes	No	N/A	Comments	CAPA
Are MSDSs available on all hazardous materials in the facility?	✓				
Are all MSDSs readily available for all employees?		✓		Some of the places is missing	Missing places MSDS availble
Are all employees trained on how to locate, read and understand an MSDS sheet? (Hazard Communications)	✓				
Are all liquids stored in the appropriate containers?	✓				
Are all HW/UW containers labeled with the contents and an accumulation start date?	✓				
Are all personnel equipped with adequate PPE for these materials?	✓				
Are all spill kits located in the correct area?	✓				
Are all spill kits fully stocked with the needed equipment?	✓				
Is there anything else relating to hazardous materials that needs attention at this time?					

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FACILITY INSPECTION CHECKLIST

HOUSEKEEPING	Yes	No	N/A		Comments
Are all areas cleaned on a regular basis?	✓				
Are all floors free of liquids to avoid trips and falls?	✓				
Is equipment returned to their proper storage location when not in use to avoid a tripping hazard?	✓				
Check Office area. Are there NO signs of spills; Is there NO debris or garbage; Are areas neat/organized?	✓				
Flammable materials such as cardboard and paper are stored away from fire hazards and not accumulated throughout the warehouse?	✓				
Tools are safely secured and stored when not in use?		No		Tools are not in boxes	Boxes are avaible to keep the instructments.
Are there any other housekeeping issues that need to be addressed?					

ELECTRICAL	Yes	No	N/A	Comments
No circuit breakers regularly tripping?	✓			
Are all plugs and cords in good condition?	✓			

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No electrical switches, switch plates or receptacles, cracked, broken or have exposed contacts?	✓				
Are all electrical circuit breakers identified?		✓		Daily maintainces is needs	Break circuits is repair
Are there any other electrical issues that need attention at this time?					

PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A	Comments	CAPA
Is there adequate PPE for all job types on site?	✓				
Do all personnel requiring prescription safety glasses have them?	✓				
Are all personnel trained in the proper use of all PPE as required by their job(s)?	✓				
Are employees wearing proper footwear in accordance with PPE requirements?	✓				
Are employees wearing gloves wear required by the tasks?		NO		Needs to wear, gloves & masks.	Provide mask & gloves.
Are there any other PPE issues that need to be addressed at this time?					

SECURITY	Yes	No	N/A	Comments
Are all entry ways secured from unauthorized access?	✓			
Are surveillance video cameras in working order?		✓		Some of the camera is not working. Camera is repaired.

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FACILITY INSPECTION CHECKLIST

Are there any other security issues to be addressed?		

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FACILITY INSPECTION CHECKLIST

Other Equipment Maintenance	Working	Broken	N/A	Comments	CAPA
Electric Panel	✓				
Fans	✓				
Tables	✓				
Lighting	✓				
Carts	✓				
Storage Racks		✓		Racks are to be repair-ed storage.	Repaired storage
Storage Cabinets	✓				
Dust Bins	✓				
Bio Medical Waste Segregation	✓				
Electrical safety practices implemented?	✓				
Loose wires and panels?	✓				
High voltage panel locked?	✓				
High voltage panel labeled?	✓				
Power backup present?	✓				
Staff awareness on safety practices	✓				

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Signature of Auditor:

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Ghaziabad-201 206

Date: 12/7/21

WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil

Date 20/10/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	✓	✓	✓	
PHD	✓	✓	recapped needle	✓	✓	
Prostho	Full	✓	✓	✓	✓	
Perio	✓	✓	✓	Full	✓	
Cons	✓	Paper present	✓	✓	✓	
Pedo	✓	✓	✓	✓	✓	
Ortho	✓	✓	✓	✓	Insulin Syringe Found	
OP	✓	✓	✓	✓	✓	

BMW Audit

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Date 13/10/21

Observer Name Dr Akhil

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	Paper present	✓	Full	✓	
PHD	✓	✓	✓	✓	✓	
Prostho	✓	✓	✓	✓	Recapped needle	
Cons	Full	✓	✓	✓	✓	
Ped	✓	✓	✓	✓	✓	
Ortho	✓	✓	✓	✓	✓	
OP	✓	✓	✓	Filled	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil

Date 6/10/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	Full	✓	✓	✓	✓	
PHD	✓	✓	✓	✓	Full	
Prostho	✓	✓	Uncapped needle	✓	✓	
Perio	✓	✓	✓	✓	✓	
Cons	✓	Blood swab (+)ve	✓	✓	✓	
Pedo	✓	✓	✓	Full	✓	
Ortho	✓	✓	✓	✓	Uncapped needle	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name DR Akhil

Date 29/9/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	recapped needle	✓	✓	
PHD	✓	✓	✓	✓	✓	
Prostho	✓	✓	✓	Full	✓	
Perio	✓	✓	✓	✓	recapped needle	
Cons	✓	✓	✓	✓	✓	
Pedo	✓	Paper present	✓	✓	✓	
Ortho	Full	✓	✓	✓	✓	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil

Date 22/9/31

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	✓	✓	✓	
Phd	✓	Full	✓	✓	✓	
Prostho	✓	✓	✓	✓	recapped needle	
Perio	✓	✓	✓	✓	✓	
Cons	NS bottle present	✓	✓	✓	✓	
Pedo	✓	✓	Syringe Found	✓	✓	
Ortho	✓	✓	✓	✓	✓	
OP	✓	✓	✓	Full	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name -- Dr Akhil

Date 17/9/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	✓	✓	✓	
Phd	✓	✓	Syringe Packed	✓	✓	
Prostho	✓	✓	✓	✓	✓	
Perio	Full	✓	✓	✓	✓	
Cons	✓	✓	✓	✓	recapped needle	
Pedo	✓	Paper present	✓	✓	✓	
Ortho	✓	✓	✓	Full	✓	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil Date 10/9/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OHR	✓	✓	✓	✓	✓	
Os	✓	✓	✓	✓	✓	
Phd	✓	Full	✓	✓	✓	
Prostho	✓	✓	✓	✓	recapped needle	
Perio	MS bottle present	✓	✓	✓	✓	
Cons	✓	✓	✓	✓	✓	
Pedo	✓	✓	Syringe present	✓	✓	
Ortho	✓	✓	✓	✓	✓	
OP	✓	✓	✓	Full	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil Date 3/9/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	Syringe present	✓	✓	
PHD	✓	✓	✓	✓	✓	
Prostho	✓	Paper present	✓	✓	✓	
Perio	✓	✓	✓	✓	✓	
Cons	✓	✓	✓	✓	✓	
Pedo	Full	✓	✓	Gloves Poured	✓	
Ortho	✓	✓	✓	✓	✓	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil

Date 27/9/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	Full		✓	
OS	✓	✓	✓	✓	✓	
Phd	✓	Syringe present	✓	✓	✓	
Prostho	✓	✓	✓	✓	Full	
Perio	✓	✓	✓	✓	✓	
Cons	Gloves found	✓	✓	✓	✓	
Pedo	✓	✓	✓	NS bottle ✓	✓	
Ortho	✓		✓			
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name: Dr. Akhil   Date: 19/8/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OHR	✓	✓	✓	✓	✓	
OS	✓	✓	✓	✓	✓	
PhD	Full	✓	✓	NS bottle (+)nd	✓	
Prostho	✓	✓	✓	✓	✓	
Perio	✓	Syringe present	✓	✓	✓	
CDS	✓	✓	✓	✓	✓	
Pedo	✓	✓	Full	✓	✓	
Ortho	✓	✓	✓	✓	Full	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name Dr Akhil

Date 13/8/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	Full	✓	✓	✓	✓	
Phd	✓	✓	✓	Full	✓	
Prostho	✓	Gloves present	✓	✓	✓	
Perio	✓	✓	✓	✓	✓	
Cons	✓	✓	recapped needle	✓	✓	
Pedo	✓	✓	✓	✓	✓	
Ortho	✓	✓	✓	✓	✓	
OP	✓	✓	✓	✓	✓	

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WEEKLY AUDIT BIOMEDICAL WASTE MANAGEMENT

Observer Name .. Dr Akhil

Date 6/8/21

AREA	YELLOW BAG (Segregation)	RED BAG (Segregation)	BLUE BAG (Segregation)	BLACK BAG (Segregation)	SHARP BOX (Segregation)	REMARKS
OMR	✓	✓	✓	✓	✓	
OS	✓	✓	✓	✓	Full	
Phd	✓	Paper present	✓	✓	✓	
Prosth	✓	✓	✓	✓	✓	
Perio	✓	✓	Vial present need to	✓	✓	
Cons	✓	✓	✓	✓	✓	
Pedo	✓	✓	✓	✓	✓	
Ortho	✓	✓	✓	✓	✓	
OP	Full	✓	✓	✓	✓	

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I.T.S Dental College, Hospital & Research Centre

Muradnagar

Local Anesthesia Consent

UHID No: 2021/21052　　Date: 04/12/21

Name: RakRupi　　Age/sex: 72/M

I hereby give consent to Doctors of Clinic to perform dental procedures on me or my dependent ______ (Recommended Treatment) for my well-being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the recommended treatment (if required).

Treatment Alternatives

Alternatives methods of treatment have been explained to me, such as RCT

But I wish to proceed with the Recommended Treatment described above.

Risks and Complications

Scaling

1. Sometimes it has been seen that after the scaling process, the gum line is swelled or gets tender.
2. You may also have tooth sensitivity for cold or hot meals.
3. Inappropriate scaling also results in exposed roots which start bleeding whenever you eat or drink something hot or cold.
4. If you smoke or love stuffs like pop-corn or chips that are hard to bite and chew, then you must take care not to consume these things after the scaling process as it may lead to the failure of scaling process, scratching your gums, and the substance will again get filled in the gum pockets which will invite the bacteria again.

Scaling and root planning

1. Drug reactions and side effects. [illegible] 2. Post-treatment bleeding, oozing, and infection. [illegible]
3. Bruising and/or swelling, delayed healing, restricted mouth opening for several days or weeks. [illegible]
4. Varying lengths and degrees of sensitivity. [illegible] 5. Increased spacing between teeth due to removal of hard deposits. [illegible]
6. Revealing of recessed gums. [illegible] 7. Increased mobility of teeth. [illegible]
8. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent. [illegible]

Periodontal treatment

1. Tooth sensitivity. 2. Pain from treatment. 3. Infection. 4. Swelling. 5. Dark spaces between teeth where there is no longer any gum tissue. [illegible]
6. Changes in how long the teeth appear (due to re-contouring). [illegible]
7. Gum tissues may shrink or recede. This change may make some previous dental restorations (i.e., crowns, fillings) more noticeable and the restorations may need to be replaced for cosmetic purposes. [illegible] 8. Loss of bone or tissue graft. [illegible]
9. Possible involvement of the nerves of the lower jaw resulting in temporary or permanent tingling of the lower lip, chin, tongue or surrounding structures. [illegible]
10. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent. [illegible]
11. Future bone or teeth loss. [illegible]

Composite restoration

1. Damage to adjacent teeth or tooth restorations. [illegible] 2. Necessity for root canal therapy due to injury of pulp tissue. [illegible]
3. Breakage or dislodgement in buildup failure of restorative material. [illegible]
4. Necessity for a more extensive restoration, such as a crown, than originally diagnosed, due to additional decay or unsupported tooth structure found during preparation. [illegible]
5. Inability to exactly match tooth coloration. [illegible] 6. Changes in the shade of the composite restoration over time as a result of the oral environment. [illegible]
7. Sensitivity of teeth. [illegible]
8. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent. Instrument breakage in the root canal. [illegible]

Endodontic procedures

1. Inability to negotiate canals due to prior treatment or calcification. [illegible] 2. Perforation to the outside of the tooth. [illegible]
3. Irreparable damage to the existing crown or restoration. [illegible] 4. Cracking or fracturing of the root or crown of the tooth. [illegible]
5. Pain, infection and swelling. [illegible] 6. Difficulty opening and closing. [illegible] 7. Temporomandibular Dysfunction resulting in jaw pain. [illegible]
8. Nerve injury resulting in temporary or permanent numbness, itching, burning or tingling of the lip, chin, tongue or teeth. [illegible]
9. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent. [illegible]

Tooth extraction/Impaction ✓

1. Drug reactions and side effects. [illegible]
2. Post-operative bleeding, oozing, infection and/or bone infection. [illegible]
3. Bruising and/or swelling, restricted mouth opening for several days or weeks. [illegible]
4. Loss or removal of bone during tooth extraction. [illegible]
5. Damage to, or fracture of, adjacent teeth or tooth restorations. [illegible]
6. Root tips may break during the oral surgery process. These root tips may be left in the bone to avoid more aggressive surgery. However, this more aggressive surgery may be needed and you may be referred for this procedure. [illegible]
7. Delayed healing, including but not limited to, dry socket, necessitating post-operative care. [illegible]
8. Possible involvement of the sinus during the removal of the upper posterior teeth, which may require additional treatment or surgical repair at a later date. [illegible]
9. Possible involvement of the nerves of the lower jaw during the removal of teeth resulting in temporary or permanent tingling/numbness of the lower lip, chin, tongue or other surrounding structures. [illegible]
10. Jaw fracture. [illegible]
11. If you are taking medications to make your bones stronger (such as bisphosphonates) or if you have received radiation therapy to the head or neck area for tumors/cancer, then you are at a higher risk for poor bone healing or bone death that may never completely resolve. [illegible]
12. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent. [illegible]

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Scanned with Oken Scanner

I.T.S Dental College, Hospital & Research Centre
Muradnagar

Crown and bridge prosthetics

1.Reduction of tooth structure. 2.Sensitivity of teeth. 3.Crown or bridge abutment teeth may require root canal treatment. 4.Breakage.
5.Uncomfortable or strange feelings, which is typically temporary. In limited situations, muscle soreness
or tenderness of the jaw may persist following placement of the prosthesis. 6.Unsatisfactory aesthetics or appearance.
7.Unsatisfactory longevity of crown and bridge
8.As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant
numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

Dental Implants

1.Drug reactions and side effects.
2.Post-operative pain, bleeding, oozing, infection and/or bone infection. Bruising and/or swelling, delayed healing, restricted mouth
opening for several days or weeks.
3.Damage to adjacent teeth or tooth restorations.
4.Possible involvement of the sinus cavity and creation of an opening from the mouth into the nasal or sinus cavity, which may require
additional treatment or surgical repair at a later date.
5.Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss
sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste).
Such conditions may resolve over time, but, in some cases, may be permanent.
6.Inability to place the implant due to the local anatomy or implant failure.
7.Discoloration and appearance changes of the gum tissue or unsatisfactory cosmetic result.
8.Bone loss around the implant(s) and/or adjacent teeth, which may result in loss of implant and/or adjacent teeth and which may
necessitate bone grafting
9.Jaw fracture.
10.As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant
numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

Orthodontic treatment

Decalcification (permanent markings), decay or gum disease.

1.Root resorption resulting in teeth being shortened during treatment.
2.Pre-existing, non-vital, devitalization, traumatized teeth may cause damage to the nerve requiring a root canal on the affected
tooth. Severe cases may result in tooth loss.
3.TMJ (temporo-mandibular joint) pain which may include jaw joint noises, discomfort and facial pain related to the jaw during or after treatment.
4.Discomfort due to adjustment and application of appliances.
5.Oral surgery/extractions, which may be needed to correct jaw imbalances or to remove third molars that may develop and change alignment.
6.Teeth may become impacted (trapped below gums or bone), fail to erupt, or ankylosed (fused to bone), which may require
extraction, surgical transplantation/exposure, or prosthetic replacements.

7.Minimal imperfections in the way your teeth meet, which may result in a procedure to grind the teeth or a procedure to remove
a small amount of enamel in between the teeth.
8.Allergic reaction to medicine and orthodontic materials. 9.The total time for treatment can be delayed beyond our estimate

Removable partial dentures

1.Deterioration in oral hygiene 2.Increased levels of plaque and gingivitis 3.Increased risk of caries in abutment and non-abutment teeth
4.Clinical attachment loss in abutment and non-abutment teeth 5.The risk of teeth overeruption in the opposing arch
5.Changes in oral microflora 7.Denture stomatitis 8.Traumatic ulceration

Complete dentures

1.Pain and instability 2.Lack of saliva 3.Hard and soft materials for modifying the impression surface of dentures 4.The flabby ridge
5.Mid line fracture 6.Debonding of teeth 7.Gagging reflex 8.The burning mouth syndrome 9.Disturbance of speech.

Doctor's signature: Dr Gauri Date/Time: 04/12/21, 12:00 pm

Name of Doctor: Dr Gauri

Patient's signature: Date/Time: 04/12/21, 12:00 pm

Name of Patient/Guardian: Ratiram

Witness signature: Date/time: 04/12/21 12:00 pm

Name of Withness:

Dr. Devicharan Shetty
Principal
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Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

I.T.S DENTAL COLLEGE, HOSPITAL & RESEARCH CENTRE

TOPIC - Code Blue

DATE: 2/11/2021

TRAINNER NAME: DR. AKHIL MANOCHA

TIME: 1 - 4 pm

DESIGNATION: QUALITY MANAGER

S. No:	NAME	DESIGNATION	SIGNATURE
1	Dr Shivani Mathur	Professor	Shivani
2	Dr Amit Gupta	Reader	
3	Dr Amit Mangal	Prof	
4	Dr Vidhya Sekhar	Professor	
5	Dr Anubhav Sharma	Reader	
6	Mr Lokesh Kumar	Nurse	Lokesh
7	Dr. Priyanka Gupta.	Resident	priyanka
8	Dr. Anamika	— do —	
9	Dr. Harshad.	— do —	
10	Dr. Gauri	— do —	
11	Dr. Abhishek.	— do —	
12	Dr. Rashmi.	— do —	
13	Mr. Kapil.	Computer Operator	
14	Mr. Gafgar.	CSA.	
15			
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TRAINNER SIGNATURE

I.T.S Centre For Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad (U.P.)

COD
Mo

CODE PINK

Start Time: 2 pm Date: 15/10/21 Location Protho

S.N	Event	Yes/No	Actual time of occurrence
1	Quick response by the staff (Awareness)	Yes	1:01
2	Announcement by FO (Prompt & clear)	Yes	1:05
3	Out Gate closed by security	Yes	1:06
4	Quick response by security (reached the site)	No	1:07
5	HOD's response to CODE	Yes	1:15
6	Support staff made available (Housekeeping)	Yes	1:20
7	Security supervisor/Duty manager took charge and initiate action of search	Yes	1:20
8	Search operation started in an efficient manner	No	1:30
9	Communication between the security supervisor & search teams	Yes	1·31
10	CODE cleared Documented and Reported	Yes	2:00

Detail of discrepancies observed:-

A child is missing from the Protho department Search operation was started. There is a delay in search Operation due to delay of Security Staff Search operation was not in proper manner

Sign of Observer: ..... Date: 15/10/21

Sign of QMngr: .....

CAPA

Security staff was trained for Code Pink and further training is also planned. Departmental HOD was also instructed.

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CODE PINK

Start Time: 3 pm Date: 10/9/21 Location PhD

S.N	Event	Yes/No	Actual time of occurrence
1	Quick response by the staff (Awareness)	Yes	3:01
2	Announcement by FO (Prompt & clear)	Yes	3:05
3	Out Gate closed by security	No	3:06
4	Quick response by security (reached the site)	Yes	3:07
5	HOD's response to CODE	Yes	3:15
6	Support staff made available (Housekeeping)	No	3:20
7	Security supervisor/Duty manager took charge and initiate action of search	Yes	3:20
8	Search operation started in an efficient manner	Yes	3:30
9	Communication between the security supervisor & search teams	Yes	3:31
10	CODE cleared Documented and Reported	Yes	4:00

Detail of discrepancies observed:-

Back side gate is not closed properly.
Supportive staff is not available to search.

Sign of Observer: ..... Date: 10/9/21

Sign of QMngr: 10/9/2021

CAPA
Training will be planned for Housekeeping & Security staff and effectiveness will be observed in upcoming mock drill.

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CODE PINK

Start Time: 11:00 Date: 7/8/21 Location OMR

S.N	Event	Yes/No	Actual time of occurrence
1	Quick response by the staff (Awareness)	Yes	11:00
2	Announcement by FO (Prompt & clear)	Yes	11:05
3	Out Gate closed by security	Yes	11:06
4	Quick response by security (reached the site)	Yes	11:07
5	HOD's response to CODE	No	11:15
6	Support staff made available (Housekeeping)	Yes	11:20
7	Security supervisor/Duty manager took charge and initiate action of search	Yes	11:20
8	Search operation started in an efficient manner	Yes	11:30
9	Communication between the security supervisor & search teams	No	11:31
10	CODE cleared Documented and Reported	Yes	12:00

Detail of discrepancies observed:-

HOD response to code is very late

Communication barrier is found.

Sign of Observer: ..... Date: 7/8/21

Sign of QMngr: ... 7/8/2021

CAPA
→ Induction to HOD for Code pink need to be conducted
→ Communication b/w departments need to be strengthen.

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Mock

CODE BLUE: MOCK DRILL

Mock dill start time: 11:05:00 am Date: 5/10/21

Venue: First Floor

S.N	Event	Yes/No	Actual time HH:MM:SS	Actual time taken(sec)
1	Code Blue reported by first responder(on-duty staff) and respond well	Yes	11:05:08	8 Sec
2	Code Blue announced by FO by PA system	Yes	11:05:30	30 Sec
3	Crash Cart /Jump-kit carried by HDU staff and responded to the situation	Yes	11:06:00	60 Sec
4	Emergency staff arrived within time frame, worked as per protocol	Yes	11:06:00	60 Sec
5	Time of arrival of On-duty Doctor& Respond to the situation	Yes	11:06:10	70 Sec
6	Security officer cordons off the area, Ward boy/Nominated security person stops the lift on the floor of event	NO	11:07:00	120 Sec
7	Patient transferred procedure followed as per requirement	NO	11:25:00	20 mint
8	Transport by lift/vehicle	Yes, By	11:26:00	21 mint
9	Code Blue called off at	Yes	11:27:00	22 mint

Detail of discrepancies observed -

Observations - There are 2 observation are noted
- Crowd Control was not followed.
- Safety belt was not used while transferring the patient

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ITSGZB/MKD/CODE-BLUE/01

RCA - Security staff was not aware about the crowd control protocol.
- GDA staff was not aware above the safety protocol.

CAPA
→ Crowd Control importance was instruc-ed to the security staff.
→ Safety blet importances was instruc-ted to the GDA staff.
→ Training will be provided.
→ - Code blue mock drill demo-stration will provided.

Sign of Observer:.....

Sign of QMngr:.....

Date: 5/10/21

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CODE BLUE: MOCK DRILL

Mock dill start time: 2:05:00 pm Date: 6/9/21
Venue: Prosthodontics

S.N	Event	Yes/No	Actual time HH:MM:SS	Actual time taken(sec)
1	Code Blue reported by first responder(on-duty staff) and respond well	Yes	2:05:08	8 sec
2	Code Blue announced by FO by PA system	Yes	2:05:30	30 Sec
3	Crash Cart /Jump-kit carried by HDU staff and responded to the situation	Yes	2:06:00	60 Sec
4	Emergency staff arrived within time frame, worked as per protocol	Yes	2:06:00	60 Sec
5	Time of arrival of On-duty Doctor& Respond to the situation	Yes	2:06:10	70 Sec
6	Security officer cordons off the area, Ward boy/Nominated security person stops the lift on the floor of event	Yes	2:07:00	120 Sec
7	Patient transferred procedure followed as per requirement	Yes	2:25:00	20 mint
8	Transport by lift/vehicle	Yes, By	2:26:00	21 mint
9	Code Blue called off at	Yes	2:27:00	22 mint

Detail of discrepancies observed -

Observations

There are 2 observations are noted

- Crowd Control was not Followed
- Safety belt was not used while transferring patients.

