



VELAMMAL MEDICAL COLLEGE
HOSPITAL AND RESEARCH INSTITUTE
MADURAI - 625009

8.1.6

Quality Maintenance Records in compliance with WHO guidelines

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Velammal Medical College Hospital
and Research Institute
'Velammal Village'
Madurai-Tuticorin Ring Road
Anuppanadi, Madurai (TN)-625 009



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Summary:

Velammal Immunisation clinic is functioning in the department of Pediatrics, ground floor OPD since the inception of the institution. We are providing both free vaccines, procured from Chinthamani PHC on every Wednesdays and also special vaccines which are given every day. The immunisation clinic is equipped with 2 large refrigerators with servo control for maintaining cold chain. Every week, approximately 50 children of varied age groups are getting vaccinated in our clinic. The vaccine storage, administration & post injection monitoring process are all done as per WHO guidelines and monitored regularly by the quality control team of the institution.

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Velammal Medical College Hospital
and Research Institute
'Velammal Village'
Madurai-Tumkur Ring Road
Aruppukudi, Madurai (TN)-625 009



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Quality maintenance record:

Regarding quality control in the immunisation clinic, the following measures are followed and frequently reviewed by the expert committee.

1. Clinic Organisation:

Head: Prof. Dr.G.Mathevan, HO, Dept of paediatrics – incharge for immunisation clinic and key person in decision making regarding institutional immunisation policy.

Deputy Incharge: Prof. Dr.S.Natarjarathinam –incharge for monitoring & management of AEFI.

Consultant Incharge: Dr.Karthikraj – supervises the regular functioning of immunisation clinic

Mrs.Mangai – ANM incharge for procuring & maintaining vaccine stock. Maintains the records regarding quality control aspects of the clinic.

2. Quality Control parameters assessed in the clinic:

- Continuous Temperature monitoring and maintenance of temperature record twice a day daily
- Stock maintenance register with details of vaccine stock available including batch no, date of opening, Date of expiry.
- Patient register – patient's name, age, complete address, details regarding vaccines administered to the individual patients is maintained.
- AEFI register- Ready corner for anaphylaxis management with all emergency drugs & resuscitation things available round the clock.
- Safe biomedical waste disposal system.
- Educational displays for both the parents & students are displayed within the immunisation clinic.


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Immunization Temperature Register

Comprehensive Log book for ILR Month & Year: / /

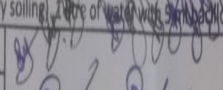
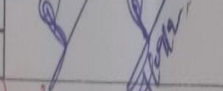
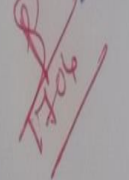
Temperature/Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
(-) 2 and below															
-1															
0															
(+)1															
(+)2															
(+)3															
(+)4															
(+)5															
(+)6															
(+)7															
(+)8															
(+)9															
(+)10															
(+)11															
(+)12															
(+)13															
(+)14															
(+) 15 and above															
Room Temperature															
Power failure (in Hrs)															
Defrosting & cleaning Done (✓)															
Defect Reported for repair (✓)															
Equipment repaired (✓)															
Signature of VCH															
PPM Visit by CCT (Signature)															
Supervisory visit (Signature)															
MOI/C DIO should review the temp. Log book & assess the following parameters once monthly & do stock verification of atleast one vaccine, diluent & syringes															
Parameters	Y	N	Parameters	Y	N	Parameters	Y	N	Parameters	Y	N	Parameters	Y	N	Parameters
Is the CCE levelled			Is the CCE Locked			Vaccine are stacked neatly			Vaccine are placed in basket			Vaccine are arranged in FIFO order			Any unusable vaccine (Expired/VVM with Discard point) found?
Is the CCE away from sunlight			Is the CCE connected with independent fun. stabilizer												
Is the CCE placed on wooden platform			Is the CCE plugged permanently to the socket												
Is the CCE atleast 10cm away from wall			Is the CCE has a functional thermometer available												
Is there atleast 10cm gap between CCE			Frost less than 5 mm												
Reviewed & verified by Facility Incharge (Sign/Date)			Reviewed & verified by Facility Incharge (Sign/Date)			Reviewed & verified by Facility Incharge (Sign/Date)			Reviewed & verified by Facility Incharge (Sign/Date)			Reviewed & verified by Facility Incharge (Sign/Date)			Reviewed & verified by Facility Incharge (Sign/Date)

(*1= Major, 2= Minor)

O2 CYLINDER CHECK LIST - SEPTEMBER - 2022				
DATE	CHECKING	QUANTITY	SIGN	N/S SIGN
01.09.2022	checking	140 kg		
02.09.2022	checking	140 kg		
03.09.2022	checking	140 kg		
04.09.2022	-	Sunday		
05.09.2022	checking	140 kg		
06.09.2022	checking	140 kg		
07.09.2022	checking	140 kg		
08.09.2022	checking	140 kg		
09.09.2022	checking	140 kg		
10.09.2022	checking	140 kg		
11.09.2022	-	-	Sunday	
12.09.2022	checking	140 kg		
13.09.2022				
14.09.2022				
15.09.2022				
16.09.2022				
17.09.2022				
18.09.2022				
19.09.2022				
20.09.2022				
21.09.2022				
22.09.2022				
23.09.2022				
24.09.2022				
25.09.2022				
26.09.2022				
27.09.2022				
28.09.2022				
29.09.2022				
30.09.2022				