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RCA

- Security staff was not aware about the crowd control protocol.
- GDA staff was not aware above the safety protocol.

CAPA

- Crowd Control importance was instruced to the security staff.
- Safety telf importances was instructed to the GDA staff.
- Training will be provided.

Sign of Observer:.....

Date: 6/9/21

Sign of QMngr:.....

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CODE BLUE: MOCK DRILL

Mock dill start time: 3:05:00 am Date: 10/8/21
Venue: Phd

S.N	Event	Yes/No	Actual time HH:MM:SS	Actual time taken(sec)
1	Code Blue reported by first responder(on-duty staff) and respond well	Yes	3:05:08	8 sec
2	Code Blue announced by FO by PA system	Yes	3:05:30	30 sec
3	Crash Cart /Jump-kit carried by HDU staff and responded to the situation	Yes	3:06:00	60 Sec
4	Emergency staff arrived within time frame, worked as per protocol	Yes	3:06:00	60 Sec
5	Time of arrival of On-duty Doctor& Respond to the situation	Yes	3:06:10	70 Sec
6	Security officer cordons off the area, Ward boy/Nominated security person stops the lift on the floor of event	No	3:08:00	120 sec
7	Patient transferred procedure followed as per requirement	No	3:25:00	20 mint
8	Transport by lift/vehicle	Yes, By	3:26:00	21 mint
9	Code Blue called off at	Yes	3:27:00	22 mint

Detail of discrepancies observed -

Observations

- Crowd Control was not Followed
- Safety belt was not used while transferring the patient

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ITSGZB/MKD/CODE-BLUE/01

RCA

- Security staff was not not aware about the crowd control protocol.

- GDA staff was not aware above the safety protocol.

CAPA

- Crowd Control importance was instructed to the security staff.

- Code blue mock drill demostration will provided.

Sign of Observer:

Sign of QMngr: 10/8/21

Date: 10/8/21

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Observation Form

Facility:

Period Number*:

Session Number*:

Service:

Date: (dd/mm/yy) / /

Observer: (initials)

Ward:

Start/End time: (hh:mm) - 20/10/21 : 1:00 2:00

Page N°:

Department: OP

Session duration: (mm) 2 hrs

City**:

Country**:

Prof.cat Code N°			Prof.cat Code N°			Prof.cat Code N°			Prof.cat Code N°		
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action
1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves

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Ghaziabad-201 001

7/12 x 100 = 58 %

I.T.S. Centre for Dental Sciences & Research
Delhi-Meerut Road, Nehru Nagar
Ghaziabad-201 001

Observation Form

Facility:		Period Number*:		Session Number*:	
Service:		Date: (dd/mm/yy)	10/10/21	Observer: (Initials)	
Ward:		Start/End time: (hh:mm)	1:01 / 3:00	Page N°:	
Department:	Prostho	Session duration: (mm)	2 hrs	City**:	
Country**:					

Prof.cat Code N°	PC.	Prof.cat Code N°	PC.	Prof.cat Code N°	PC.	Prof.cat Code N°	PC
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action
1	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves

10/15 x100

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Observation Form

Facility:		**Period Number*:**		**Session Number*:**	
Service:		**Date:** (dd/mm/yy)	1/6/21	**Observer:** (initials)	
Ward:		**Start/End time:** (hh:mm)	1 : 00 / 3 : 00	**Page N°:**	
Department:	Pedo	**Session duration:** (mm)	2 hr	**City**:**	
Country:**					

Prof.cat Code N°			Prof.cat Code N°			Prof.cat Code N°			Prof.cat Code N°		
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action
1	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☑ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ☐ missed ☐ gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves

I.T.S. Center for Dental Studies & Research
Delhi-Meerut Road, Murad Nagar

$\frac{9}{13} \times 100 = 69\%$

Dr. Devicharan Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Observation Form

Facility:	**Period Number*:**		**Session Number*:**
Service:	**Date:** (dd/mm/yy) 22/9/21		**Observer:** (initials)
Ward:	**Start/End time:** (hh:mm) 1:00/3:00		**Page N°:**
Department: Cons	**Session duration:** (mm) 2 hr		**City**:**
Country:**			

Prof.cat Code N° PG			Prof.cat Code N° PG			Prof.cat Code N° PG			Prof.cat Code N° H.K		
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action
1	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☑ HR ☐ HW ! missed ! gloves	1	☐ bef-pat. ☐ bef-asept. ☑ aft-b.f. ☑ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
2	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	2	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	3	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	3	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☑ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	4	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	5	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves	6	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr.	☐ HR ☐ HW ! missed ! gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW ! missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW ! missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW ! missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW ! missed ! gloves

10/16 × 100 = 62%

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Observation Form

Facility:		**Period Number*:**		**Session Number*:**	
Service:		**Date:** (dd/mm/yy)	15/9/21	**Observer:** (Initials)	
Ward:		**Start/End time:** (hh:mm)	1:00 / 3:00	**Page N°:**	
Department:	PHD	**Session duration:** (mm)	2 hrs	**City**:**	
Country:**					

Prof.cat Code / N°	PG.	Prof.cat Code / N°	UG.	Prof.cat Code / N°	H.K	Prof.cat Code / N°	DCA
Opp.	**Indication** / **HH Action**	**Opp.**	**Indication** / **HH Action**	**Opp.**	**Indication** / **HH Action**	**Opp.**	**Indication** / **HH Action**
1	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	1	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	1	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	1	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☑ missed ☐ gloves
2	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	2	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	2	bef-pat. ☐ bef-asept. ☑ aft-b.f. ☑ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	2	bef-pat. ☐ bef-asept. ☑ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves
3	bef-pat. ☐ bef-asept. ☑ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☑ HW ☐ missed ☐ gloves	3	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☑ aft-pat. ☑ aft.p.surr. / ☐ HR ☐ HW ☑ missed ☐ gloves	3	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	3	bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves
4	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☑ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☑ missed ☑ gloves	4	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	4	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	4	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves
5	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr / ☐ HR ☐ HW ☐ missed ☐ gloves	5	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	5	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	5	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves
6	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	6	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	6	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	6	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves
7	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	7	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	7	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	7	bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves

Dr. Devicharan Shetty
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ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201 206

13/18 × 100 = 72%

Observation Form

Facility:		**Period Number*:**		**Session Number*:**	
Service:		**Date:** (dd/mm/yy)	10/9/21	**Observer:** (initials)	
Ward:		**Start/End time:** (hh:mm)	1:00/3:00	**Page N°:**	
Department:	Cons	**Session duration:** (mn)		**City**:**	
Country:**					

Prof.cat Code N°	Dr	Prof.cat Code N°	Dr	Prof.cat Code N°	IC1	Prof.cat Code N°	IC2
Opp.	Indication / HH Action	Opp.	Indication / HH Action	Opp.	Indication / HH Action	Opp.	Indication / HH Action
1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	4	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ! gloves

I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201 206

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201 206

$\frac{9}{14} \times 100 = 64.1$

Observation Form

Facility:

Service:

Ward:

Department: Ortho

Country**:

Period Number*:

Date: (dd/mm/yy) - 1/9/21

Start/End time: (hh:mm) 2:00 4:00

Session duration: (mm) 2hrs

Session Number*:

Observer: (initials)

Page N°:

City**:

Prof.cat Code N°	PR			Prof.cat Code N°	PG			Prof.cat Code N°	UG			Prof.cat Code N°	JCA		
Opp.	Indication	HH Action		Opp.	Indication	HH Action		Opp.	Indication	HH Action		Opp.	Indication	HH Action	
1	bef-pat.	HR		1	bef-pat.	HR		1	bef-pat.	HR		1	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
2	bef-pat.	HR		2	bef-pat.	HR		2	bef-pat.	HR		2	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
3	bef-pat.	HR		3	bef-pat.	HR		3	bef-pat.	HR		3	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
4	bef-pat.	HR		4	bef-pat.	HR		4	bef-pat.	HR		4	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
5	bef-pat.	HR		5	bef-pat.	HR		5	bef-pat.	HR		5	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
6	bef-pat.	HR		6	bef-pat.	HR		6	bef-pat.	HR		6	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		
7	bef-pat.	HR		7	bef-pat.	HR		7	bef-pat.	HR		7	bef-pat.	HR	
	bef-asept.	HW			bef-asept.	HW			bef-asept.	HW			bef-asept.	HW	
	aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed			aft-b.f.	missed	
	aft-pat.	glove			aft-pat.	glove			aft-pat.	glove			aft-pat.	glove	
	aft.p.surr.				aft.p.surr.				aft.p.surr.				aft.p.surr.		

14/18 × 100 = 77%

Dr. Devicharan Shetty
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Delhi-Meerut Road, Muradnagar
Ghaziabad-201 206

Observation Form

Facility:		Period Number*:		Session Number*:	
Service:		Date: (dd/mm/yy)	27/8/21	Observer: (initials)	
Ward:		Start/End time: (hh:mm)	1:00 3:00	Page N°:	
Department:	Perio	Session duration: (min)	2hr	City**:	
Country**:					

Prof.cat Code N°	Dr	Prof.cat Code N°	Dr	Prof.cat Code N°	VG	Prof.cat Code N°	VG
Opp.	Indication / HH Action	Opp.	Indication / HH Action	Opp.	Indication / HH Action	Opp.	Indication / HH Action
1	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☑ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	1	☐ bef-pat. ☑ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves
2	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	2	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☑ HR ☐ HW ☐ missed ☐ gloves	2	☑ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f. ☐ aft-pat. ☐ aft.p.surr. / ☐ HR ☐ HW ☐ missed ☐ gloves
	☐ ☐ ☐ ☐ ☐ / ☐ ☐		☐ ☐ ☐ ☐ ☐ / ☐ ☐		☐ ☐ ☐ ☐ ☐ / ☐ ☐		☐ ☐ ☐ ☐ ☐ / ☐ ☐
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$\frac{10}{14} \times 100 = 71\%$

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Observation Form

Facility:	**Period Number*:**	**Session Number*:**	
Service:	**Date:** (dd/mm/yy) 20/8/21	**Observer:** (initials)	
Ward:	**Start/End time:** (hh:mm) 1:00 3:00	**Page N°:**	
Department: OP	**Session duration:** (mn) 2hr	**City**:**	
Country:**			

Prof.cat Code N° PG2			Prof.cat Code N° PG1			Prof.cat Code N° Dr.			Prof.cat Code N° N.K		
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2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	2	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
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5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	5	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves
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7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr.	HR HW missed gloves

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$\frac{4}{0} \times 100$

$\frac{2}{4} \times 100 = 50\%$

Observation Form

Facility:		Period Number*:		Session Number*:	
Service:		Date: (dd/mm/yy)	13/8/21	Observer: (initials)	
Ward:		Start/End time: (hh:mm)	1 00/3 : 00	Page N°:	
Department:	phd	Session duration: (mm)	2 hr	City**:	
Country**:					

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1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	1	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves
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3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	3	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves
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6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	6	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves
7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves	7	bef-pat. bef-asept. aft-b.f. aft-pat. aft.p.surr. / HR HW missed ↑ gloves

$\frac{8}{12} \times 100 = 66$

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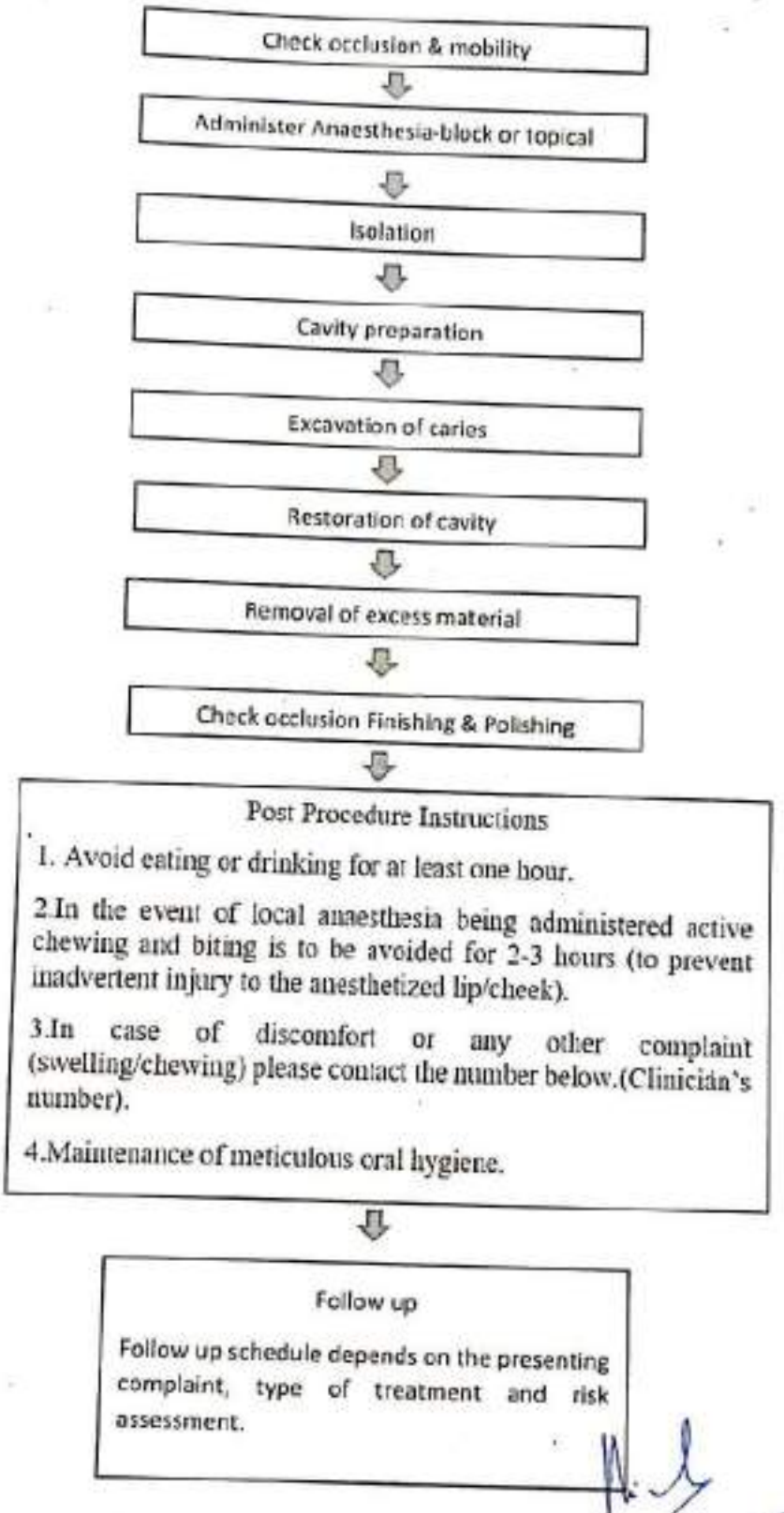
STANDARD OPERATING PROCEDURE FOR RESTORATION



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STANDARD OPERATING PROTOCOL FOR SPACE MAINTAINER

STEPS OF FABRICATION OF SPACE MAINATINER

CASE SELECTION

↓

FABRCATON OF BAND / SELECTION OF APPROPRIATE SIZE OF BAND

↓

IMPRESSION MAKING

↓

FABRICATION OF APPLIANCE

↓

EXTRACTION OF TOOTH /TEETH

↓

TRAL OF APPLIANCE AND CEMENTATION

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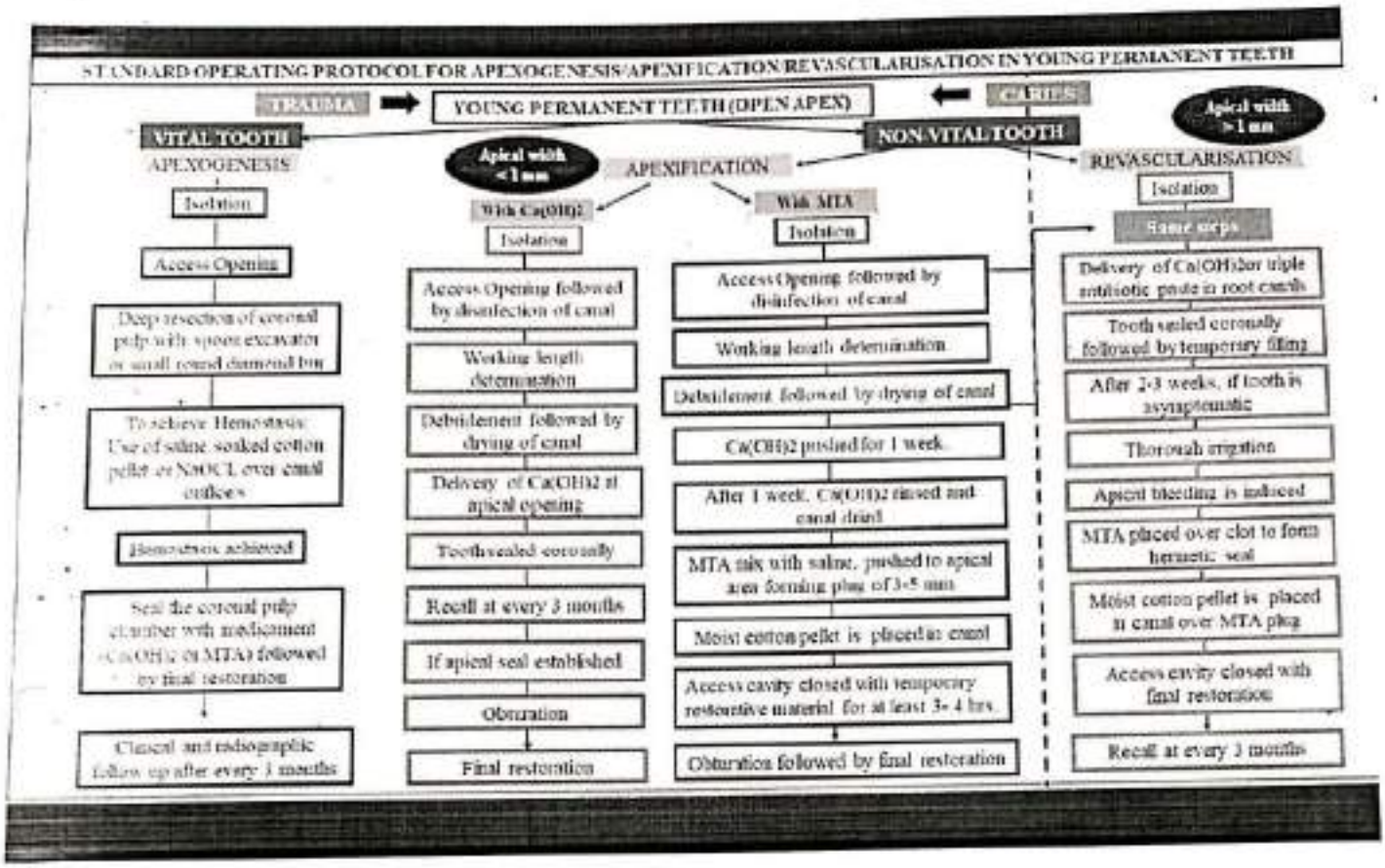

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STANDARD OPERATING PROTOCOL FOR NITROUS OXIDE SEDATION

Review the *medical history* and medications; determine American society of anaesthesiologist's (ASA) physical classification

- ✓ Documentation of *informed consent* from the parent
- ✓ Instructions to the parent regarding *pre-treatment dietary precautions*

Take the *vital signs*; blood pressure, pulse, respiration, oxygen saturation level

Select proper ***size nasal hood***

Introduction of ***100 percent oxygen*** for one to two minutes

A flow rate of ***five to six litres per minute (L/min)*** generally is acceptable to most patients. The flow rate is adjusted after observation of the reservoir bag

Begin ***administration of N_2O*** by titrating nitrous oxide in ***10 percent intervals***

Continue ***titration every 1 to 2 minutes*** in increments of 10%. Once ideal signs and symptoms of sedation are observed, begin treatment.

Upon completion of treatment, turn off ***N_2O and administer 100% O_2*** for at least 3 to 5 minutes

- ✓ Patient has to *accompanied with a care-taker* after appointment
- ✓ Inform regarding the *feeling of dizziness and nausea*
- ✓ Regular *monitoring of the child* for up to 3-4 hours post-op

Document procedure, including flow-rate, amount of time N_2O-O_2 was administered, amount of 100% oxygen delivered after completion of procedure and ***patient's response***. If satisfactory, discharge the patient

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INFECTION CONTROL POLICY

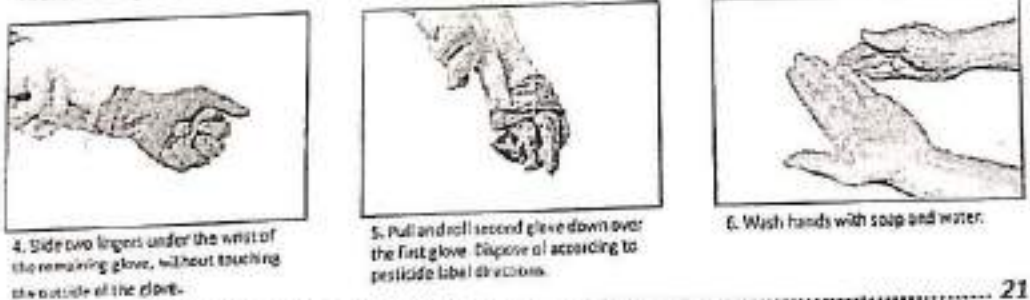
Table of Contents

Remove Disposable Gloves Safely

1. Wash gloves prior to removal. Pinch outside of glove near wrist.

2. Peel glove down away from wrist, turning glove inside out.

3. Pull glove off and hold in gloved hand.



4. Slide two fingers under the wrist of the remaining glove, without touching the outside of the glove.

5. Pull and roll second glove down over the first glove. Dispose of according to pesticide label directions.

6. Wash hands with soap and water.

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Hospital Infection Control Committee (HICC)
Members Description
I.T.S Centre for Dental Studies & Research

Hospital Infection Control Committee (HICC):

Present:

Chair Person	Dr. Navroop Kaur (Reader, Microbiology)
Member Secretary	Dr. Saravjeet Singh Arora (Prof. & HOD, Pathology)
Member	Dr. Akshay Rathore, Reader, Department of Oral Medicine & Radiology,
Member	Dr. Shivam Aggarwal, Sr. Lecturer, Department of Oral Surgery
Member	Dr. Birshubhra Roy, Sr. Lecturer, Department of Oral Surgery
Member	Dr. Anubhav Sharma, Sr. Lecturer, Department of Public Health Dentistry,
Member	Dr. Sapna Rani, Reader, Department of Prosthodontics,
Member	Dr. Karunakar Keshav, Sr. Lecturer, Department of Prosthodontics,
Member	Dr. Vidya Sekhar, Reader, Department of Periodontology,
Member	Dr. Vidhi Kiran Bhalla, Sr. Lecturer, Department of Conservative Dentistry,
Member	Dr. Sana Fatima, Sr. Lecturer, Department of Conservative Dentistry
Member	Dr. Divya Doneria, Sr. Lecturer, Department of Pediatric Dentistry,
Member	Dr. Shubhangi Jain, Sr. Lecturer, Department of Orthodontics,
Member	Dr. Nikita Gulati, Sr. Lecturer, Department of Oral Pathology,

Core Group:

- Chairman -
- One faculty each from Microbiology, OMDR, Orthodontics, Periodontics, Pedodontics, Oral Pathology, Conservative, Public Health and Dentistry and Prosthodontics.
- One Nursing Supdt., In-charge for Hospital Infection Control.

1. **Activities of ICN (Infection Control Nurses)**
   - Environmental surveillance.

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- Surveillance of air in OT's/ICUs
- To check for sterilization & dis-infection practices.
- In-use test of disinfectants
- Autoclave checks
- Water testing

II. Monitoring of infections based on culture positivity. Its purpose being to know the organisms causing infections in the hospital and to monitor the anti-microbial resistance. Tabulation of data has to be done for individual departments every month.

III. Continuous surveillance of infections for early detection of outbreak for which, appropriate control measures are undertaken.

IV. Surveillance of any community outbreak viz. Dengue, meningitis, diphtheria, meningococcaemia etc. to prevent spread within the hospital.

V. Staff health activities are carried out with the objectives:

- Educating personnel about the Principles of Infection Control and stressing individual responsibility for Infection Control.
- Collaborating with the infection control team in monitoring and investigating potentially harmful infectious exposures and outbreaks among personnel.
- Providing care to personnel for work related illnesses or exposures.
- Continuous training and on-going education is carried out for freshly recruited residents, nurses and sanitation staff.
- Identifying work-related infection risks and instituting appropriate preventive measures.

The goals are met by using vaccines optimally to prevent transmission of vaccine preventable diseases. Management of Job related illnesses and exposures is done by following the decisions on work restrictions as per the advice of the treating doctors. Records are maintained of all accidental HAI acquired by the staff with utmost confidentiality.

VI. Advising HCS's (Hospital Cleaning Staffs) regarding terminal dis-infection of unit /Laundry, Proper Hospital Waste Management.

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FUNCTIONS OF INFECTION CONTROL TEAM:

Functions of infection control team:

- Detects and investigates hospital acquired infections.
- Investigation of environmental problems related to hospital infections.
- Detects community acquired infections in the hospital and refers them to the appropriate authority follow-up.
- Prompts initiation by physicians of hospitals infection report.
- Assists in the development and review of infection control procedures to be forwarded to the central committee annually.
- Monitoring of hospital policy compliance on isolation procedures.
- Development and implementation of employees in service orientation program related to infection control.
- Monitoring the effectiveness of infection control program.
- Organizing employee's health programs.
- Guiding and monitoring of hospital infection through the cleaning company, catering agency, water supply department and other environmental agencies.

Functions of the infection control officer:

- Supervise the nursing officers.
- Liaise with the chairman of ICC and Microbiology technician.
- Must be able to make day to day decisions on infection control within the guidelines of the infection control manual.
- All duties of the nursing officers are under his responsibility.
- Provide continual up to date patterns of antibiotic resistance with the Microbiology technician.
- Have detailed knowledge of the infection control policies in the hospital.

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Functions of the infection control nurse:

- Checking wards and clinics to detect and record hospital acquired infections.
- Investigation of hospital-based infection to determine if inadequate procedures may have contributed.
- In conjunction with the technical officer, to purchase apparent incidents of cross infection.
- Surveillance of isolation procedures.
- Surveillance of nursing practices where they are related to infection, e.g., sterile techniques.
- Monitoring of food hygiene and health of food handling staff.
- Monitoring collection and disposal of infected wastes.
- Conduct education programs in infection control for all new nursing and paramedical staff, in conjunction with the medical and technical officers.
- Preparation of infection control statistics for infection control committee.

Prepared by:
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(Dept. of Pathology,
Member Secretary, HICC)

Approved by:
Dr. Navroop Kaur
(Dept. of Microbiology,
Chairperson, HICC)

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HICC Management Flowchart

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Approved by:
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INTRODUCTION

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INTRODUCTION

Hospital is a reservoir of innumerable microorganisms which thrive in an institution where a patient comes to get rid of their ailments. Although, the transmission of infectious agents among patients and dental health care personnel (DHCP) in dental settings has rarely been reported, ye there is an remote possibility of the cases to occur. Most of these microorganisms belong to the family of drug resistant strains and hence in order to prevent its spread amongst the patients, practitioners and staff members of the hospital, a team of people, also called as Hospital Infection Control (HIC) team, actively monitor and regulate these parameters. The infection control team works on the basis of the quality parameters mentioned in a manual, The Hospital Infection Control Manual (HICM), which acts as a reference guide containing policies as well as procedures to prevent Healthcare Associated Infections (HAIs) among patients and staff, which are defined as the infections acquired during or as a result of clinical intervention.

HAI cases have been reported and document in the past decade and included the transmissions from patient to-patient. These incidences were found to be the result in finding the connection between the diagnosis of an infection and failure in recognising the convenient and opt measures to control them. The basic reports associated with the prevention of infection controls included unsafe injection practices, failure to heat sterilize dental handpieces between patients, and failure to monitor (e.g., conduct spore testing) autoclaves. These reports highlight the need for comprehensive training to improve understanding of underlying principles, recommended practices, their implementation, and the conditions that have to be met for disease transmission. All dental settings, regardless of the level of care provided, must make infection prevention a priority and should be equipped to observe Standard Precautions and other infection prevention recommendations contained in NABH Guidelines for Infection Control in Dental Health-Care Settings.

This document is to provide evidence-based information on the prevention and control of infection. HIC committee is a forum for multidisciplinary input and cooperation, and information-sharing. The information and details of the parameters involved in the control of the infection in the DHSP setup has been made in accordance to the

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guidelines setup by NABH and is subjected to changes and updates, which would lie under the norms of NABH.

AIM

- The primary aim of the Hospital Infection Control (HIC) program is to prevent or minimize the potential for HAIs in patients as well as in staff by breaking the chain of transmission.

PROGRAM OBJECTIVES

- To develop written policies and procedures for standards of cleanliness, sanitation, and asepsis in the hospital.
- To interpret, uphold, and implement the HIC policies and procedures in the hospital.
- To review and analyze data on infections those occur in order to take corrective steps.
- To review and input into investigations of epidemics.
- To develop a mechanism to supervise infection control measures in all phases of hospital activities and to promote improved practice at all levels of the hospital.
- To ensure continuing education of employees on aspects of infection control.

CATEGORIES OF PRECAUTIONS

UNIVERSAL PRECAUTIONS:

- These precautions are confined to the health practitioners only.
- These precautions are applicable to the transmission of the blood borne pathogens like HIV, HBV, and HCV entities.
- According to the Universal Precautions, all the blood and other body fluids should be considered as a potential source for the transmission of these pathogens and thus necessary precautions should be maintained by the healthcare providers while dealing with patients.

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STANDARD PRECAUTIONS

- These precautions are confined to all the patients at all the times irrespective of their infection status.
- Consider ALL patients potentially infectious.
- Assume ALL blood and body fluids and tissue to be potentially infectious.
- Assume ALL unsterile needles and other sharps to be similarly contaminated.
- Actions - These precautions are to be followed in all personnel in ITS while handling patients.
- Wash hands before and after all patient or specimen contact.
- Handle the blood of all patients as potentially infectious and wear personal protective equipment (PPE) for potential contact with blood and body fluids.
- Prevent needle stick/sharp injuries.
- Handle all linen soiled with blood and/or body secretion as potentially infectious.
- Process all laboratory specimens as potentially infectious.
- Correctly disinfect / sterilize instruments and patient care equipment.
- Maintain environmental cleanliness.
- Follow proper waste disposal practices.

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Dental Procedures and Risk Chart

	Clinical condition/ Procedures	Risk Level
Emergency Dental Procedures	Fast spreading infections of facial spaces/Ludwig Angina/Acute cellulitis of dental origin/AcuteTrismus. Should connect with hospital settings emergencysettings immediately.	Very high
	Uncontrolled bleeding of dental origin. Should connect with hospital settings emergencysettings to rule out other causes.	Very high
	Severe uncontrolled dental pain, not responding to routine measures.	High
	Trauma involving the face or facial bones.	Very High
	Radiographs like PNS, OPG, CBCT in facial trauma and in medico-legal situations	High
Urgent Procedures	Acute Pulpitis	High
	Dental abscess	Very High
	Dentoalveolar trauma	High
	Pain of cavitation needing temporisation	High
	Unavoidable Dental Extractions	Very High
	Orthodontic procedures (see the section on adults)	Moderate
	Dental pain of pulpal origin not controlled by Advice, Analgesics, Antibiotics (AAA)	High
	Acute dental abscess of pulpal / periodontal/ endo-perio origin/ Vertical split of teeth	High
	Completion of ongoing root canal treatment (RCT)	High
	Temporization of cavitation in teeth which are approximating pulp but do not need pulp therapy	High
	Broken restoration/ fixed prosthesis causing sensitivity of vital teeth/ endangering to pulpitis /significant difficulty in mastication	High
	Unavoidable Dental Extractions / Post extraction complications	Very High
	Already prepared teeth/ implant abutments to receive crowns	High
	Peri-implant infections endangering stability	High
	Pericornitis / Operculectomy	High/Moderate
	Oral mucosal lesions requiring biopsy	High
	Long-standing cysts and tumours of the jaw with abrupt changes	High
	Sharp teeth/Trigeminal neuralgia	Moderate
	Orthodontic wire or appliances, piercing or impinging on the oral mucosa.	Moderate
	Orthodontic treatment causing latrogenic effects	Moderate
	Delivery of clear aligners	Moderate
	Patients on skeletal anchorage	Moderate

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	Repair of Broken complete dentures	High
	Implant prosthesis related issues	High
	Oral mucosal infections such as candidiasis	High
	Oral mucosal lesions showing sudden changes or suspicion of causing severe problems / oral cancer requiring biopsy	High
	Patients with medical conditions	
	Diabetes patients requiring treatment for periodontal conditions	High
	Dental treatment for patients requiring cardiac surgery	Very high
	Hospitalised patients requiring dental care for acute problems	Very high
	Patients requiring dental treatment for radiotherapy / organ transplantation	Very high

Urgent procedures should be undertaken only after teleconsultation, tele-triage, consent, and through pre-fixed appointment only.

Also, see suggested modifications required for a clinic set up.

Reference: https://www.mohfw.gov.in/pdf/DentalAdvisoryF.pdf

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Patient turn around and dental chair disinfection protocol:

I. After the patient leaves the treatment room, the Assistant will collect all hand instruments immediately, rinse them in running water to remove organic matter and as per standard sterilization protocol.

II. All 3 in 1 syringe, water outlets, hand piece water pipelines, etc. should be flushed with the disinfectant solution for 30-40 seconds.

III. Remove water containers and wash them thoroughly and disinfect with 1% sodium hypochlorite using clean cotton/ gauge piece and then fill with fresh 0.01% sodium hypochlorite solution and attach back to the dental chair.

IV. Then, disinfect the Dental Chair along with all the auxiliary parts within 3 feet of distance using 1% sodium hypochlorite and clean and sterilized cotton/gauge piece using inner to outer surface approach and leave for drying. New cotton/ gauge piece should be used for every surface. The areas include:

   a. Patient sitting area and armrests
   b. Dental chair extensions including water outlets, suction pipe, hand piece connector, 3 in 1 syringe, etc.
   c. Dental light and handle
   d. Hand washing area – slab and tap nozzle
   e. Clinic walls around the dental chair and switchboards
   f. Hand washing area – slab and tap nozzle

V. Hand pieces should be cleaned using a hand piece cleaning solution to remove debris, followed by packing in the autoclave pouches for autoclaving. Record to be maintained for the same.

VI. IMPRESSIONS should be thoroughly disinfected before pouring or sending to the laboratory using an appropriate disinfectant.

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BARRIERS OF INFECTIONS

S. No.	Category	Inclusions	Purpose
1.	Personal Protective Equipment	Gloves, Gowns, Goggles, Face Shields, Masks, Laboratory Coat, Shoe Cover.	To prevent the entry of blood and body fluid from reaching the practitioner's skin.
2.	Engineering Controls	AC Ducts, Vents, Sewer and drainage Controls, Distillation Plant.	Engineering controls remove or isolate a hazard in the workplace.
3.	Workplace Controls	Handwashing and Sharps disposal.	Reduction of likelihood of pathogen exposure.

Treating all patients in the health care facility with the same basic level of "standard" precautions involves work practices that are essential to provide a high level of protection to patients, health care workers and visitors which include the following :

- Hand washing and antisepsis (hand hygiene).
- Use of personal protective equipment when handling blood, body substances, excretions, and secretions.
- Appropriate handling of patient care equipment and soiled linen.
- Prevention of needlestick /sharp injuries.
- Environmental cleaning and spills-management.
- Appropriate handling of waste.

Reducing person to person transmission via general precautions involving:

- Removal of all jewelries from hands when working in the hospital.
- Avoiding of artificial fingernails or extenders when in direct contact with patients.
- Keeping the natural nails short.

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HAND HYGIENE

Hand Washing and Antisepsis (hand hygiene) Appropriate hand hygiene minimizes microorganisms acquired on the hands during daily duties and when there is contact with blood, body fluids, secretions, excretions, and known and unknown contaminated equipment or surfaces (Fig. 1). Appropriate hand hygiene can minimize micro-organisms acquired on the hands during daily duties and when there is contact with blood, body fluids, secretions, excretions and known and unknown contaminated equipment or surfaces. Hands can become contaminated with infectious agents through contact with a patient, patient surroundings, the environment, or other health care workers. Cross-contamination can occur from one site to another in the same patient, between health care worker and patient, between patient or health care worker and the environment, or between health care workers Practicing hand hygiene before every episode of patient contact (including between caring for different patients and between different care activities for the same patient) and after any activity or contact that potentially results in hands becoming contaminated (such as removal of gloves) reduces the risk of cross-contamination.

➢ Wash or decontaminate hands:

- after handling any blood, body fluids, secretions, excretions, and contaminated items
- between contact with different patients
- between tasks and procedures on the same patient to prevent cross contamination betweendifferent body sites
- immediately after removing gloves and
- Using a plain soap, antimicrobial agent, such as an alcoholic hand rub or waterlessantiseptic agent.

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➢ <u>Six Moments for Hand Hygiene</u> - Wash or decontaminate hands using a plain soap, antimicrobial agent, such as an alcoholic hand rub or waterless antiseptic agent-

a. Before touching a patient
b. Before clean or aseptic procedure
c. After body fluid exposure risk
d. After touching a patient
e. After touching patient surroundings

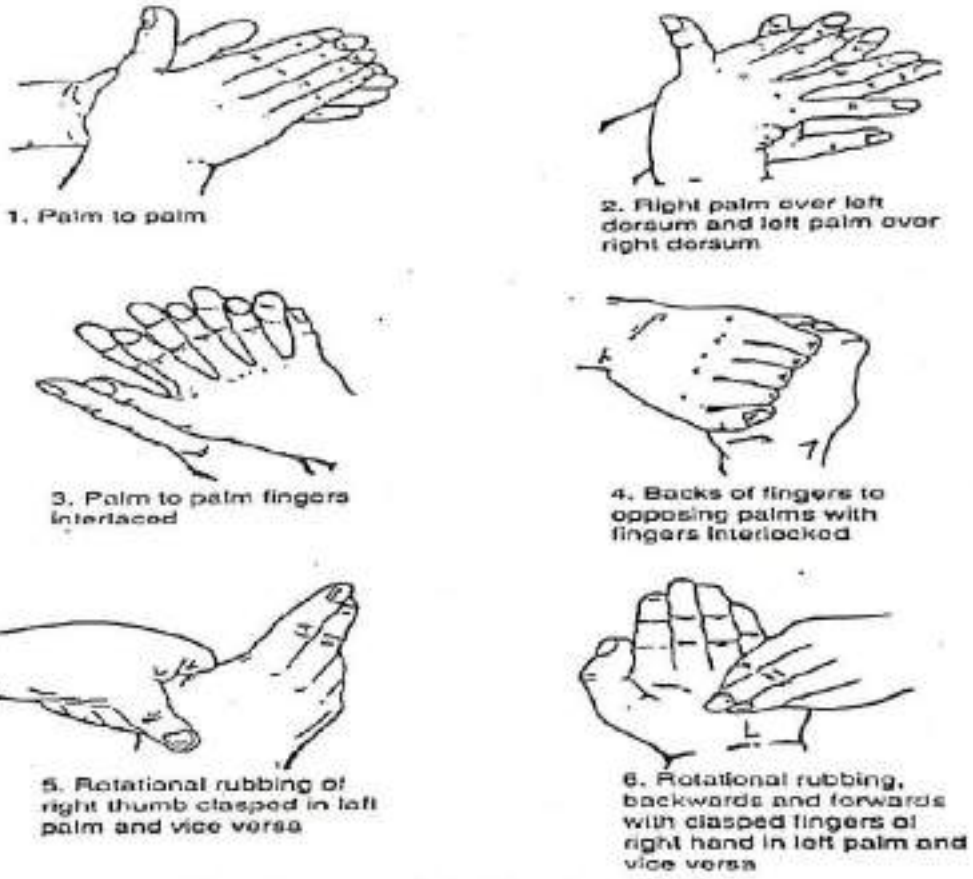

Fig. 1: Proper method of cleaning the hands.

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Gloves

Gloves can protect both patients and health care workers from exposure to infectious agents thatmay be carried on hands:

- Wear gloves (clean, non-sterile) when touching blood, body fluids, secretions, excretionsor mucous membranes.
- Change gloves between contacts with different patients to prevent transmission ofinfectious material
- Change gloves between tasks/procedures on the same patient to prevent cross-contamination between different body sites.
- Change gloves if the patient interaction involves touching portable computer keyboardsor other mobile equipment that is transported from room to room.
- Remove gloves immediately after use and before attending to another patient.
- Hand hygiene should be performed before putting on gloves and after removal of gloves.
- Use a plain soap, antimicrobial agent or waterless antiseptic agent.
- Disposable gloves should not be reused but should be disposed off according to the healthcare facility protocol.
- Prolonged and indiscriminate use of gloves should be avoided as it may cause adversereactions and skin sensitivity.

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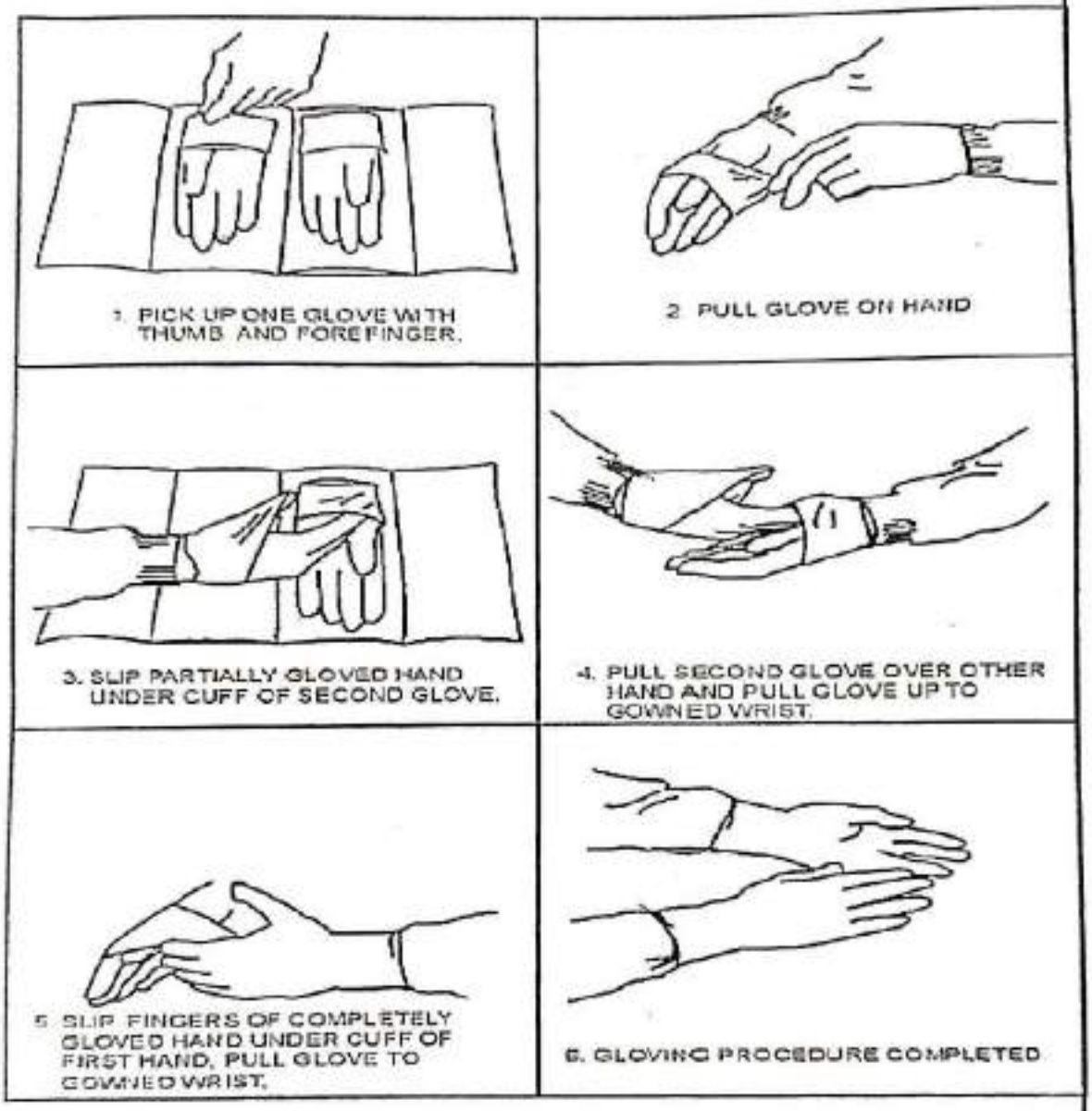

Fig. 2 : Steps for Wearing Gloves

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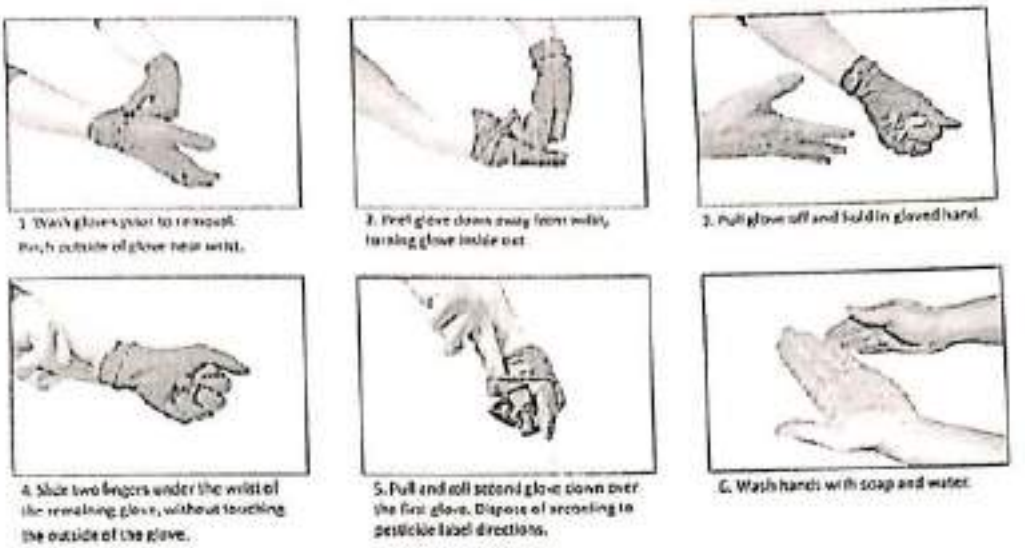

Fig. 3: How to Remove Gloves

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Personal Protective Equipment (PPE)

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin, and clothing from contact with infectious agents. PPE used as part of standard precautions includes aprons, gowns, gloves, surgical masks, protective eyewear, and face shields. Selection of PPE is based on the type of patient interaction, known or possible infectious agents, and/or the likely mode(s) of transmission. There have been few controlled clinical studies evaluating the relationship between the use of PPE and risk of Hospital Acquired Infections (HAIs). However, the use of barriers reduces opportunities for transmission of infectious agents. PPE also protects patients from exposure to infectious agents in the surrounding environment carried by healthcare workers.

Factors to be considered are:

- probability of exposure to blood and body substances
- type of body substance involved
- probable type and probable route of transmission of infectious agents

Where to wear PPE ?

PPE is designed and issued for a particular purpose in a protected environment and should not be worn outside that area. Protective clothing provided for staff in areas where there is high risk of contamination (e.g. operating suite/room) must be removed before leaving the area. Even where there is a lower risk of contamination, clothing that has been in contact with patients should not be worn outside the patient-care area. Inappropriate wearing of PPE (e.g. wearing operating suite/room attire in the public areas of a hospital or wearing such attire outside the facility) may also lead to a public perception of poor practice within the facility.

Using personal protective equipment provides a physical barrier between micro-

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organisms and the wearer. It offers protection by helping to prevent micro-organisms from contaminating hands, eyes, clothing, hair and shoes and being transmitted to other patients and staff.

In ITS Personal protective equipment should be used by all staff in situations where they may have contact with blood, body fluids, excretions, and secretions including when handling blood / body fluid spills. Personal protective equipment includes:

- Gloves
- Protective eye wear (goggles)
- Mask
- Apron
- Gown
- Boots or shoe covers
- Cap or hair cover

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Gowns:

Gowns are used as specified by Standard and Transmission-Based Precautions, to protect the health care workers' arms and exposed body areas and prevent contamination of clothing with blood, body fluids, and other potentially infectious material. The need for and type of gown selected is based on the nature of the patient interaction, including the anticipated degree of contact with infectious material and potential for blood and body fluid penetration of the barrier. The wearing of isolation gowns and other protective apparel is mandated by the OSHA Bloodborne Pathogens Standard (1991). Clinical and laboratory coats or jackets worn over personal clothing for comfort and/or purposes of identity are not considered PPE. When applying Standard Precautions, an isolation gown is worn only if contact with blood or body fluid is anticipated. However, when Contact Precautions are used (i.e., to prevent transmission of an infectious agent that is not interrupted by Standard Precautions alone and that is associated with environmental contamination), donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces. The routine donning of isolation gowns upon entry into an intensive care unit or other high-risk area does not prevent or influence potential colonization or infection of patients in those areas.

Isolation gowns are always worn in combination with gloves, and with other PPE when indicated. Gowns are usually the first piece of PPE to be donned. Full coverage of the arms and body front, from neck to the mid-thigh or below will ensure that clothing and exposed upper body areas are protected. Several gown sizes should be available in a healthcare facility to ensure appropriate coverage for staff members.

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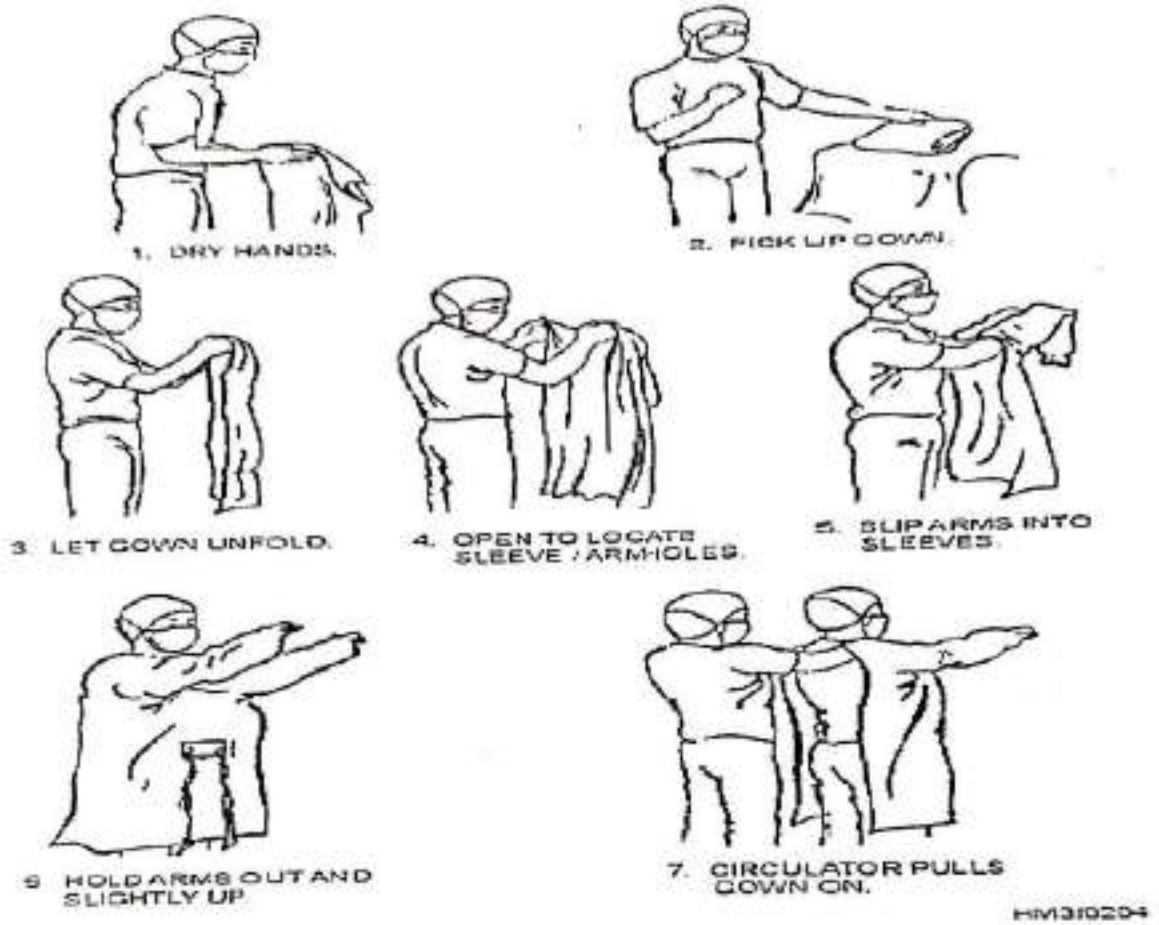

Fig. 4. Proper method of Donning the Gown.

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Masks

- Wear a mask to protect mucous membranes of the mouth and nose when undertaking procedures that are likely to generate splashes of blood, body fluids secretions or excretions.
- Wear surgical masks rather than cotton material or gauze masks. Surgical masks have been designed to resist fluids to varying degrees depending on the design of the material in the mask.
- Do not reuse disposable masks. They should be disposed off according to the health care facility protocol.

Surgical masks can be placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others. Considerations when using a surgical mask include:

- masks should be changed when they become soiled or wet
- masks should never be reapplied after they have been removed
- masks should not be left dangling around the neck
- touching the front of the mask while wearing it should be avoided
- hand hygiene should be performed upon touching or discarding a used mask.
- children should wear a specifically designed child mask and their oxygen saturationshould be monitored.

Protective eye wear and face shield

Wear protective eyewear and face shields to protect the mucous membranes of the eyes when conducting procedures that are likely to generate splashes of blood, body fluids, secretions, or excretions. If disposable, discard appropriately. If they are reusable, decontaminate them according to the manufacturers' instructions.

Eye protection:

Goggles with a manufacturer's anti-fog coating provide reliable, practical eye protection from splashes, sprays, and respiratory droplets from multiple angles. Newer styles of goggles fit adequately over prescription glasses with minimal gaps (to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow). While effective as eye protection, goggles and safety glasses do not provide splash or spray protection to other parts of the face. Personal eyeglasses and contact lenses are not considered adequate eye protection.

Face shields:

Single-use or reusable face shields may be used in addition to surgical masks, as an alternative to protective eyewear. Compared with other forms of protective eyewear, a face shield can provide protection to other parts of the face as well as the eyes. Face shields extending from chin to crown provide better face and eye protection from splashes and sprays; face shields that wrap around the sides may reduce splashes around the edge of the shield.

Caps and boots/shoe covers:

- Wear caps and boots/shoe covers where there is a likelihood that the patient's blood, body fluids, secretions or excretions may splash, spill or leak onto the hair or shoes.
- Launder caps and shoe covers appropriately if they are reusable, according to the hospital guidelines.
- Do not reuse disposable caps/shoe covers. They should be discarded according to the health care facility protocol.
- Clean and disinfect reusable boots.

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COLLECTION OF BLOOD SAMPLES

Following protocol needs to be observed:

- Use gloves
- Take care to avoid contamination of hands and surrounding area with the blood.
- Use disposable or autoclaved syringes and needles.
- Use 70 percent ethanol or isopropyl alcohol swabs or sponges for cleaning the site of needle puncture.
- Tourniquet must be removed before the needle is withdrawn.
- Place dry cotton swab and flex the elbow to keep the swab in place till bleeding stops.
- Dispose used needles and syringes in a puncture-proof container containing disinfectant.
- Do not recap used needles.

NEEDLES AND SHARPS

Prevention of needle stick/sharps injuries

- Take care to prevent injuries when using needles, scalpels and other sharp instruments or equipment.
- Place used disposable syringes and needles, scalpel blades and other sharp items in a puncture-resistant container with a lid that closes and is located close to the area in which the item is used. Take extra care when cleaning sharp reusable instruments or equipment.
- Never recap or bend needles.
- Sharps must be appropriately disinfected and/or destroyed as per the national standards or guidelines.
- Needles should not be recapped, bent or broken by hand.
- Disposable needles and other sharps should be disposed immediately after use into puncture-proof containers which should be located at the site of the

procedure.

- When a needle has to be removed from a syringe, do it with utmost care.
- Do not overfill a sharps container.
- ALWAYS dispose of your own sharps.
- NEVER pass used sharps directly from one person to another.
- During exposure-prone procedures, the risk of injury should be minimized by ensuring that the operator has the best possible visibility; for example, by positioning the patient, adjusting the light source, and controlling bleeding.
- Protect fingers from injury by using forceps instead of fingers for guiding suturing.
- Locate sharps disposal containers close to the point of use, for example, in patient's room, on the medicine trolley, and in the treatment room.

Risk in sharps injuries:

The use of sharp devices exposes health care workers to the risk of injury and potential exposure to bloodborne infectious agents, including hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV) (CDC 2001). Sharp's injuries can occur in any health care setting, including non-hospital settings such as in office-based practices, home health care and long-term care facilities. Injuries most often occur (CDC 2008):

- during use of a sharp device on a patient (41%)
- after use and before disposal of a sharp device (40%) and
- during or after appropriate or inappropriate disposal of sharp devices (15%).

There are many possible mechanisms of injury during each of these periods. Hollow bore needles are of particular concern; especially those used for blood collection or intravascular catheter insertion, as they are likely to contain residual blood and are associated with an increased risk for blood borne virus transmission.

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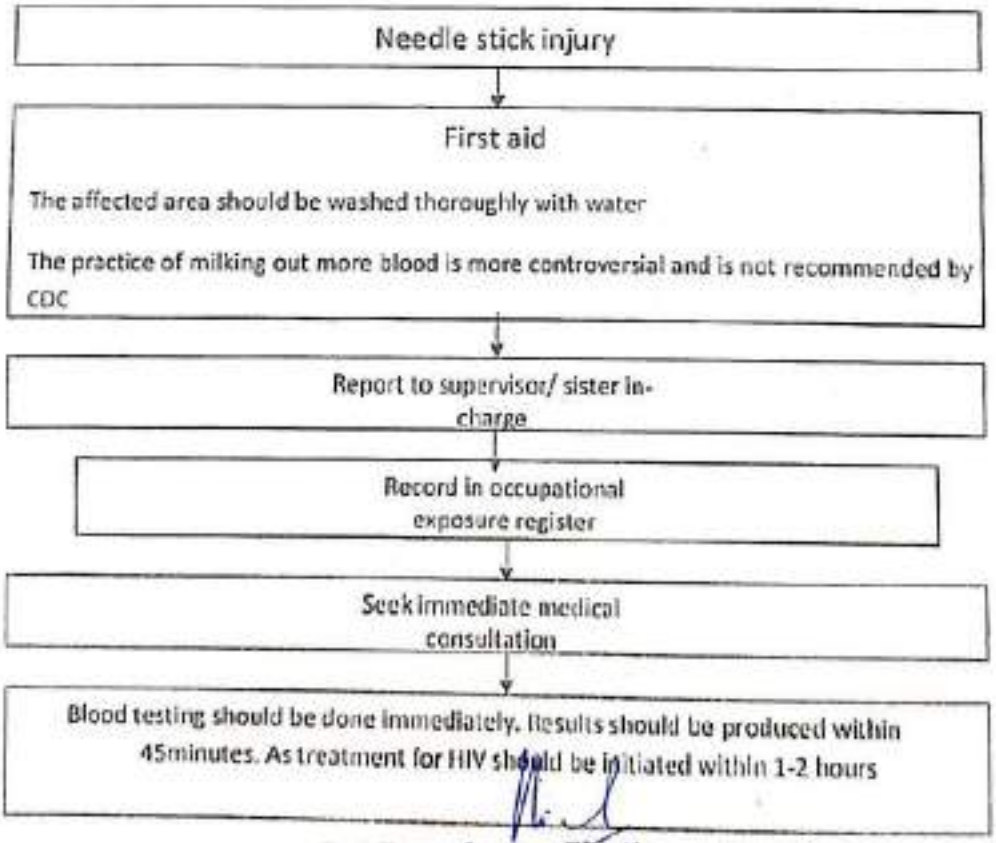
Handling of sharps:

All health care workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices: during procedures; when cleaning used instruments: during disposal of used needles; and when handling sharp instruments after procedures. Standard measures to avoid sharps injuries include handling sharp devices in a way that prevents injury to the user and to others who may encounter the device during or after a procedure. The extent to which gloves protect health care workers from transmission of blood borne infectious agents following a needle stick or other puncture that penetrates the glove has not been determined. Although gloves may reduce the volume of blood on the external surface of a sharp, the residual blood in the lumen of a hollow-bore needle would not be affected; therefore, the effect on reduction of transmission risk is not quantifiable.

The procedure to be followed for sharp injury to healthcare worker:



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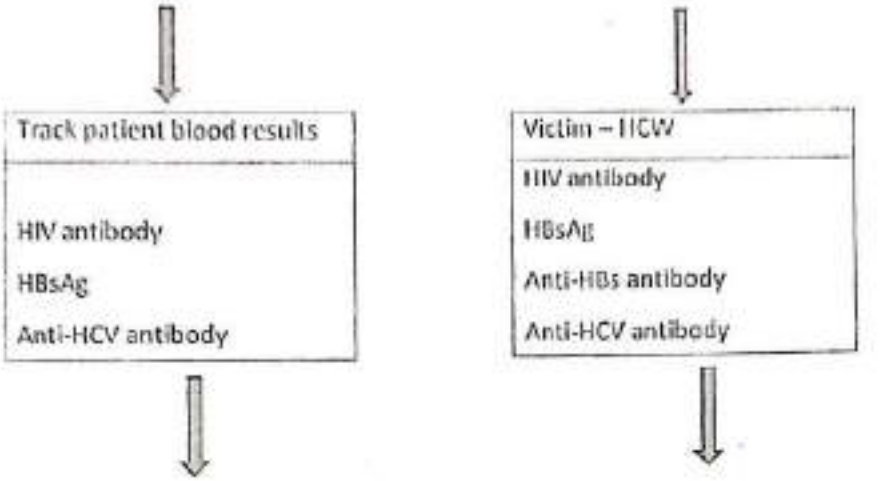

Recommendations for health care worker in suspected cases of HIV, HBV and HCV

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Measures of Environmental management

A clean environment plays an important role in the prevention of hospital associated infections (HAI). Many factors, including the design of patient care areas, operating rooms, air quality, water supply and the laundry, can significantly influence the transmission of HAI.

Premises/buildings

Facility design and planning should ensure:

- adequate safe water supply
- appropriate cleaning practices
- adequate floor space for beds
- adequate interbed space
- adequate hand washing facilities
- adequate ventilation for isolation rooms and high-risk areas like operation theatres,transplant units, intensive care areas, etc.
- adequate isolation facilities for airborne, droplet, contact isolation and protectiveenvironment
- regulation of traffic flow to minimize exposure of high-risk patients and facilitate patienttransport
- measures to prevent exposure of patients to fungal spores during renovations
- precautions to control rodents, pests and other vectors and
- appropriate waste management facilities and practices

Air/Ventilation:

Ventilation systems should be designed and maintained to minimize microbial contamination. The air conditioning filters should be cleaned periodically and fans that can spread airborne pathogens should be avoided in high-risk areas. High-risk areas such as operating rooms, critical care units and transplant units require special ventilation systems. Filtration systems (air handling units) designed to provide clean air should have

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high efficiency particulate air (HEPA) filters in high-risk areas. Unidirectional laminar airflow systems should be available in appropriate areas in the hospital construction. Ultraclean air is valuable in some types of cardiac surgery/neurosurgery/implant surgery theatres and transplant units.

For the operating room, the critical parameters for air quality include:

- frequent maintenance/validation of efficacy of filters (in accordance with manufacturer's requirements)
- pressure gradient across the filter bed and in the operation theatre
- air changes per hour (minimum 15 air changes per hour)
- temperature should be maintained between 20°C and 22°C and humidity between 30%and 60% to inhibit bacterial multiplication
- general areas should be well ventilated if they are not air-conditioned

Water

The health care facility should provide safe water. If it has water storage tanks, they should be cleaned regularly, and the quality of water should be sampled periodically to check for bacterial contamination.

Safe drinking water

Where safe water is not available, water is to be boiled for 5 minutes to render it safe. Alternatively, water purification units can be used. Water should be stored in a hygienic environment. Do not allow hands to enter the storage container. Dispense water from storage container by an outlet fitted with a closure device or tap. Clean the storage containers and water coolers regularly.

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ISOLATION POLICIES AND PROCEDURES

Isolation procedures are meant to prevent or interrupt transmission of pathogenic microorganisms within the hospital. Selected patients may require specific precautions to limit transmission of potential infecting organisms to other patients.

Microorganisms are transmitted by three main routes:

- Contact - Infection occurs through direct contact between the source of infection and the recipient or indirectly through contaminated objects
- Air - Infection usually occurs by the respiratory route, with the agent present in aerosols (infectious particles less than 5 μm in diameter).
- Droplet - Large droplets carry the infectious agent (greater than 5 μm in diameter).
- Contact Transmission - These apply to patients with any of the following conditions and/or diseases:
- Presence of stool incontinence (may include patients with norovirus, rotavirus, or Clostridium difficile), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids.

➢ <u>Presence of generalized rash or exanthemas:</u>

In case a patient having any of the above condition arrives for DENTAL consultation, he shall be handled using contact precautions and in cases where DENTAL ailment is not an emergency, he / she shall be first referred to infectious disease consultation. DENTAL consultation shall be appropriately deferred.

In case DENTAL ailment is an emergency

- Perform hand hygiene before touching the patient and prior to wearing gloves. Also perform hand hygiene after touching the patient and after removing gloves.
- Use appropriate PPE.
- Clean or disinfect the examination room accordingly..

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- Once DENTAL emergency has been addressed the patient shall be referred for infectious disease consult.
- Air Borne / Droplet Transmission - These should be applied to patients known or suspected to be infected with a pathogen that can be transmitted by the air / droplet route.
- Provide the patient a face mask and placed in a separate area as far from other patients as possible while awaiting care.
- In case a patient having any of the above condition is not a DENTAL emergency he / she shall be first referred to infectious disease consultation. DENTAL consultation shall be appropriately deferred.

➢ <u>In case DENTAL ailment is an emergency:</u>

- Perform hand hygiene before touching the patient and prior to wearing gloves. Also perform hand hygiene after touching the patient and after removing gloves.
- Use appropriate PPE.
- Clean or disinfect the examination room accordingly.
- Once DENTAL emergency has been addressed the patient shall be referred for infectious disease consult.

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DISINFECTION AND STERILIZATION

Sterilization – Sterilization is done by Steam Autoclave. Autoclave parameters are –

Autoclave Gravity-Displacement: - 30 min holding time at 121°C at 1.1 kg/cm^2 or 15 lb/in^2 (PSI)

Pre-vacuum - 3 min holding time at 134°C at 2.2 kg/cm^2 or 32 lb/in^2 (PSI)

Disinfection - Disinfection is a process where most microbes are removed from a defined object or surface, except bacterial spores.

Disinfectants are classified as:

- High level disinfectants: Glutaraldehyde 2%, ETO.
- Intermediate level disinfectants: Alcohols, Chlorine compounds, Hydrogen peroxide, Chlorhexidine, Glutaraldehyde (short-term exposure).
- Low level disinfectants: Benzalkonium chloride, some soaps.
- Disinfection is carried out for general equipment, linen, OT environment etc.

Following table summarizes the disinfection at ITS:

Equipment	Frequency of Change & Recommendation
Oral Thermometer	After each use, the thermometer is disinfected by wiping with a swab saturated with 70 percent isopropyl alcohol. Each thermometer is kept in a separate dry holder. After each outpatient session, the thermometer holder is washed in warm water and detergent, and the thermometer is disinfected in 70 percent alcohol for 5 minutes.
Sphygmomanometer Cuffs	Change covers regularly (1 per week) and wash inflatable section in detergent and water, dry thoroughly or use 70 percent alcohol. Change after each use in infected patients.
Dental Chair	Wipe with clean moist cloth daily. Use mild detergent to remove visible stains
Spittoon	Clean with detergent and water. Use warm water for tough stains
Cleaning cloths, Brushes, and Equipment	Cleaning clothes are used only once and then discarded to wash. Wash brushes and buckets in detergent and water, then hang or invert to dry, then store dry.
Hand Basins	Clean with detergent and water.
Lockers	Detergent and water as necessary and after patient discharge.
Toilet Brushes	Should be rinsed in flushing water, and stored to dry.
Walls	Remove visible soiling with detergent as necessary.

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LAUNDRY SERVICES

- Soiled linen is a source of microbial contamination which may cause infections in hospital patients and personnel.
- Washing of Linen is outsourced to M/s Quick wash. A MOU has been executed for this purpose.
- All linen is classified in two categories –
- Used Linen – Linen that has been used for any purpose but is not visibly soiled with blood or any other body fluids.
- Soiled Linen – Linen that is visibly soiled with blood or any other body fluid.
- All used linen shall be handed over for washing in a cloth bag duly accounted for.
- All soiled linen will be first segregated from other used linen. It will then be soaked in freshly prepared 1% Sodium Hypochlorite solution for a period of 30 minutes. It will then be taken out rinsed and handed over wet for washing in a waterproof bag/covered bucket.
- Linen received after washing will be stored in a closed cupboard / almirah for use.

Precautions while handling linen:

- Wear PPE (Gloves, mask, plastic/rubber apron and gum boots) when collecting, handling, transporting, sorting and washing soiled linen.
- When collecting and transporting soiled linen, handle it as little as possible and with minimum contact to avoid accidental injury and spreading of microorganisms.
- Consider all cloth items (for example, surgical drapes, gowns, wrappers) used during a procedure as infectious. Even if there is no visible contamination, the item must be laundered.
- Carry soiled linen in covered containers or plastic bags to prevent spills and splashes and confine the soiled linen to designated areas (interim storage area) until transported to the laundry.
- Carefully sort all linen in the laundry area before washing because soiled linen (large drapes and towel drapes) from the operating room or other procedure areas, frequently contain sharps (for example, scalpels, sharp-tipped scissors, hypodermic and suture needles, and

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sharp-tipped towel clips). In addition, bedding from patients' rooms may contain soiled dressings and be blood-stained or wet with other body fluids.

HOUSEKEEPING

General Policy –

- Routine cleaning is necessary to ensure a hospital environment which is visibly clean and free from dust and soil.
- 90 percent of microorganisms are present within "visible dirt", and the purpose of routine cleaning is to eliminate this dirt. Neither soap nor detergents have antimicrobial activity, and the cleaning process depends essentially on mechanical action.
- The frequency of cleaning and cleaning agents used for walls, floors, windows, beds, curtains, screens, fixtures, furniture, baths and toilets, and all reused medical devices must be specified.
- Methods must be appropriate for potential contamination, and the necessary level of asepsis.
- Reception & waiting area including washrooms - Normal domestic cleaning daily with weekly washing with detergent solution. Disinfect any areas with visible contamination with blood or body fluids prior to cleaning.
- Diagnostics rooms - Clean using a detergent or disinfectant solution and separate cleaning equipment.
- Pre/post Op Area - Clean using a detergent or disinfectant solution and separate cleaning equipment.
- The walls to be washed with a scrubber, using detergent and water whenever necessary.
- Fans and lights to be cleaned with soap and water once a month using wet mops.
- Cupboards, shelves, lockers, stools and other fixtures should be cleaned with detergent and water once a week.
- Curtains to be changed once a month and once every 15 days in critical areas or whenever soiled.
- Bathroom floors to be scrubbed with a broom and cleaning powder once a day and cleaned at frequent intervals. Disinfection may be done using a toilet cleaning liquid.
- Plastic buckets and dustbins to be cleaned with detergent powder once every week.

Housekeeping in Implant Room

- Use soap solution for cleaning of floors and other surfaces daily. Entire area to be cleaned thoroughly once a week.
- Before the start of the first case - Wipe all furniture, equipment, room lights, suction points, surgical light reflectors, other light fittings, slabs with 2% Bacilloeid solution.

After each case –

- Linen: Gather all soiled linen and towels that are blood-stained, pack in a leak proof bag or closed bin. Other linen to be packed and to be taken out. Appropriate PPE should be used while handling soiled linen. Disposable drapes should be disposed of in the Biomedical Red bag.
- Instruments - Used instruments to be cleaned immediately. All the instruments should first be decontaminated in 1 percent sodium hypochlorite solution for 30 minutes and then soaked in a multi enzyme cleaner for 30 minutes followed by scrubbing with a brush using liquid soap in warm water and then dried. They then be sent for sterilization to CSSD.
- Environment: Wipe used equipment and furniture with detergent and water.
- If there is a blood spill, disinfect with sodium hypochlorite before wiping. Empty and clean suction bottles and tubing with disinfectant.

After the last case –

- The same procedure as mentioned above should be followed.
- In addition - Wipe overhead lights, cabinets, waste receptacles, equipment, and furniture with a detergent. Wash floor and wet mop with liquid soap and then remove water, and wet mop with a disinfectant solution. Clean the storage shelves, scrub and clean sluice room.

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HANDLING SPILLS

- Clean spills of blood, body fluids and other potentially infectious fluids immediately.
- Wear PPE.
- Cover the area immediately with any absorbent material like tissue paper, old newspaper and gauze piece/cotton.
- Cover the spills with 1% Sod Hypochlorite solution. Wait for 30 minutes.
- Discard all material in yellow bag.
- Then clean as usual with detergent and water.

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BIOMEDICAL WASTE (BMW) MANAGEMENT

- All BMW will be handled as per BMW Rules only.
- Guidelines source : Reference i.e. https://www.cpcb.nic.in/uploads/Projects/Bio-Medical/Bio-medical-waste-guidelines.pdf
- The OTS staff is responsible for proper segregation of waste as per BMW rules in color coded bags and handing over those bags to authorized government agency.
- Housekeeping staff will not mix segregated waste at the time of removing it from patient care areas.
- At the time of handing over of BMW the quantity of each category of waste will be noted in the register.

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NEEDLE-STICK INJURY

Immediate actions

- For Injury: Wash with soap and running water.
- For Non-intact Skin Exposure: Wash with soap and water.
- For Mucosal Exposure: Wash thoroughly.
- Reporting - All sharps injury and mucosal exposure MUST be reported to the immediate supervisor present at the time of occurrence to evaluate the injury. Each instance of needle stick injury shall be recorded in Incident Register and handed over to the ICN for further follow-up.
- Management - Management is on a case-to-case basis.
- Follow-Up - Follow-up and statistics of needle-stick injury are done by the ICN on a weekly basis. This information is presented at the HICC meeting and preventive actions to avoid needle-stick injuries, if any, are recorded.
- Post-HIV Exposure Management / Prophylaxis (PEP) – For post exposure prophylaxis the individual will be referred to PSRI Hospital for management by physician / infectious disease specialist.

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STERILE SUPPLIES FOR OPEARTIVE PROCEDURES

- Instrument packs for various procedures
- Dressing pads
- Dressing packs, cotton and gauze
- Cleaning – All instruments & devices that are to be sterilized are first washed with water and then soaked in multi-enzyme solution. These are then rinsed in water and dried.
- Inspection – Each instrument is visually inspected for its integrity and functioning. Once it is checked and found correct it is packed.
- Packing - Packs are made for various procedures as per pack-list available with OT Technician. Packs are sets of instruments wrapped in OT toivels and labeled.
- Sterilization – Sterilization is done in autoclave.
- Storage & Issue – Once sterilized items are stored and issued to users.
- Monitoring Sterilization
- Bowie Dick test (Weekly)
- Leak rate test (weekly)
- Temperature and process control test (daily) – Temperature graphs to be saved.
- Biological indicator test (weekly) - *Bacillus stearothermophilus*: Steam
- Quarterly test (using thermocouples)
- Yearly commissioning and re-commissioning test

Operating autoclave

- Autoclave will be operated by a designated technician.
- Temp and pressure settings are as under
  - Temp - 121°C
  - Pressure - 15 psi
  - Holding time - 30 Minutes

Troubleshooting - Wet Pack Problems - Packages are considered wet when moisture in the form of dampness, droplets or puddles is found on or within a package. There are two types of wet packs: those with external wetness and those with internal wetness. Sterility is considered compromised and the package contents considered contaminated when wet packs are found. There are several causes of wet packs.

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The following is a list of possible causes:

- Packages are improperly prepared or loaded incorrectly.
- Condensation drips from the sterilizer cart shelf above the item.
- Condensation drips from rigid sterilization containers placed above absorbent packaging.
- Condensate blows through the steam lines into the sterilizer chamber.
- Instrument or basin sets are too dense or lack absorbent material to wick moisture away.
- Linen packs are wrapped too tightly.
- Sterilization containers with a low metal-to-plastic ratio.

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Quality Assurance

- All the quality assessment parameters opted by the institute will be monitored as per the checklist enclosed in this manual.
  (Source: https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf)
- All documentation should be dated and signed by the person completing the documentation and/or verifying the test results.
- Documentation of the sterilization process should include:
- Package label: - Initials of technician packaging the device, cycle number, pack number and the date of sterilization.
- Detailed list of sterilizer load contents
- Date, time, and results of all tests performed (for example, printout, Chemical Indicator, Biological Indicator, Bowie-Dick, leak test). Verification should be documented (for example, printout is initialed). If any indicator fails, the failure will be investigated. Loads may be recalled according to the results of the investigation. All actions associated with an investigation should be documented.
- A process to address any indicator failure, for example, printout, chemical indicator or biological indicator.

Record retention for 01 year.

Recall Procedure - As soon information about biological indicators not being satisfactory is received from the microbiology lab following action will be taken -

- Inform the principal and administrator
- Check label for batch number and expiry date.
- Trace out the unused packs and take back all the items.
- Rewash all the articles and repack for re-autoclave.
- Clean the autoclave thoroughly with clean water.
- Conduct Bowie Dick test.
- Re-sterilize the items with biological indicator in place.
- Wait for the biological indicator report; only then issue the items to the wards.

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Specific instructions on prevention of CORONA VIRUS (COVID 19) transmission at I.T.S. Dental College

General Instructions for dental operatory:

1. All surfaces on the dental chairs and attachments, instrument tray should also be cleaned with appropriate disinfectant (70% Alcohol, 0.5% Hydrogen peroxide, 0.1 % Sodium Hypochlorite for 1 min) after every patient.
2. The exposed tubing of the chair, instrument arm, light arm, adjoining equipment like external scalers, light cure units base, working slabs should be disinfected after every patient.
3. The X ray unit handle, tube and casing should be disinfected after every patient.
4. The dental X-ray Units, CBCT Units and attached computers and monitors of the same should be sanitized appropriately twice daily.
5. The patient registration and waiting areas should be specifically monitored for reducing of crowding and safe distance.

Procedures in Dental Operatory – for all patients

- All the dental procedures which are associated with production of aerosols such as ultrasonic scaling, use of airotor and micromotor should be used judiciously and if possible restricted to only emergency or urgent conditions.
- The procedures not involving aerosols can be performed with lesser risk however they must also be restricted as per the Institute's policy.
- The procedures involving impression making should be deferred and restricted to only emergency patients.
- Non-invasive procedures required for patients already referred from other departments for emergency care should be performed with extreme caution.

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Procedures in Dental Operatory – for suspected or positive patients

- All the dental procedures should be deferred.
- If in case required as emergency and expected to produce aerosols such as ultrasonic scaling, use of airotor and micromotor should be performed with high vacuum suction. After completion of procedure, sterilization and disinfection of all surfaces, tubing etc in critical and semi critical zones.
- Procedures required as emergency and expected not to produce aerosols can be performed with extreme caution.
- Preprocedural mouth rinse with 0.2 % povidone-iodine is recommended to reduce the viral load.
- Extraoral radiographs i.e., Panoramic radiograph or CBCT instead of intraoral imaging should be preferred to avoid gag reflex.

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4.Periodic fumigation / fogging for all clinical areas (Registers maintained)

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Departmental Record of Fumigation

.....Department

Month of ..... 20..

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Barnod	4/8	UG - 3:30pm PG - 4:10 pm	4:00 pm 4:40 pm			Barnod Kumar	Barnod
Sanjeev	10/8	UG - 3:30pm PG - 4.10pm	4:00 pm 4:40 pm	✓	✓	Sanjeev kumar	Sanjeev
Barnod	19/8	UG - 4:00pm PG - 3:30pm	4:30 pm 4:00 pm			Barnod Kumar	Barnod
Sanjeev	25/8	UG - 3:30pm PG - 4:10 pm	4:00 pm 4:40 PM	✓		Sanjeev kumar	Sanjeev

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Departmental Record of Fumigation

.....Department

Month of ..... July 2016

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	7/7	UG - 3:30pm PG - 4:10 pm	4:00 pm 4:40 pm			Pramod Kumar	Pramod
Sanjeev	13/7	UG - 4:00pm PG - 3:15 pm	4:30 pm 3:45 pm	✓	✓	Sanjeev Kumar	Sanjeev
Pramod	21/7	UG - 3:30pm PG - 4:10pm	4:00pm 4:40 pm			Pramod Kumar	Pramod
Sanjeev	27/7	UG - 3:34pm PG - 4:10pm	4:00pm 4:30 pm	✓		Sanjeev Kumar	Sanjeev

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Departmental Record of Fumigation

Month of June 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ramod	2/6	UG - 3:30pm PG - 4:10pm	9:00 pm 4:40 pm	✓		Ramod Kumar	Ramod
Sanjeev	9/6	UG - 4:00pm PG - 3:15pm	4:30 pm 3:45 pm			Sanjeev Kumar	Sanjeev
Ramod	15/6	UG - 3:30pm PG - 4:40pm	4:00 PM 4:40 PM	✓	✓	Ramod Kumar	Ramod
Sanjeev	29/6	UG 3:30pm PG - 4:00pm	4:00 PM 4:30 pm	✓		Sanjeev Kumar	Sanjeev

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Departmental Record of Fumigation

.....Department

Month of May 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	5/5	UG - 3:30pm PG - 4:10pm	4:00 Pm 4:40 pm			Pramod Kumar	Pramod
Sanjeev	12/5	UG - 4:00pm PG - 3:15pm	4:30 pm 3:45 pm	✓		Sanjeev kumar	Sanjeev.
Pramod	19/5	UG - 3:30pm PG - 4:00pm	4:00 Pm 4:30 Pm			Pramod Kumar	Pramod
Sanjeev	26/5	UG - 3:30pm PG - 4:00pm	4:00 Pm 4:30 Pm	✓	✓	Sanjeev kumar	Sanjeev

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Departmental Record of Fumigation

.....Department

Month of Apr 20..22

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	6/4	UG - 3:30 pm PG - 4:10 pm	4:00 pm 4:40 pm	✓	✓	Pramod Kumar	Pramod
Sanjeev	13/4	UG - 4:00 pm PG - 3:15 pm	4:30 pm 3:45 pm			Sanjeev Kumar	Sanjeev
Pramod	21/4	UG - 3:30 pm PG - 4:10 pm	4:00 pm 4:40 pm	✓		Pramod Kumar	Pramod
Sanjeev	28/4	UG - 3:30 pm PG - 4:10 pm	4:00 pm 4:40 pm	✓	✓	Sanjeev Kumar	Sanjeev

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Departmental Record of Fumigation

.....Department

Month of March 20 24

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	4/3	UG - 3 30 pm PG - 4.10 pm	4.00 pm 4.40 pm	✓	✓	Pramod Kumar	Pramod
Sanjeev	10/3	UG - 4:00 pm PG - 3:15 pm	4:30 pm 3:45 pm			Sanjeev Kumar	Sanjeev
Pramod	17/3	UG - 3.30 pm PG - 4.10 pm	4:00 pm 4.40 pm	✓		Pramod Kumar	Pramod
Sanjeev	24/3	UG - 3:30 pm PG - 4:10 pm	4:00 pm 4.40 pm			Sanjeev Kumar	Sanjeev

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Departmental Record of Fumigation

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Month of February 20 22

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	3|2	UG- 3:15 Pm PG- 4.00 Pm	3:45 Pm 4:30 Pm	✓	✓	Pramod Kumar	Pramod
Sangeev	10|2	UG- 4:00 Pm PG- 3:05 Pm	4:30 Pm 3:45 Pm			Sangeev Kumar	Sanjeev
Pramod	17|2	UG- 3:30 Pm PG- 4:10 Pm	4:00 Pm 4:40 Pm	✓		Pramod Kumar	Pramod
Sangeev	24|2	UG- 3:15 Pm PG- 4:00 Pm	3:45 Pm 4:30 Pm			Sangeev Kumar	Sanjeev

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Departmental Record of Fumigation

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Month of ....Jan....2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	6/1	PG - 3:30 UG - 4:15	4:00 PM - 4:45 PM	✓	✓	Pramod kumar	Pramod
Sanjeev	13/1	UG - 3:30 PG - 4:15	4:00 PM 4:45 PM			Sanjeev kumar	Sanjeev
Pramod	20/1	UG - 3:30 PG - 4:15	4:00 PM 4:45 PM	✓		Pramod kumar	Pramod
Sanjeev	27/1	UG - 3:15 PG - 4:00	3:45 PM 4:15 PM			Sanjeev Kumar	Sanjeev

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Departmental Record of Fumigation

.....Department

Month of December 21

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjeev	2/12	UG - 3:30 PG - 4:10	4:00 PM 4:40 PM			Sanjeev Kumar	Sanjeev
Pramod	9/12	UG - 4:00 PG - 3:15	4:30 PM 3:45 PM	✓		Pramod Kumar	Pramod
Sanjeev	16/12	UG - 3:30 PG - 4:15	4:00 PM 4:45 PM		✓	Sanjeev Kumar	Sanjeev
Pramod	23/12	UG - 3:30 PG - 4:10	4:00 PM 4:40 PM	✓		Pramod Kumar	Pramod

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Departmental Record of Fumigation

Periodontics Department

Month of November 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjeev	3/11	UG - 3:30 PG - 4:15	4:00 PM 4:45 PM	✓		Sanjeev Kumar	Sanjeev
Pramod	11/11	UG - 3:30 PG - 4:15	4:00 PM 4:45 PM		✓	Pramod Kumar	Pramod
Sanjeev	18/11	UG - 4:00 PG - 3:15	4:30 PM 3:45 PM	✓		Sanjeev Kumar	Sanjeev
Pramod	25/11	UG - 3:30 PG - 4:20	4:00 PM 4:50 PM			Pramod Kumar	Pramod

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Departmental Record of Fumigation

Periodontics Department

Month of October 20 21

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjeev	1/10	UV - 3:30 - PL - 4:15	4:00pm 4:45pm	✓		Sanjeev Kumar	Sanjeev
Pramod	8/10	UV - 3:30 PL 4:10	4pm 4:40pm			Pramod Kumar	Pramod
Sanjeev	16/10	UV - 4:00pm PL 2:15pm	4:30pm 3:45pm	✓	✓	Pramod Kumar	Pramod
Pramod	22/10	UV - 3:30pm PL 4:20pm	4:00pm 4:50pm	-		Sanjeev Kumar	Sanjeev

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Department Record of Fumigation

Periodontics Department

Month of September 20 21

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	3/09	UG :- 3:30 - 4:00pm PG - 4:10 - 4:40pm	4:00pm 4:40pm	✓			
Sanjeev	10/09	UG 4:00pm PG 3:15pm.	4:30pm 3:45pm.			Sanjeev Kumar	Sanjeev
Pramod	17/09	UG - 3:30pm PG - 4:10 pm	4:0pm 4:40 pm.	✓		Pramod Kumar	Pramod
Sanjeev	24/09	UG - 3:30pm. PG - 4:10pm	4:00pm 4:40pm			Pramod Kumar	Pramod

SUMIT MA... TRA
Professo...
...tment of Pr... ...ody
I.T.S Dental C...

Dr. Devi... Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

I.T.S Centre for Dental Studies & Research
Delhi - Meerut Road Murad Nagar Ghaziabad - 201206
Departmental Record of Fumigation

Periodontics Department

Month of August 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Setile Plate		
Sanjeev	6/08	UG - 3:15pm PG - 4:00pm	3:45pm 4:30pm			Pramod Kumar	Pramod
Pramod	13/8	UG - 4:00pm PG 3:15pm	4:30pm 3:45pm	✓		Sanjeev kumar	Sanjeev
Sanjeev	20/8	UG - 3:30pm PG - 4:10pm	4:00pm 4:40pm			Pramod Kumar	Pramod
Pramod	27/8	UG - 3:15pm PG - 4:00pm	3:45pm 4:30pm	✓		Sanjeev kumar	Sanjeev

Dr. Sunil Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Murad Nagar
Ghaziabad-201206

Dr. SUMIT
Professor
Department of Periodontics
I.T.S Dental College

I.T.S Centre for Dental Studies & Research
Delhi - Meerut Road Murad Nagar Ghaziabad - 201206
Departmental Record of Fumigation

Periodontics Department

Month of July 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Pramod	2/7	UG: 4:00pm PG - 3:15pm	4:10pm 3:45pm	✓			
Sanjeev	9/7	UG - 4:00pm PG - 3:15pm	4:10pm 3:45pm			Sanjeev Kumar	Sanjeev
Pramod	16/7	UG - 3:30pm PG - 4:10pm	4:00pm 4:40pm	✓		Pramod Kumar	Pramod
Sanjeev	23/7	UG - 3:15pm PG - 4:00pm	3:45pm 4:30pm			Sanjeev Kumar	Sanjeev
Pramod	30/7	UG - 3:15pm PG - 4:00pm	3:45pm 4:30pm	✓		Sanjeev Kumar	Sanjeev

Dr. Devi Prasad Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad
Ghaziabad-201206

Dr. SUMIT MA
Professor &
Department of Pe
I.T.S Dental Colleg

Delhi - Meerut Road Murad Nagar Ghaziabad - 201206

Department

Departmental Record of Fumigation

Month of Dec 20 24

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjeev	11/6	UG - 3:30pm PG : 4:00pm	PG - 4:00pm 4:30pm			Pramod Kumar	Pramod
Pramod	18/6	UG - 3:15pm. PG - 4:00pm	3:45pm. 4:30pm.	✓	✓	Sanjeev Kumar	Sanjeev
Sanjeev	25/6	UG - 3:15pm PG. 4:00pm	3:45pm 4:30pm			Pramod Kumar	Pramod
Rahul							

Dr. Devishetan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

SUMIT MALHOTRA
Professor &
Department of Per...
I.T.S Dental Co...

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I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH
DELHI – MEERUT ROAD MURADNAGAR, GHAZIABAD

DEPARTMENT OF MICROBIOLOGY

Month of 22nd Feb/19

REPORT ON POST FUMIGATION BACTERIAL CULTURE EXERCISE.

(A) As per SOP, one BA was exposed for one hour in the Minor O.T

No growth

(B) Swab culture (only aerobic culture done)

1. Swab One – (Over head light source) -
2. Swab Two- (top of instrument table) -
3. Swab Three – (operating chair) -
4. Swab Four - (Instruments Tray) -
5. Swab Five - (Hand washing facility) - O2 Ch Ag B
6. Swab Six - (Sink area in O.T) -

INFERENCE

DATE 24th Feb/19

Dr. Rajvir Singh
HOD
Department of Microbiology
I.T.S-Dental College
Muradnagar, Ghaziabad

Dr. Devichran Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH
DELHI – MEERUT ROAD MURADNAGAR, GHAZIABAD

DEPARTMENT OF MICROBIOLOGY

Month of 7th Feb/18

REPORT ON POST FUMIGATION BACTERIAL CULTURE EXERCISE.

(A) As per SOP, one BA was exposed for one hour in the Minor O.T

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(B) Swab culture (only aerobic culture done)

1. Swab One – (Over head light source) .....
2. Swab Two- (top of instrument table) ..... No growth.....
3. Swab Three – (operating chair) .....
4. Swab Four - (Instruments Tray) ..... No growth.....
5. Swab Five - (Hand washing facility) .....
6. Swab Six - (Sink area in O.T) .....

INFERENCE

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Dr. Rajvir Singh
HOD
Department of Microbiology
I.T.S-Dental College
Muradnagar, Ghaziabad

DATE 9th Feb/18

Dr. Devi Prasad Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH
DELHI - MEERUT ROAD MURADNAGAR, GHAZIABAD

DEPARTMENT OF MICROBIOLOGY

Month of 24th / Jan / 18

REPORT ON POST FUMIGATION BACTERIAL CULTURE EXERCISE

(A) As per SOP, one BA was exposed for one hour in the Major O.T

No growth

(B) Swab culture (only aerobic culture done)

1. Swab One – (Over head light source) -
2. Swab Two- (top of instrument table) - No growth
3. Swab Three – (operating chair) - No growth
4. Swab Four - (Instruments Tray) -
5. Swab Five - (Hand washing facility) -
6. Swab Six - (Sink area in O.T) -

INFERENCE

DATE 26th Jan / 18

Dr. Rajvir Singh
HOD
Department of Microbiology
I.T.S-Dental College
Muradnagar, Ghaziabad

Dr. Devichiran Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH
DELHI – MEERUT ROAD MURADNAGAR, GHAZIABAD

DEPARTMENT OF MICROBIOLOGY

Month of 8th Jan / 18

REPORT ON POST FUMIGATION BACTERIAL CULTURE EXERCISE.

(A) As per SOP, one BA was exposed for one hour in the Minor O.T

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(B) Swab culture (only aerobic culture done)

1. Swab One – (Over head light source) ..... No growth
2. Swab Two- (top of instrument table) - .....
3. Swab Three – (operating chair) - .....
4. Swab Four - (Instruments Tray) - ..... No growth
5. Swab Five - (Hand washing facility) - .....
6. Swab Six - (Sink area in O.T) - .....

INFERENCE

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Dr. Rajvir Singh
HOD
Department of Microbiology
I.T.S-Dental College
Muradnagar, Ghaziabad

DATE 10th Jan / 18

Dr. Devidharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Delhi - Meerut Road Murad Nagar

Departmental Record of Fumigation

Month of July 20 21

Pediatric & Preventive Dentistry Department

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate	Dr. Divya	
Ajab Singh	07/7/2021	4:00 pm	4:40 pm	✓			
Sanjay	14/7/2021	3:50 pm	4:30 pm	✓	✓		
Ajab Singh	21/7/2021	3:40 pm	4:20 pm	✓			
Ajab Singh	28/7/2021	3:20 pm	4:00 pm	✓			

Dr. Devi Narayan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Delhi - Meerut Road Murad Nagar Ghaziabad - 201206

Departmental Record of Fumigation

Pediatric & preventive dentistry Department

Month of August 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajab Singh	07/09/2021	3:45pm	4:25pm.	✓		Dr. Divya	
Sanjay	14/09/2021	3:55pm	4:35 pm.	✓	✓		
Ajabsingh	21/09/2021	3:30pm	4:10pm.				
Sanjay.	28/09/2021	3:40pm	4:20pm.				

Dr Hariharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Delhi - Meerut Road Murad Nagar Ghaziabad - 201206

Departmental Record of Fumigation

Month of September 2021

Pediatric and Preventive dentistry Department

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjay	07/09/2021	3:50pm	4:30pm	✓		Dr Divya	
Ajab Singh	14/09/2021	4:00pm	4:40pm	✓	✓		
Sanjay.	21/09/2021	3:40pm	4:20pm				
Ajab Singh	28/09/2021	3:50pm	4:30pm				

Dr. Dakshayani Shetty
Principal
LTS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Delhi - Meerut Road

Departmental Record of Fumigation

Month of July 2021

Pedodontics & Preventive Dentistry
Department

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajab Singh	07/7/2021	4:00 pm	4:40pm	✓	✓		✓
Sanjay	14/7/2021	3:50pm	4:30 pm	✓	✓		✓
Ajab Singh	21/7/2021	3:40 pm	4:20pm	✓	✓		✓
Ajab Singh	28/7/2021	3:20pm	4:00pm	✓	✓		✓

Dr. Devi Nair Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Departmental Record of Fumigation

Pediatric & preventive dentistry Department

Month of August 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajab Singh	07/08/2021	3:45pm	4:25pm.	✓		Dr. D...	
Sanjay	10/08/2021	3:55pm	4:35 pm.	✓	✓		
Ajabsingh	21/08/2021	3:30pm	4:10pm.	✓	✓		
Sanjay	28/08/2021	3:40pm	4:20pm.	✓	✓		

Dr. D... Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Pediatric and preventive dentistry Department

Departmental Record of Fumigation

Month of September 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjay	07/09/2021	3:50pm	4:30pm	✓	✓	Dr. Divya	
Ajab Singh	14/09/2021	4:00pm	4:40pm	✓	✓		
Sanjay.	21/09/2021	3:40pm	4:20pm	✓	✓		
Ajab Singh	28/09/2021	3:50pm	4:30pm	✓	✓		

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Departmental Record of Fumigation

Pediatric & Preventive Dentistry Department

Month of October 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate	Dr. Divya	
Ajabsingh	09/10/2021	4:00pm	4:40pm	✓	✓		
Ajabsingh	13/10/2021	3:50pm	4:30 pm	✓	✓		
Sanjay.	20/10/2021	3:20pm	4:00pm	✓	✓		
Sanjay	27/10/2021	4:00pm	4:40pm	✓	✓		

Dr. Dakshayan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Departmental Record of Fumigation

Pediatric & Preventive Dentistry Department

Month of November 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate	Dr. Divya	
Ajab Singh	02/10/2021	5:00 pm	4:40pm	✓	✓		
Sanjay	05/11/2021	3:20pm	4:00 pm	✓	✓		
Ajab Singh	12/11/2021	3:50 pm	4:30pm	✓	✓		
Sanjay	05/11/2021	4:00	4:20 pm	✓	✓		
Ajab Singh	30/11/2021	3:50 pm	4:20 pm	✓	✓		

Dr. Dinesh Shetty
Principal
LTS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Departmental Record of Fumigation

Pediatric & Preventive Dentistry Department

Month of December 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjay	01/12/2021	3:50pm	4:30pm	✓	✓		
Ajab Singh	07/12/2021	4:00pm	4:40pm	✓	✓		
Sanjay	14/12/2021	3:20 pm	4:00pm	✓	✓		
Ajab Singh	21/12/2021	4:00 pm	4:40pm	✓	✓		
Sanjay	28/12/2021	3:50pm	4:30pm	✓	✓		

Dr. Devichand Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Pediatric & Preventive Dentistry Department

Departmental Record of Fumigation

Month of December 2021

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjay	07/12/2021	3:50pm	4:30pm	✓	✓		
Ajab Singh	07/12/2021	4:00pm	4:40pm	✓	✓		
Sanjay	14/12/2021	3:20pm	4:00pm	✓	✓		
Ajab Singh	21/12/2021	4:00pm	4:40pm	✓	✓		
Sanjay	28/12/2021	3:30pm	4:30pm	✓	✓		

Dr. Deepak Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Departmental Record of Fumigation

Department: Pediatric & Preventive Dentistry

Month of: January 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate	Dr. Divya	
Sanjay	09/01/2022	3:50 pm	4:30 pm	✓	✓		
Ajab Singh	11/01/2022	4:00 pm	4:40 pm	✓	✓		
Ajab Singh	18/01/2022	3:20 pm	4:00 pm	✓	✓		
Sanjay	25/01/2022	3:50 pm	4:30 pm	✓	✓		

Dr. Darshan Shetty
Principal
LTS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Pediatric & preventive Dentistry Department.

Departmental Record of Fumigation

Month of February 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajab singh	01/02/2022	4.00pm	4:20pm	✓	✓		✓
Ajabsingh	08/02/2022	3:50pm	4:30pm	✓	✓		✓
sanjay	15/02/2022	3:20pm	4:00pm	✓	✓		✓
sanjay	22/02/2022	3:56pm	4:30pm	✓	✓		✓

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad

Periodontology and Oral Medicine Department

Departmental Record of Fumigation

Month of 20 24

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Aishwarya	2/10/2024	2:00pm	4:40pm	✓	✓		✓
Sanjay	5/10/2024	3:20pm	4:00pm	✓	✓		✓
Aishwarya	19/10/2024	3:50pm	4:30pm	✓	✓		✓
Sanjay	22/10/2024	4:00	4:40pm	✓	✓		✓
Aishwarya	29/10/2024	3:50pm	4:30pm	✓	✓		✓

Dr. Dayashankar Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad

Department

Month of April 20 22

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajabsingh	05/04/2022	4:00pm	4:40pm	✓	✓		
Sanjay	12/04/2022	3:20pm	4:00pm	✓	✓		
Ajabsingh	19/04/2022	3:50pm	4:30pm	✓	✓		
Sanjay	26/04/2022	4:00pm	4:40pm	✓	✓		

Dr. Devi Hira Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department

Departmental Record of Fumigation

Month of May 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajabsingh	04/05/2022	3:20pm	4:00pm	✓	✓		
Ajabsingh	11/05/2022	4:00pm	4:40pm	✓			
Sanjay	18/05/2022	3:50pm	4:30pm	✓	✓		
sanjay	25/05/2022	3:20pm	4:00pm	✓	✓		

Dr. Devi[illegible]n Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department

Departmental Record of Fumigation

Month of June 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Sanjuky	01/06/2022	3:50pm	4:30pm	✓			
Ajab Singh	08/06/2022	3:20pm	4:00 pm	✓	✓		
Sanjay	15/06/2022	4:00 pm	4:40pm	✓			
Ajab Singh	22/06/2022	3:50pm	4:00pm	✓	✓		

Dr. Devi Saran Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Delhi - Meerut Road Murad Nagar Ghaziabad - 201206

Department

Departmental Record of Fumigation

Month of July 2022

Done BY	Date	Starting Time	Ending Time	Sterility Check By		Supervisor	Signature of Supervisor
				Surface Swab	Settle Plate		
Ajab singh	05/07/2022	3:50pm	4:30pm	✓	✓		
Sanjay	12/07/2022	4:00pm	4:40pm	✓			
Ajab Singh	19/07/2022	3:20pm	4:00pm	✓	✓		
Sanjay	28/07/2022	4:00 pm	4:40pm	✓			

Dr. Devidas Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

5.Immunization of all the caregivers (Registers)

Hepatitis Vaccination Details of Faculty (New joining)

Faculty Name	Date of joining	Ist Dose	IInd Dose	IIIrd Dose
Dr Abhik Mukherjee	4th Jan 2021	5th April 21	7th May 21	4th Sept 21
Dr Soorya Poduval	13th Jan 2021	5th April 21	7th May 21	4th Sept 21
Dr Vimal Kr Siddharth	23rd Jan 2021	5th April 21	7th May 21	4th Sept 21
Dr. I. Ahmed	25th Jan 2021	5th April 21	7th May 21	4th Sept 21
Dr Manjushree	1 Feb 2021	15th May 21	19th June 21	16th Oct 21
Dr Bir Subhra Roy	2 Feb 2021	15th May 21	19th June 21	16th Oct 21
Dr Avnish Singh	15 Feb 2021			
Dr Vibhuti Aeran	15 Feb 2021	15th May 21	19th June 21	16th Oct 21
Dr Sangeeta Madan	15 Feb 2021	15th May 21	19th June 21	16th Oct 21
Dr Aakriti Dheer	25 Feb 2021	29th May 21	30th June 21	30th Oct 21
Dr Pragya Chhaya	5 March 2021 →	3rd July 21	Boost up dose.	
Dr Navroop Singh	24 May 2021	11th Sept 21	16th Oct 21	18th Dec 21
Dr Anjali Jolly	4 June 2021	11th Sept 21	16th Oct 21	18th Dec 21
Dr Niharika Jain	16 June 2021	11th Sept 21	16th Oct 21	18th Dec 21
Dr Ribika Sharma	1 July 2021	16th Oct 21	20th Nov 21	19th March 22
Dr Sarvesh [illegible]	1 July 2021	16th Oct 21	20th Nov 21	19th March 22
Dr Mamta Singh	12 July 2021	16th Oct 21	20th Nov 21	19th March 22
Dr Surabhi Ghosh	26 July 2021	16th Oct 21	20th Nov 21	19th March 22
Dr Ridhi Kotkar	2 Aug 2021	20th Nov 21	28th Dec 21	3rd May 22
Dr Anand Shukla	2 Aug 2021			
Dr Bhupender Singh	2 Aug 2021	20th Nov 21	28th Dec 21	3rd May 22
Dr Shravan Shyam Rathi	2 Aug 2021	20th Nov 21	28th Dec 21	3rd May 22
Dr Ritwik Tyagi	2 Aug 2021	20th Nov 21	28th Dec 21	3rd May 22
Dr Jaisika Rajpal Arora	2 Aug 2021	20th Nov 21	28th Dec 21	3rd May 22

Dr. Devicharan Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad

Hepatitis vaccination Details of Faculty (New joining)

Faculty Name	Date of joining	I st Dose	II nd Dose	III rd Dose
Dr Rajnesh M	2 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Sreekala C Nair	4 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Prabhat Saxena	4 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Siddharth Jigyasu	11 Aug 2021	Already vaccinated.		
Dr Naveen Kumar	14 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Neha Khurana	19 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Aakash Arora	26 Aug 2021	20th NOV21	28th Dec21	3rd may22
Dr Asipirala M	1 Sept 2021	28th Dec21	22nd jan22	28th may22
Dr Shuja Md. Khan	28 Oct 2021	26th Feb22	30th march22	30th July22
Dr Aviral Verma	8 Nov 2021	26th Feb22	30th march22	30th July22
Dr Avinash Singh	12 Nov 2021	26th Feb22	30th march22	30th July22
Dr Srinath Thakur	16 Nov 2021	26th Feb22	30th march22	30th July22
Dr Anuradha Yadav	06 Dec 2021	5th April 22	7th may 22	
Dr Priyanka Bhushan	06 Dec 2021	5th April 22	7th may 22	
Dr Anjali Anand	06 Dec 2021	5th April 22	7th may 22	
Dr Neha Kashyap	06 Dec 2021	5th April 22	7th may 22	
Dr Faisal Noor Ahmed	07 Dec 2021	5th April 22	7th may 22	
Dr Kalpana	3 jan 2022	7th may 22	11th June 22	
Dr Vinita Goyal	4 jan 2022	7th may 22	11th June 22	
Dr Kajal Malhotra	4 jan 2022	7th may 22	11th June 22	
Dr Aparna Srivastava	6 jan 2022	7th may 22	11th June 22	
Dr Anshul Arora	6 jan 2022	7th may 22	11th June 22	

Dr [illegible] Narain Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad

Hepatitis Vaccination Details of Dental chair Assistant (New joining)

Employee Name	Date of joining	I st Dose	II nd Dose	III rd Dose
Mr. Deepak	1st July 21	16th oct 21	20th Nov 21	19th March 21
Mr. Ayush Goyal	1st July 21	16th oct 21	20th Nov 21	19th March 21
Mr. Vipin Kumar	1st July 21	16th oct 21	20th Nov 21	19th March 21
Ms. Chandani Verma	1st July 21	16th oct 21	20th Nov 21	19th March 21

Dr. Devi[illegible] Shetty
[illegible] Centre for Dental Sciences & Research
Delhi-Meerut Road, Ghaziabad

6.Needle stick injury Register

Date : 11/08/21 (Wednesday)

Patient Name : Ram Naresh	Recipient name: Anusha
Age/sex : 55y/Male	Phn No: 7906110304
CR No : 20210809000	DOB : 14/5/1997
Clinician : Dr Bibudhendra Roy	Id : Anusha9735@gmail.com
	Add : 30, Preet nagar, Mawana

Dept of Oral & Maxillofacial Surgery

Incidence : Got Pricked by the needle while recapping the needle. The injury was percutaneous, Syringe blood stained, type of injury was superficial. Recipient was encouraged to irrigated with water. HIV Sample of patient was sent.

12/08/21 (~~Thursday~~)

STATUS CODE : Negative

PEP recommendation : Not required

Department of Oral & Maxillofacial Surgery ★ ITS-CDSR

Dr. Debi Charan Shetty In charge · DR. ATUL GUPTA

Professor
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad
Ghaziabad-201206

Date: 01/09/21 (Wednesday)

Patient Name: Subash Babu	Recipient-name: Divya
Age/Sex: 59 yr/Male	Phn No: 8700422191.
CR No: 2021091048S	DOB: 18/02/99
clinician: Dr Pallavi	ID: divyagupta18299@gmail.
	Add: C-132 Kalkaji

Deptt- of Oral & Maxillofacial Surgery

Incidence: Recipient got injured while recapping the syringe. The injury was percutaneous. Syringe blood stained. type of injury was superficial. Recipient was encouraged to irrigate with water. HIV sample of patient was sent.

02/09/21 (Thursday)

STATUS CODE: Negative
PEP Recommendation: Not required

Dr. Devi Prasad Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Oral & Maxillofacial Surgery

Incharge: Dr Amit Gupta

Date: 9/5/22 (Monday)

Patient Name: SURESH PAL
Age/Sex: 65yr/Male
CR No: 2022041419 1
Clinician: Dr. Amit
Dept: Oral & Maxillofacial Surgery

Recipient Name: AJAL KAUSHIK
Ph No: 9412684755
Add: C-135, Gangotri, Meerut

Incidence: Got pricked by the needle while giving IA & reported to the attending faculty. Injury was percutaneous, device blood stained (needle) & type of injury was severe. Mucous membrane was exposed to blood.

Management: Recipient was encouraged to bleed, washed hands with soap & water & wound site was left open. Patient was taken to ~~taken~~ for physician consultation & (HHH) Viral markers done

10/5/22 (Tuesday)

STATUS CODE — Negative
PEP recommendation (NACO/IDACS) - Not Required

Dr. Devichiran Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department of Oral & Maxillofacial Surgery

Date: 9/5/22 (Monday)

Patient Name: BIJENDRA
Age/Sex: 45/Male
CR No: 2022051111 17
Clinician: Dr. Shivam
Dept: OMFS

Recipient Name: SAHIL MALLIQUE
Recipient Ph. No: 709927650
Recipient id: sahilmallique16@gmail.com
Address: BR CB, Fancy Bazar, Guwahati, Assam
D.O.B: 9/8/97

Incidence: Patient undergoing extraction, recipient pricked while giving suture & reported to the faculty incharge. Injury was percutaneous, needle was blood stained, type of injury was moderate and mucous membrane was exposed to blood. Recipient was encouraged to bleed, irrigate with running water only. Pt. referred to physician for investigations (HH4)

10/5/22 (Tuesday)

STATUS CODE: Negative
PEP recommendation: NOT required

Dr. Devi Charan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department of Oral & Maxillofacial Surgery ITS-CDSR

Incharge Dr. Anil Verma
Pro. OMFS

Scanned with Oken Scanner

Date: 10/8/22 (Tuesday)

Patient Name: HARENDRA KR	Recipient Name: TANU WALIA
Age/Sex: 24yr/M	Ph. No. 9870340748
CR No.: 2022041028 7	DoB: 1/8/98
Clinician: Dr. Rahul Chopra	Eid - tanuwalia@gmail.com
Dept: ~~Oral~~ Periodontia	Add: R2 C-82, Sitapurpart I

Incidence: Patient was assisted on periodontal flap surgery & got needle pack. Injury was percutaneous, needle was blood stained. type of injury was superficial & mucous membrane was blood stained. Recipient washed hands with soap & water. Pt underwent HHH blood tests

Date: 11/8/22 (Wednesday)

STATUS CODE: Negative

DIP a. name/date: Not required

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department of Oral & Maxillofacial Surgery
ITS CDSR

Incharge: Dr. Amit Vora
(OOMF)

Date: 9/8/22 (Tuesday)

Date
Page

Patient Name: SHOBHAM JAIN	Recipient Name: NIKITA
Age/Sex: 24/M	DOB - 6/10/97
IP No: 2022041246 86	Add: Tower 19, P21, Gaur City, Greater Noida, Raj nagar ext
Clinician: Dr. Sana	Ph No: 7678594234
D/P: Endodontics	

Incidence: Recipient got injured with needle while recapping the syringe. The injury was percutaneous, dying blood stained, type of injury was superficial. Recipient was encouraged to ingest with water. HHH sample of patient was send.

10/8/22 (Wednesday)

STATUS CODE: Negative
PEP recommended/No: Not required

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad

Department of Oral & Maxillofacial Surgery
CDSR

Incharge: Dr Amit Verma
Dr OMFS

Date: 9/8/22 (Tuesday)

P! Name: SAJIDA KHAN	Recipient Name: DAKSHIKA TOMAR
Age/Sex: 26yrs/F	
CR No: 220206122772	DOB: 21/8/98
Clinician: Dr. Rahul Chopra	Ph. No: 9532547137
Dept.: Periodontics	Addl: Gudimalkapoor, Rajnagar

Incidence: Recipient got injured while suturing & was assisting in resective osseous surgery. Injury was percutaneous, needle was blood stained, type of injury was moderate, wound was exposed to blood.

Management: Recipient was encouraged to bleed & wound is wash with water.

Date: 10/8/22 (Wednesday)

STATUS CODE: Negative

PEP recommendation: Not Required

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Department of Oral & Maxillofacial Surgery

Incharge: Dr. Anand Verma
DPOMS

Dental Practice :

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Professional Post/Graduation year at the time of exposure

Name: Dorshika Tomar	Date of Birth: 21/9/97
Home address: Delta 79, 124, Indraprastha garden, Dr. ...	Posted Unit: Periodontics Dept
Home/Mobile Phone No: 9520547127	Email id: ...@gmail.com
Place of Exposure: Finger	Faculty/Attending Staff: Dr. Rahul

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to see if the antibody level was satisfactory (i.e. seroconversion) | Yes ✓ | No [ ]

Comments

About the Incident

Reported to Faculty/Attending Staff | Yes ✓ | No [ ]

Reported in Accident Register | Yes ✓ | No [ ]

PPE – were you wearing any of the following Personal Protective Equipment

Gloves	Yes	✓	No	[ ]
Goggles/Mask	Yes	✓	No	[ ]
Gown/Apron	Yes	✓	No	[ ]

Date and time of accident: 4/8/22 | Date reported if different from above:

Where accident took place: Periodontics Dept.

Please give a description of what happened:

Injured my finger with needle while ... informed my dept. Case was taken ...

Dr. Devichar[illegible] Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ✓ Bur ☐ Blade ☐ Scalpel ☐ Others ☐

Was the device blood stained: Yes ✓ No ☐

Was the Injury:

Superficial (little no bleeding)	Yes ☐	No ☐
Moderate (some bleeding)	Yes ✓	No ☐
Severe (deep cut with profuse bleeding)	Yes ☐	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc): —

Eye ☐ Mouth ☐ Other ☐

Non-intact skin (contamination of open would, cut, abrasion, bite): —

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐

What was the wound/mucous membrane exposed to:

Blood ✓ Saliva ☐ Other ☐

What happened following the incident?

Encouraged to bleed?	Yes ✓	No ☐
Washed with soap and water?	Yes ☐	No ✓
Irrigated with water?	Yes ✓	No ☐
Wound site covered?	Yes ☐	No ✓

Dr. D Vinodan Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

PATIENT DETAILS

Name/Age: Saquiba Khan | 21 yrs Date of Birth: 17/05/1996 CR No: 2022061222

Has this patient been assessed by the clinician? Yes ✓ No

Name of clinician: Dr Rahul

Comments: Student was assisting in orthognathic surgery

Name: Dr. Rahul Signed: Date: 9/8/22

Bloodborne virus status of source patient

1. Do you know if you have HIV?	Yes	No ✓
2. Do you know if you have Hepatitis B?	Yes	No ✓
3. Do you know if you have Hepatitis C?	Yes	No ✓
4. Do you agree for blood test (Viral Marker Profiling)?	Yes ✓	No

Action Taken: Patient Reported to physician for Viral Marker Tests.

Department of Oral & Maxillofacial Surgery CDSR

(Clinician) 9/8/22

(Patient)

(Recipient)

Dr. Devichandan Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Dental Practice

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Professional Post/Graduation year at the time of exposure:	
Name: Nikita	Date of Birth: 6/10/97
Home address: Tower 19, P2A, Gulmohar Gardens, Rajnagar extension	Place of Work: Conservative Dept.
Home/Mobile Phone No: 7678594243	Email id: nikita199706@gmail.com
Place of Exposure:: Conservative dept.	Faculty/Attending Staff: Dr. Sana

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to confirm my immunity level was satisfactory (i.e. antibody level > 100miu/ml) Yes ☑ No ☐

Date of immunisation:

Comments:

About the Incident

Reported to Faculty/Attending Staff: Yes ☑ No ☐

Reported in Accident Register: Yes ☑ No ☐

PPE – were you wearing any of the following Personal Protective Equipment:

Gloves Yes ☑ No ☐

Goggles/Mask Yes ☑ No ☐

Gown/Apron Yes ☑ No ☐

Date and Time of incident: 9/8/22	Date reported if different from above:
Where incident took place: ITS dental college	

Please give a description of what happened:

Injured my thumb with needle while recapping the syringe. → Reported to dept. → care was taken

Dr. Dev Sharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Ghaziabad

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ☑ Bur ☐ Blade ☐ Scalpel ☐ Others ☐ _____

Was the device blood stained: Yes ☑ ☐ No ☐

Was the Injury:

Superficial (little/no bleeding)	Yes ☑	No ☐
Moderate (some bleeding)	Yes ☐	No ☐
Severe (deep cut with profuse bleeding)	Yes ☐	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc):

Eye ☐ Mouth ☐ Other ☐ _____

Non-intact skin (contamination of open would, cut, abrasion, bite):

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐ _____

What was the wound/mucous membrane exposed to:

Blood ☑ ☐ Saliva ☐ Other ☐ _____

What happened following the incident?

Encouraged to bleed?	Yes ☐	No ☑
Washed with soap and water?	Yes ☐	No ☑
Irrigated with water?	Yes ☑	No ☐
Wound/ site covered?	Yes ☐	No ☑

Dr. D[illegible]han Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

PATIENT DETAILS

Name/Age: Shubham Jain 24 Date of Birth: 9/11/1998 CR No: 2021091176

Has this patient been assessed by the clinician? Yes 1 No 1

Name of clinician: Dr. Sano

Comments: Student was assisted on single sitting RCT

Name: Dr. Sano Signed: Date: 9/2/24

Bloodborne virus status of source patient

1	Do you know if you have HIV?	Yes 1	No 1
2	Do you know if you have Hepatitis B?	Yes 1	No 1
3	Do you know if you have Hepatitis C?	Yes 1	No 1
4	Do you agree for blood test (Viral Marker Profiling)?	Yes 1	No 1

Action Taken

Patient was taken to the Nursing for Blood Investigations (Viral Profile)

Department of Oral & Maxillofacial Surgery

(Clinician)

(Patient)

(Recipient)

Dr. Devichandan Shetty
Principal
ITS Centre for Dental Studies & Research
Delta Mental Road, Muradnagar
Ghaziabad (U.P.)

Dental Practice

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

[illegible]

Name: [illegible] | Date of Birth: [illegible]

Home address: [illegible] | Place of Work: I T S dental college

Home/Mobile Phone No.: [illegible] | Email id: [illegible]

Place of Exposure: [illegible] | Faculty/Attending Staff: [illegible]

Your Hepatitis B Immunisations

[illegible] Yes ✓ No [ ]

Comments

About the Incident

Reported to Faculty/Attending Staff Yes ✓ No [ ]

Reported in Accident Register Yes ✓ No [ ]

PPE – were you wearing any of the following Personal Protective Equipment

Gloves ✓ Yes [ ] No [ ]

Goggles/Shield ✓ Yes [ ] No [ ]

Gown/Apron ✓ Yes [ ] No [ ]

Date and Time of incident: 16/5/12 | Date reported if different from above

Where incident took place

Please give a description of what happened

While doing a periodontal flap surgery case I got pricked by [illegible] & reported to my faculty incharge & [illegible] washed [illegible]

Dr. Devicharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

Scanned with Oken Scanner

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ✓ Bur [ ] Blade [ ] Scalpel [ ] Others [ ]

Was the device blood stained: Yes ✓ No [ ]

Was the Injury:

Superficial (little no Bleeding)	Yes ✓	No [ ]
Moderate (some bleeding)	Yes [ ]	No [ ]
Severe (deep cut with profuse bleeding)	Yes [ ]	No [ ]

Mucous Membrane (contamination with bodily fluids of eye, mouth etc): —

Eye [ ] Mouth [ ] Other [ ]

Non-intact skin (contamination of open would, cut, abrasion, bite): —

Cut [ ] Open Wound [ ] Abrasion [ ] Bite [ ] Others [ ]

What was the wound/mucous membrane exposed to:

Blood ✓ Saliva [ ] Other [ ]

What happened following the incident?

Encouraged to bleed?	Yes [ ]	No ✓
Washed with soap and water?	Yes ✓	No [ ]
Irrigated with water?	Yes ✓	No [ ]
Wound site covered?	Yes [ ]	No ✓

Dr. Dev[illegible]n Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

PATIENT DETAILS

Name of [illegible]: [illegible] Date of birth: 5/1/1998 Case no.: [illegible]

Has the patient been referred to the dentist? Yes / No

Name of dentist: Dr. [illegible]

Comments: [illegible]

Name: Dr. [illegible] Signature: [illegible] Date: [illegible]

6. Infectious status of source patient?

	Yes	No
Do you know if you have HIV?	Yes	No ✓
Do you know if you have Hepatitis B?	Yes	No ✓
Do you know if you have Hepatitis C?	Yes ✓	No
Do you agree for blood test (Viral Marker Profile)?		

6. Action taken: Patient was referred to the [illegible] for further investigations

(Chairman)

(Radiologist) (?)

Dr. Devi Charan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad (U.P.)

Dental Practice

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Undergraduate Post/Graduation year at the time of exposure

Name: Sahil Malhotra	Date of Birth: 9/1/97
Home address: 3-1-1-B ward, Lazy Mayar, Guwahati, Assam	Place of Work: ITS dental college
Mobile Phone No: 7099376701	Email id: sahilmalhotra19@gmail.com
Place of Exposure: Ortho wards (OMFS)	Faculty/Attending Staff: Dr. Shivam

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to confirm my immunity level was satisfactory (+ antibody level > 100miu/ml) — Yes ☑ No ☐

Date of immunisation

Comments

About the Incident

Reported to Faculty/Attending Staff — Yes ☑ No ☐

Reported in Accident Register — Yes ☑ No ☐

Were you wearing any of the following Personal Protective Equipment

Gloves	Yes	☑	No ☐
Goggles/Mask	Yes	☑	No ☐
Gown/Apron	Yes	☑	No ☐

Date and Time of incident: 9/9/22 — Date reported if different from above

Where incident took place: oral surgery department

Please give a description of what happened

got pricked by needle while giving suture after extraction → reported to department ↓ Management was taken care of.

Dr. Dayacharan Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-[illegible] Ghaziabad

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ☑ Bur ☐ Blade ☐ Scalpel ☐ Others ☐ _____

Was the device blood stained: Yes ☑ No ☐

Was the Injury:

Superficial (little/no bleeding)	Yes ☐	No ☐
Moderate (some bleeding)	Yes ☑	No ☐
Severe (deep cut with profuse bleeding)	Yes ☐	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc):

Eye ☐ Mouth ☐ Other ☐ _____

Non-intact skin (contamination of open would, cut, abrasion, bite):

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐ _____

What was the wound/mucous membrane exposed to:

Blood ☑ Saliva ☐ Other ☐ _____

What happened following the incident?

Encouraged to bleed?	Yes ☐	No ☐
Washed with soap and water?	Yes ☐	No ☑
Irrigated with water?	Yes ☑	No ☐
Wound/ site covered?	Yes ☐	No ☑

Dr. Devidharan Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

PATIENT DETAILS

Name Age: Rajendra M.J. Date of Birth: 21/5/1987 CR No: [illegible]

Has this patient been screened for the clinician? Yes / No

Name of clinician: Dr. [illegible]

Comments: Chronic renal failure planning renal transplant

Name: Dr. [illegible] Signed: Date: 9/6/18

Bloodborne virus status of source patient

Do you know if you have HIV?	Yes	No
Do you know if you have Hepatitis B?	Yes	No
Do you know if you have Hepatitis C?	Yes	No
Do you agree for blood test (Viral Marker Profiling)?	Yes	No

Action Taken

Pt referred to Physician for immunosuppressants (HIV+)

Dr. Devchandra Shetty
Principal
ITS Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

(Patient) (Recipient)

Dental Practice :

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Professional Post Graduation year at the time of exposure

Name: Loyal Kanchan	Date of Birth: 25/06/96
Home address: C-135 Gangotri Nagar, Mysuru	Place of Work: JSS Dental College
Home/Mobile Phone No: 9412554765	Email id: loyalkanchan@gmail.com
Place of Exposure: [redacted] Hands	Faculty/Attending Staff: Dr. Amit Gupta

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to confirm my immunity level was satisfactory (i.e. antibody level > 10miu/ml) — Yes ☑ No ☐

Date of immunisation:

Comments:

About the Incident

Reported to Faculty/Attending Staff — Yes ☐ No ☐

Reported in Accident Register — Yes ☑ No ☐

PPE - were you wearing any of the following Personal Protective Equipment

Gloves	Yes	☐	No	☐
Goggles/Mask	Yes	☑	No	☐
Gown/Apron	Yes	☐	No	☐

Date and Time of incident: 9/5/22	Date reported if different from above
Where incident took place: Oral Surgery dept.	

Please give a description of what happened

Got pricked by needle during giving suture

↓

reported to department and care was taken.

Dr. Devichandra Shetty
Principal
JSS Centre for Dental Studies & Research
Delhi-Mysuru Road, Jyoti Nagar
Ghazi...

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ✓ Bur ☐ Blade ☐ Scalpel ☐ Others ☐_____

Was the device blood stained: Yes ✓ No ☐

Was the Injury:

Superficial (little/no bleeding)	Yes ☐	No ☐
Moderate (some bleeding)	Yes ☐	No ✓
Severe (deep cut with profuse bleeding)	Yes ✓	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc): —

Eye ☐ Mouth ☐ Other ☐_____

Non-intact skin (contamination of open would, cut, abrasion, bite): —

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐_____

What was the wound/mucous membrane exposed to:

Blood ✓ Saliva ☐ Other ☐_____

What happened following the incident?

Encouraged to bleed?	Yes ✓	No ☐
Washed with soap and water?	Yes ✓	No ☐
Irrigated with water?	Yes ✓	No ☐
Wound/ site covered?	Yes ☐	No ✓

Dr. D[illegible] Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

PATIENT DETAILS

Name/Age: Suresh Pal /65 Date of Birth: 15/6/1957 CR No: 202204141911

Has this patient been assessed by the clinician? Yes ☑ No ☐

Name of clinician: Dr Amit

Comments:	Post Extraction needle stick injury while suturing	
Name: Dr Amit	Signed:	Date: 9/5/22

Bloodborne virus status of source patient

1. Do you know if you have HIV?	Yes ☐	No ☑
2. Do you know if you have Hepatitis B?	Yes ☐	No ☐
3. Do you know if you have Hepatitis C?	Yes ☐	No ☐
4. Do you agree for blood test (Viral Marker Profiling)?	Yes ☑	No ☐

Action Taken:

Investigations (HIV), blood sample take by physician & Injection amoxil

Dr. Devdas Shetty
Principal
LTS Centre for Dental Studies & Research
Dehli Naka, Ahmednagar

(Clinician) (Patient) (Recipient)

Dental Practice ☐

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Professional Post/Graduation year at the time of exposure:	
Name: Jaya	Date of Birth: 18/2/91
Home address: C-132 Kalkaji	Place of Work: ITS-CDSR, Ghaziabad
Home/Mobile Phone No: 8700422191	Email id: dwivedigupta192.99@gmail.com
Place of Exposure:: ITS-CDSR	Faculty/Attending Staff: Dr. Vallari

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to confirm my immunity level was satisfactory (i.e. antibody level > 100miu/ml) Yes ☑ No ☐

Date of immunisation:

Comments:

About the Incident

Reported to Faculty/Attending Staff: Yes ☑ No ☐

Reported in Accident Register: Yes ☑ No ☐

PPE – were you wearing any of the following Personal Protective Equipment:

Gloves Yes ☑ No ☐

Goggles/Mask Yes ☑ No ☐

Gown/Apron Yes ☑ No ☐

Date and Time of incident: 1st Sep' 21	Date reported if different from above:
Where incident took place: Oral surgy department	
Please give a description of what happened: Got a needlestick injury while recapping the needle & reported the incident & management was taken care of.	

Dr. Dakshayani Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Muradnagar
Ghaziabad-201206

WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ☑ Bur ☐ Blade ☐ Scalpel ☐ Others ☐

Was the device blood stained: Yes ☑ No ☐

Was the Injury:

Superficial (little/no bleeding)	Yes ☑	No ☐
Moderate (some bleeding)	Yes ☐	No ☐
Severe (deep cut with profuse bleeding)	Yes ☐	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc):

Eye ☐ Mouth ☐ Other ☐

Non-intact skin (contamination of open would, cut, abrasion, bite):

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐

What was the wound/mucous membrane exposed to:

Blood ☑ Saliva ☐ Other ☐

What happened following the incident?

Encouraged to bleed?	Yes ☑	No ☐
Washed with soap and water?	Yes ☐	No ☑
Irrigated with water?	Yes ☑	No ☐
Wound/ site covered?	Yes ☐	No ☑

Dr. D[illegible]n Shetty
Principal
I.T.S Centre for Dental Studies & Research
Delhi-Meerut Road, Ni[illegible]
Ghaziabad-201[illegible]

PATIENT DETAILS

Name/Age: Subash Babu 59 Date of Birth: 09-09-1965 CR No: 20210910 425

Has this patient been assessed by the clinician? Yes ☐ No ☐

Name of clinician: Dr. Pallavi

Comments: Student gave LA & while giving it he/she got fainted

Name: Dr Pallavi Signature: Pallavi Date: 1/9/21

Bloodborne virus status of source patient

1. Do you know if you have HIV?	Yes ☐	No ☐
2. Do you know if you have Hepatitis B?	Yes ☐	No ☐
3. Do you know if you have Hepatitis C?	Yes ☐	No ☐
4. Do you agree for blood test (Viral Marker Profiling)?	Yes ☐	No ☐

Action Taken: Patient counseled to physician for further investigation

Dr. Deepshikha Shetty
Principal
I.T.S Centre for Dental Studies
Delhi-Meerut Road
Ghaziabad-201206

Department of Oral & Maxillofacial Surgery
(Head of Department)

(Clinician)

(Patient)

(Recipient)

Dental Practice ☐

NEEDLESTICK / EXPOSURE REPORTING FORM

Recipient Details

Professional Post/Graduation year at the time of exposure	
Name Anusha	Date of Birth 14/1/1997
Home address 30, Preet Nagar, Nawrie	Place of Work I.T.S. CDSR, Ghaziabad
Home/Mobile Phone No 7906110304	Email id anusha 1997 @ gmail.com
Place of Exposure ITS - CDSR	Faculty/Attending Staff Dr. Bishwanath Roy

Your Hepatitis B Immunisations

I have had a course of 3 immunisations followed by a blood test to confirm my immunity level was satisfactory (i.e. antibody level > 100mIU/ml) — Yes ☑ No ☐

Date of immunisation

Comments

About the Incident

Reported to Faculty/Attending Staff: Yes ☑ No ☐

Reported in Accident Register: Yes ☑ No ☐

PPE – were you wearing any of the following Personal Protective Equipment:

Gloves	Yes	☑	No	☐
Goggles/Mask	Yes	☑	No	☐
Gown/Apron	Yes	☑	No	☐

Date and Time of incident 1/8/21	Date reported if different from above:
Where incident took place Oral surgery department	

Please give a description of what happened

got needle stick injury while recapping the needle

↓

reported to department

↓

Management was taken care of.

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WHAT TYPE OF INCIDENT

Percutaneous (through intact skin)

Needle ✓ Bur ☐ Blade ☐ Scalpel ☐ Others ☐ _____

Was the device blood stained: Yes ✓ No ☐

Was the Injury:

Superficial (little no bleeding)	Yes ✓	No ☐
Moderate (some bleeding)	Yes ☐	No ☐
Severe (deep cut with profuse bleeding)	Yes ☐	No ☐

Mucous Membrane (contamination with bodily fluids of eye, mouth etc): —

Eye ☐ Mouth ☐ Other ☐ _____

Non-intact skin (contamination of open would, cut, abrasion, bite): —

Cut ☐ Open Wound ☐ Abrasion ☐ Bite ☐ Others ☐ _____

What was the wound/mucous membrane exposed to:

Blood ✓ Saliva ☐ Other ☐ _____

What happened following the incident?

Encouraged to bleed?	Yes ✓	No ☐
Washed with soap and water?	Yes ☐	No ✓
Irrigated with water?	Yes ✓	No ☐
Wound/ site covered?	Yes ☐	No ✓

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PATIENT DETAILS

Name/Age: [illegible]

Date of Birth: [illegible] 1982

CR No: [illegible]

Has this patient been referred to the clinician? Yes / No

Name of clinician: [illegible]

Comments: [illegible]

Name: [illegible]

Signed: [illegible]

Date: [illegible]

Questions about status of source patient

1.	Do you know if you have HIV?	Yes ☐	✓ No ☐
2.	Do you know if you have Hepatitis B?	Yes ☐	✓ No ☐
3.	Do you know if you have Hepatitis C?	Yes ☐	✓ No ☐
4.	Do you agree for blood test (Viral Marker Profiling)?	Yes ☐ ✓	No ☐

Action Taken: [illegible] blood tests

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(Head of Department) (Clinician) (Patient) [illegible]

Needlestick Injury Protocol

PROTOCOL FOR NEEDLE STICK INJURIES AND POST-EXPOSURE PROPHYLAXIS

Sharp Management

Introduction

Safe handling and disposal of sharps is a vital component of the Standard Precautions approach to reduce the risk of transmission of blood borne virus.

Good practice involves:

- Correct assembly of the sharps container with proper size opening.
- Labelling of the container upon assembly as "SHARP CONTAINER "with Biohazard symbol and department name.
- Sharps container should not be more than two thirds full.
- Sharps containers are properly sealed before sending it for final segregation.
- Being aware of the first aid treatment following a needle-stick injury.
- Being aware of the follow up treatment after a used needle-stick injury.

Disposal of Sharps

- An adequate number of sharps containers, are located and conveniently placed in clinical areas.
- Ensure that the sharps containers have been assembled correctly.
- Make sure the department's name is identified on the sharps bin.
- It is the responsibility of the person using the sharp to dispose of it safely.
- Sharps (needles, scalpel blades, razor blades and glass ampoules etc) are placed directly into a container.
- Whenever possible, take a sharps bin to the point of use.
- Needle must not to be recapped, bent or broken.
- If it is necessary to disassemble a needle and syringe, such as before transferring blood from a syringe to a pathological specimen bottle, the needles are placed in the sharps container before transferring the blood.
- Sharps containers are sealed closed when two-thirds to three-quarters full.
- Sharps containers when carried are held away from the body.
- Use needle safety devices where there are clear indications that they will provide a safer system of working.

Sharp injuries

This part is designed as guidance for all Health Care Workers in handling needle-stick injuries and exposure to blood and body fluids. An exposure that might place HCW at risk for HBV, HCV, or HIV infection is defined as:

- **Sharp Injury-**a percutaneous injury (e.g., a needle stick injury (NSI) or cut with a sharp object)
- **Blood and body fluid exposure (BBF)**-Contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded or affected with dermatitis) – Contact with blood, tissue, or other body fluids that are potentially infectious
- **Contamination, from an Infected Known or Highly Suspected Person to another Recipient the Risks are:**
  - Hepatitis B virus 1:3
  - Hepatitis C virus 1:30
  - Human Immunodeficiency Virus 1:300

It has been estimated that the risk of acquiring HIV through mucous membrane exposure splashed with contaminated body fluids is much less (probably 1 per 1000 injuries) 0.1%.

Main Risks from Needle-Stick Injury and Blood Contamination

The main concern is the transmission of blood borne viruses, i.e.

- HEPATITIS B (HBV)
- HEPATITIS C (HCV)
- HUMAN IMMUNODEFICIENCY VIRUS (HIV)

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Body Fluids Likely To Be Infectious

There is more experience of occupational exposure in the health care situation and in these circumstances the **highest risk** of transmission is from exposure to **liquid** blood. The risk is lower for other body fluids or body tissues from an infected patient.

Those, which represent a lower risk, are:

- Cerebrospinal Fluid.
- Peritoneal Fluid, Pleural Fluid, Pericardial Fluid, Synovial Fluid, Amniotic Fluid • Semen.
- Vaginal Secretions.
- Breast Milk.
- Any other body fluid containing visible blood, e.g. saliva.
- Bleeding gums in association with bites.
- Unfixed tissues and organs, i.e. those which have not been preserved in formalin.

Risks from Injuries

The risk of transmission is higher (particularly for HIV) when there is:

- A deep injury, i.e. when the injury is deeper than a superficial scratch drawing blood.
- Visible blood on the device that caused the injury (including teeth).
- Injury with a needle that had come from the source patient's artery or vein.
- Terminal HIV related illness in the source patient.

When does NSI Occur?

- Recapping needles (Most important)
- Performing activities involving needles and sharps in a hurry
- Handling and passing needles or sharp after use
- Failing to dispose of used needles properly in puncture-resistant sharps containers
- Poor healthcare waste management practices
- Ignoring Universal Work Precautions

Infections transmitted by NSI / BBF

Blastomycosis	Hepatitis B	Malaria	*S. aureus*
Brucellosis	Hepatitis C	Mycobacteriosis	*S.pyogenes*
Diphtheria	Herpes	Mycoplasmosis	Syphilis
Ebola fever	HIV	Scrub typhus	Toxoplasmosis
Rocky mountain fever	Leptospirosis	Tuberculosis	Gonorrhea

Management of the exposed site:-

First Aid

For skin - if the skin is broken after a needle stick or sharp instrument:

- Immediately wash the wound & surrounding skin with water & soap and rinse.
- Do not scrub.
- Do not use antiseptics or skin scrub (bleach, chlorine, alcohol, betadine)

After a splash of blood or body fluid:

- To unbroken skin:
- Wash the area immediately
- Do not use antiseptics.

For the eye:

- Irrigate the exposed eye immediately with water or normal saline.
- Sit in a chair, tilt head back and ask a colleague to gently pour water or normal saline over the eye.

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- If wearing contact lenses, leave them in place while irrigating, as they form a barrier over the eye and will help to protect it. Once the eyes cleaned, remove the contact lenses and clean them in normal manner. This will make them to wear again.
- Do not use soap or disinfectant on the eye.

For Mouth:

- Spit fluid out immediately
- Rinse the mouth thoroughly, using water or saline and split again. Repeat this process several times.
- Do not use soap or disinfectant in the mouth.

Consult the designated physician of the institution for management of the exposure immediately.

5.3.2 SUMMARY OF DO'S & DONT'S	
DO	**DON'T**
Remove gloves, if appropriate	Do not panic
Wash the exposed site thoroughly with running water	Do not put pricked finger in mouth
Irrigate with water or saline if eyes or mouth have been exposed	Do not squeeze wound to bleed it
Wash the skin with soap and water	Do not use bleach, chlorine, alcohol, betadine, iodine or any antiseptic or detergent
Note: Do consult the designated physician immediately as per institutional guidelines for management of the occupational exposure. Report all needle stick injuries to unit head / casualty medical officer. Fill the requisite proforma and send blood sample to microbiology laboratory for testing of HIV / HBsAg / HCV after pre-test counseling and consent of both patient and health care worker.	

Establish eligibility for PEP

The HIV sero-conversion rate after an AEB (accidental exposure to blood) for percutaneous exposure is 0.3%. The risk of infection transmission is proportional to the amount of HIV transmitted (=amount of the contaminated fluid and the viral load)
Healthcare worker must inform ICN of the injury in designated form. After routine duty hours CMO on duty should be informed in designated form. The designate person shall assess the risk of HIV and HCV transmission following an AEB. This evaluation must be made **rapidly**, so as to start any treatment as soon as possible after the accident (ideally within 2 hours but certainly within 72 hours). This assessment must be made thoroughly (because not every AEB requires prophylactic treatment).
The first dose of PEP should be administered within the first 72 hours of exposure and the risk evaluated as soon as possible. If the risk is insignificant, PEP could be discontinued, if already commenced.

PEP must be initiated as soon as possible, preferably within 2 hours

Two main factors determine the risk of infection: the nature of exposure and the status of the source patient. Availability of PEP needs to be ensured at emergency Department for round-the-clock availability of PEP. The utilization data should be prepared on monthly basis as per NACO/DSACS guidelines.

Post Exposure Prophylaxis

- Post exposure prophylaxis is available for HIV in the form of antiretroviral drugs which are prescribed on the basis of NACO guidelines. HBV vaccine is available in routine hours and anti HBV immunoglobulin will be made available to the exposed worker as soon as possible after consulting with Microbiologist. For HBV PEP following criteria will act as guideline:

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Post-HIV exposure management / prophylaxis (PEP)

- It is necessary to determine the status of the exposure and the HIV status of the exposure source before starting post-exposure prophylaxis(PEP)

Immediate measures:

- wash with soap and water
- No added advantage with antiseptic/bleach

Next step:

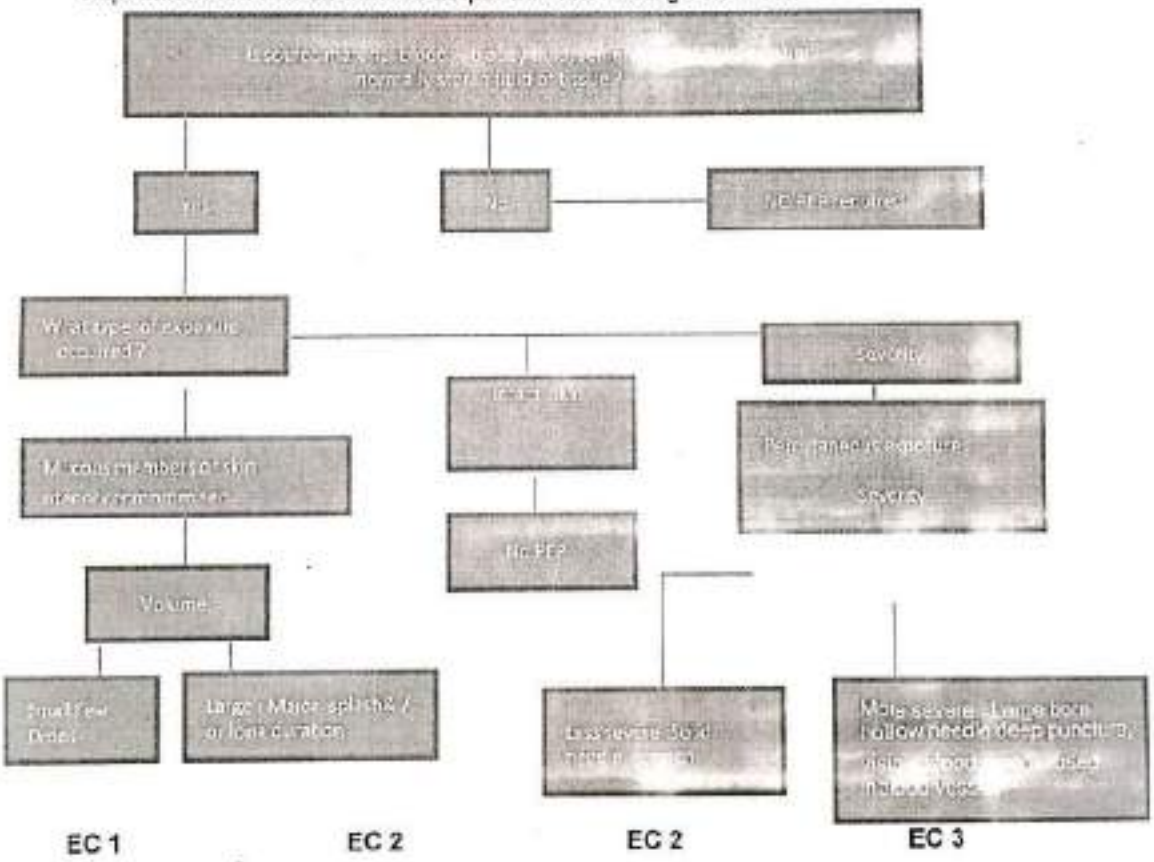
- Prompt reporting in accident/incident reporting forms
- Post-exposure treatment is begin as soon as possible
- Preferably within two hours
- Not recommended after seventy -two hours
- Late PEP? May be yes
- Is PEP needed for all types of exposures? No

Post exposure Prophylaxis:

The decision to start PEP is made on the basis of degree of exposure to HIV and the HIV status of the source from whom the exposure/infection has occurred. PEP is started, as early as possible, after an exposure. In case PEP is initiated after 72 hours of exposure is of limited use and hence is not recommended. In case of anticipated delay of serology reports one dose of PEP may be given.

Determination of the Exposure Code (EC)

- Exposure code can be defined as per the flow chart given below



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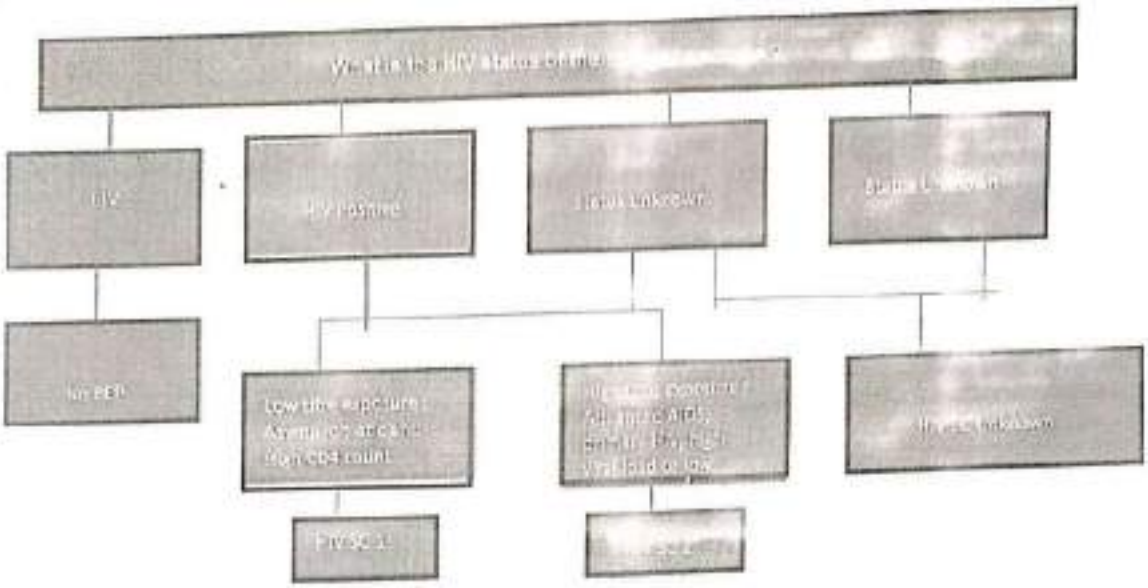
Status Code (SC)

Determined as per flow chart below.



Determine Post-Exposure Prophylaxis (PEP) Recommendation

EC	HIV SC	PEP
1	1	Consider basic
1	2	Recommend basic regimen
2	1	Recommend expanded regimen
3	1 or 2	Recommend expanded regimen
1,2,3	Unknown	If exposure setting suggests risks of HIV Exposure, consider basic regimen

Basic regimen (Three Drug Regimen):

- Tenofovir 300 mg + Lamivudine 300 mg+ Efavirenz 600 mg once daily for 28 days. **Expanded regimen: (Three drug regimen)**
- Basic regimen (+ Indinavir - 800 mg/thrice a day, or any other protease Inhibitor.

Testing and Counseling

The health care provider are tested for HIV as per the following schedule) to monitor seroconversion.

- Base-line HIV test - at time of exposure
- Repeat HIV test - at **six weeks** following exposure
- 2nd repeat HIV test - **at twelve weeks** following exposure
- 3rd repeat HIV test - **at six months** following exposure
- On all four occasions, HCW must be provided with a pre-test and post-test counseling. HIV testing are carried out on three ERS (Elisa/ Rapid/ Simple) test kits or antigen preparations as per NACO guidelines.
- The HCW are advised to refrain from donating blood, semen or organs/tissues and abstain from sexual intercourse.
- In case sexual intercourse is undertaken a latex condom be used consistently. In addition, women HCW should not breast -feed their infants.

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Duration of PEP:

- PEP is started, as early as possible, after an exposure. It has been seen that PEP started after 72 hours of exposure is of no use and hence is not recommended.
- The optimal course of PEP is not unknown, but 4 weeks of drug therapy appears to provide protection against HIV.
- If the HIV test is found to be positive at any time within 12 weeks, the HCW are referred to a physician for treatment.
- **In case, exposed worker refuses PEP or refuses to get the laboratory testing done for monitoring of PEP, the same is documented on PEP refusal form.**

Assessing the nature of exposure and risk of transmission

Three categories of exposure can be described based on the amount of blood/fluid involved and the entry port. These categories are intended to help in assessing the severity of the exposure but may not cover all possibilities.

5.3.4.1 Categories of exposure

Category	Definition & example
Mild exposure	Mucous membrane/non-intact skin with small volumes Eg: a superficial wound with a plain or low caliber needle, Or contact with the eyes or mucous membranes, subcutaneous injections following small-bore needles
Moderate exposure	Mucous membrane/non intact skin with large volumes or percutaneous Superficial exposure with solid needle E.g.: a cut or needle stick injury penetrating gloves
Severe exposure	Percutaneous with large volume. Eg: An accident with a high caliber needle (>18G)visibly contaminated with blood; A deep wound(hemorrhagic wound and/or very painful); Transmission of a significant volume of blood; An accident with material that has previously been used intravenously or intra-arterial.
The wearing of gloves during any of these accidents constitutes a protective factor. **Note:** in case of an AEB with material such as discarded sharps/ needles, contaminated for over 48 hours, the risk of infection becomes negligible for HIV, but still remains significant for HBV. HBV survives longer than HIV outside the body.	

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Assessing the HIV status of the source of exposure

PEP needs to be started as soon as possible after the exposure and within 72 hours. In animal studies, initiating PEP within 12, 24 or 36 hours of exposure was more effective than initiating PEP 48 hours or 72 hours following exposure. PEP is not effective when given more than 72 hours after exposure. A baseline rapid HIV testing should be done before starting PEP.
Initiating of PEP where indicated should not be delayed while waiting for the results of HIV testing of the source of exposure. Informed consent should be taken before testing of the source as per national HIV testing guidelines.

5.3.5.1 Categories of situations depending on results of the source	
Source HIV status	**Definition of risk in source**
HIV negative	Source is not HIV infected but consider HBV & HCV
Low risk	HIV positive & clinically asymptomatic
High risk	HIV positive & clinically symptomatic
Unknown	Status of the patient is unknown & neither the patient nor his/her blood is available for testing. The risk assessment will be based only upon the exposure

HIV infection is not detected during the primary infection period by routine use HIV tests. During the window period which lasts for approximately 6 weeks, the antibody level is still too low for detection, but infected persons can still have a high viral load. This implies that a positive HIV test result can help in taking the decision to start the PEP, but a negative test result does not exclude HIV infection. In districts or some population groups with a high HIV prevalence, a higher proportion of HIV infected individuals are found in the window period. In these situations, a negative result has even less value for decision making on PEP.

Assessment of the exposed individual

The exposed individual should have confidential counseling & assessment by an experienced physician. The exposed individual should be assessed for pre-existing HIV infection, intended for people who are HIV negative at the time of their potential exposure to HIV. Exposed individuals who are known or discovered to be HIV positive should not receive PEP
. They should be offered counseling & information on prevention of transmission of & referred to clinical & laboratory assessment to determine eligibility for antiretroviral therapy (ART). Besides the medical assessment, counseling exposed HCP is essential to allay fear & start PEP (if required) at the earliest.

Counseling for PEP

Exposed persons should receive appropriate information about what PEP is about & the risk & benefits of PEP in order to provide informed consent. It should be clear that PEP is not mandatory.

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Key information to provide informed consent to the client after occupational exposure	
The risk of acquiring HIV infection from the specific exposure	• Ask client for understanding of HIV transmission risk after exposure • The risk of getting HIV infection from a person known to be HIV positive is estimated to be • Sharps injury: 3 in 1000 exposures (0.3%) • Mucous membrane splash: 1 in 1000 exposures (0.1%) • The risk in increased with large exposure eg: needle stick from hollow bore needles with visible blood, from artery/vein & from source patients with high viral load
What is known about PEP efficacy	• Ask clients understanding of PEP • PEP is provided to prevent potential transmission of the HIV virus • PEP is not 100%effective & should be given within 72 hours • Balance risk & benefits of PEP:PEP may prevent HIV transmission, versus possible risk of side effects
• Information about clients risk of • The importance of being tested • receiving appropriate posttest counseling • That PEP medicines will be discontinued if their initial HIV test is positive.	• Clients' possibility of prior HIV infection should be HIV infection based upon a risk assessed. • Counsel for HIV testing & follow-up psychosocial • where possible rapid testing should be • & used • Inform if the baseline test is positive, then the PEP counseling will be discontinued. • Arrange referral to ART Centre for assessment if found HIV positive.
• Importance of adhering to medication once Started • Duration of the course of medicine (4weeks)	• Discuss dosing of the PEP medicine eg:pill should be taken twice a day for 28 days • Depending on the nature & risk of exposure, 3 drugs may be used • Side effects may be important with use of 3 drugs.
Common side effects that may be experienced	• Discuss possible side effects of the PEP medicines eg: nausea, fatigue, headache etc. • Side effects often improve over time. It is often minor & do not need specialized supervision. • Symptomatic relief can also be given by using other drugs.
That they can stop at any time but will not get the benefit of PEP – if the source is HIV positive.	• Animal studies suggest that taking less than 4weeks of PEP does not work. • If client decides to stop at any time, he needs to contact the physician before stopping the medication. • Arrange for follow up visit & decide further course of action.
Prevention during the PEP period	• After any AEB, the exposed person should not have unprotected intercourse until it is

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	confirmed,3 months after the exposure, that he is not HIV infected. • It is also advised to avoid pregnancy. • Use of condoms is essential.
If client is pregnant - she can still take PEP during pregnancy	• The PEP drugs used are safe for pregnancy. • If the client gets HIV during the pregnancy due to the exposure, the baby will have some risk of becoming HIV infected.
Safety of PEP if the client is breastfeeding	• The PEP drugs used are safe during breast feeding. • May consider stopping breast feeding if PEP is indicated
Educate client on the possible signs & symptoms of early HIV seroconversion	• Signs & symptoms of early HIV seroconversion: fever, rash, oral ulcer, pharyngitis, malaise, fatigue, joint pains, weight loss, myalgia, headache(similar to flu like symptoms)
Risk of acquiring Hepatitis B & C from a specific exposure & availability of prophylaxis for this	• Risk of Hepatitis B is 9-30% from a needle sticks exposure – client can be given vaccinations. • Risk of Hepatitis C is 1-10% after a needle stick exposure - there is no vaccination for this.

HIV RNA testing by Reverse transcriptase polymerase chain reaction (RT-PCR) during PEP has a very poor positive predictive value & should be strongly discouraged.
Pregnancy testing should also be available, but its unavailability should not prevent the provision of PEP.
Other laboratory testing such as hemoglobin estimation should be available, especially when AZT is used in areas where anemia is common.

Testing of other blood borne diseases such as syphilis, malaria & kala azar may also be useful, depending on the nature of risk, symptoms of the source patient, local prevalence & laboratory capacity.

Follow up of an Exposed Person

Whether or not PEP prophylaxis has been started, follow up is indicated to monitor for possible infections & provide psychological support.

Clinical follow up
In addition, in the weeks following an AEB, the exposed person must be monitored for the eventual appearance of signs indicating an HIV seroconversion: acute fever, generalized lymphadenopathy, cutaneous eruptions, pharyngitis, non-specific flu symptoms & ulcers of the mouth & genital area. These symptoms appear in 50-70% of individuals with an primary infection & almost always within 3-6 weeks after exposure. When a primary infection is suspected, referral to an ART center or for expert opinion should be arranged rapidly.

An exposed person should be advised to use precautions (eg- avoid blood/ tissue donations, breastfeeding, unprotected sexual relations or pregnancy. Condom use is essential.

Adherence and side effect counseling should be provided & reinforced at every follow-up visit. Psychological support & mental health counseling is often required.

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Laboratory follow up

Follow up HIV testing: exposed persons should have post PEP HIV tests. Testing at the completion of PEP may give an initial indication of seroconversion outcome if the available antibody test is very sensitive. However, testing at 4-6 weeks may not be enough as use of PEP may prolong the time of seroconversion; & there is not enough time to diagnose all persons who seroconvert. Therefore testing at 3 months & 6 months is recommended. Very few cases of seroconversion after 6 months has been reported. Hence, no further testing is recommended if the HIV test at 6 months is negative.

Recommended follow up laboratory tests		
Timing	**In persons taking PEP**	**In persons not taking PEP**
Weeks 2 & 4	Transaminases Complete blood count	Clinical monitoring for hepatitis
Week 6	HIV Ab	HIV Ab
Month 3	HIV Ab, anti HCV, HBsAg Transaminases	HIV Ab, anti HCV, HBsAg
Month 6	HIV Ab, anti HCV, HBsAg Transaminases	HIV Ab, anti HCV, HBsAg

Hepatitis B

All health staff should be vaccinated against hepatitis B. the vaccination for Hepatitis B consists of 3 doses: initial, 1 month & 6 months. Sero conversion after completing the full course is 99%.
If the exposed person is unvaccinated or unclear vaccination status give complete hepatitis B vaccine series.

Guidelines for Post exposure prophylaxis [*] of persons with non-occupational exposures[1] to blood or body fluids that contain blood by exposure type and vaccination status

Exposure	Treatment	
	Unvaccinated person[2]	**Previously vaccinated person[3]**
HBsAg [*] Positive source		
Percutaneous (e.g. bite or needle stick) or mucosal exposure to HBsAg positive blood or body fluids	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG).	Administer hepatitis B vaccine booster dose.
Sex or needle sharing contact of an HBsAg positive person	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG).	Administer hepatitis B vaccine booster dose.
Victim of sexual assault/abuse perpetrator who is HBsAg positive	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG).	Administer hepatitis B vaccine booster dose.
Source with unknown HBsAg status		
Victim of sexual assault/abuse perpetrator with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment
Percutaneous (e.g. bite or needle	Administer hepatitis B vaccine	No treatment

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stick) or mucosal exposure to potentially infectious blood or body fluids forms a source with unknown HBsAg status.	series	
Sex or needle sharing contact of person with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment

(*)When indicated immunoprophylaxis should be initiated as soon as possible, preferably within 24 hours Studies are limited on the maximum interval after exposure during which post exposure prophylaxis is effective , but the interval is unlikely to exceed 7 days for Percutaneous exposures or 14 days for sexual exposures . The hepatitis B vaccine series should be completed.

(**) Hepatitis B surface antigen.

(1) These guidelines apply to non-occupational exposures .Guidelines for management of occupational exposure have been published separately [1] and also can be used for management of non-occupational exposure, if feasible.

(2) A person who is in the process of being vaccinated but who has not completed the vaccine series should complete the series and receive treatment as indicated.

(3) A person who has written documentation of a complete hepatitis B vaccine series and who did not receive post vaccination testing.

HBV PROPHYLAXIS FOR REPORTED EXPOSURE INCIDENTS

Determination of HBIG (Immunoglobulin):-

For percutaneous (needle stick), ocular, or mucous-membrane exposure to blood known to contain HBsAg and for human bites from HBsAg carriers that penetrate the skin, a single dose of HBIG(0.06 ml/kg or 5.0 ml for adults) should be given as soon as possible after exposure and within 24hours if possible. HB vaccine 1 ml (20 ug) should be given IM at a separate site as soon as possible,but within 7 days of exposure , with the second and third doses given after one month and 6 month,respectively , If HBIG is unavailable , immunoglobulin may be given in an equivalent dosage (0/06ml/kg or 5.0 ml for adults). If an individual has received at least two doses of HB vaccine before an accidental exposure, no treatment is necessary if serologic tests show adequate levels (> 10MIU/DL)of anti-HBs. For persons who choose not to receive HB vaccine, the previously recommended twodoses HBIG regimen may be used.

Hepatitis C

There is presently no prophylaxis available against hepatitis C. Post exposure menegement for HCV is based on early identification of chronic HCV disease & referral to a specialist for management. In the absence of PEP for HCV, recommendations for post exposure management are intended to achieve early identification of chronic disease and, if present, referral for evaluation of treatment options. However, a theoretical argument is that intervention with antivirals when HCV RNA first becomes detectable might prevent the development of chronic infection. Data from studies conducted outside the United States suggest that a short course of interferon started early in the course of acute hepatitis C is associated with a higher rate of resolved infection than that achieved when therapy is begun after chronic hepatitis C has been well established. These studies used various treatment regimens and included persons with acute disease whose peak ALT levels were 500-1,000 IU/L at the time therapy was initiated (2.6-6 months after exposure).

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No studies have evaluated the treatment of acute infection in persons with no evidence of liver disease (i.e., HCV RNA-positive <6 months duration with normal ALT levels); among patients with chronic HCV infection, the efficacy of antivirals has been demonstrated only among patients who also had evidence of chronic liver disease (i.e. Abnormal ALT levels). In addition, treatment started early in the course of chronic HCV infection (i.e., 6 months after onset of infection) might be as effective as treatment started during acute infection. Because 15%-25% of patients with acute HCV infection spontaneously resolve their infection, treatment of these patients during the acute phase could expose them unnecessarily to the discomfort and side effects of antiviral therapy.

Data upon which to base a recommendation for therapy of acute infection are insufficient because

a) No data exist regarding the effect of treating patients with acute infection who have noevidence of disease,
b) Treatment started early in the course of chronic infection might be just as effective and wouldeliminate the need to treat persons who will spontaneously resolve their infection, and
c) The appropriate regimen is unknown

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