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S.NO	HIGH TOUCH AREA (ONCE DAILY)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Pt's trolley, side rails & keys (0.5 to 1 % Bacillocid solution)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	IV stand- (0.5 % Bacillocid solution)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Cardiac table/writing table (0.5 % Bacillocid solution)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Stethoscope (70 % alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	B.P apparatus (70 % alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Digital thermometer (70 % alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Computer & Accessories (70 % alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Phone (70 % alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Cupboards/Wooden/steel racks external surface (0.5 % Bacillocid solution)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Door handle (70 % Alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Note: Dilution- 1 litre of water with 20 ml bacillocid (heavy soiling). 1 litre of water with 5 ml bacillocid (lightly soiling) Refer HICC Manual - page no 119																																	
Signature of the Staff:																																	
Signature of the Incharge person:																																	
* Person responsible - FNA/WARD GIRL/WARD BOY																																	
		HICC OFFICER																															



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DATE 2/9/22

FROM

The Head,
Department of Paediatrics,
VMCH & RI,
Madurai.

TO

Medical Officer
GPHC, Chinthamani,
Madurai District

Issued the following (Medicine) Vaccines

S.NO	VACCINES	Batch No	E/D	Issued doses
1.	BCG	TN0002462	4/23	2 dose
2.	SODIUM CHLORIDE	S0210706	6/24	2amp
3.	HEPATITIS-B	210418V010	4/24	30 dose
4.	OPV DROPS	06V2105025	4/23	60 dose
5.	PENTAVAC	220418V010	2/24	30 dose
6.	ROTAVAC DROPS	2151R155	7/23	14 doses
7.	DPT	22010007A	2/23	10 dose
8.	MR	0111F023	4/24	10 dose
9.	MR DILUENTS	067051040	10/25	2amp
10.	JE VACCINE	-	-	-
11.	JE DILUENTS	-	-	-
12.	INJ. IPV	-	-	-
13.	INJ.Td	220311010A	3/24	10 dose
14.	PNEUMOCOCCAL VACCINE	NA	NA	NA

Above all the vaccine are received from

Good condition with VVM intact.

9655 220481

Signature



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Date	Received Items	No. of vials	Received from	Date	Received Items	No. of vials	Received from
9/12/2020	BCG (5 vial)			30/12/2020	Rotavac	1 (vial)	J. Jayan
	HepB (5amp)				OPV	1 (vial)	
	Pentavac (10 vial)				PCV	1 (vial)	
	OPV (10 vial)						
	MR (10 vial)			6-12-2020	BCG	10 (vial) 100 days	
	IPV (3 vial)				Hep-B	10 (vial) 100 days	
	PCV (N/A)				OPV	10 (vial) 800 days	
	Rotavac (10 vial)		J. Jayan		Rotavac	7 (vial) 100 days	
					Pentavac	10 (vial) 100 days	J. Jayan
					IPV	3 (vial) 75 days	
					MR	5 (vial) 100 days	
16/12/2020	BCG (10 vial)			11/12/2020	BCG	10 (vial)	
	HepB (10 vial)				Hep-B	5 (vial)	
	Pentavac (10 vial)				Pentavac	5 (vial)	
	OPV (10 vial)				Rotavac	3 (vial)	
	IPV (3 vial)				DPT	5 (vial)	
	PCV (5 vial)				MR	10 (vial)	
	Rotavac (10 vial)		J. Jayan		JE	5 (vial)	
					IPV	3 (vial)	
					PCV	10 vial	J. Jayan



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Date	Received Items	No. of vials	Received from	Date	Received Items	No. of vials	Received from
9/8/2020	BCG (5 vial)			30/9/2020	Polio vac	1 (vial)	J. Jeyaraj
	HepB (5amp)				OPV	1 (vial)	
	Pentavac (10 vial)				PCV	1 (vial)	
	OPV (10 vial)						
	MR (10 vial)			6-11-2020	BCG	10 (vial) 100 dose	
	IPV (3 vial)				HepB	10 (vial) 100 dose	
	PCV (N)				OPV	10 (vial) 800 dose	
	Polio vac (10 vial)		J. Jeyaraj		Polio vac	7 (vial) 70 dose	
					Pentavac	10 (vial) 100 dose	J. Jeyaraj
					IPV	3 (vial) 75 dose	
					MR	8 (vial) 80 dose	
16/3/2021	BCG (10 vial)			11/5/2020	BCG	10 (vial)	
	HepB (10 vial)				HepB	5 (vial)	
	Pentavac (10 vial)				Pentavac	5 (vial)	
	OPV (10 vial)				Polio vac	3 (vial)	
	IPV (3 vial)				DPT	5 (vial)	
	PCV (5 vial)				MR	10 (vial)	
	Polio vac (10 vial)		J. Jeyaraj		JE	5 (vial)	
					IPV	3 (vial)	
					PCV	10 (vial)	J. Jeyaraj

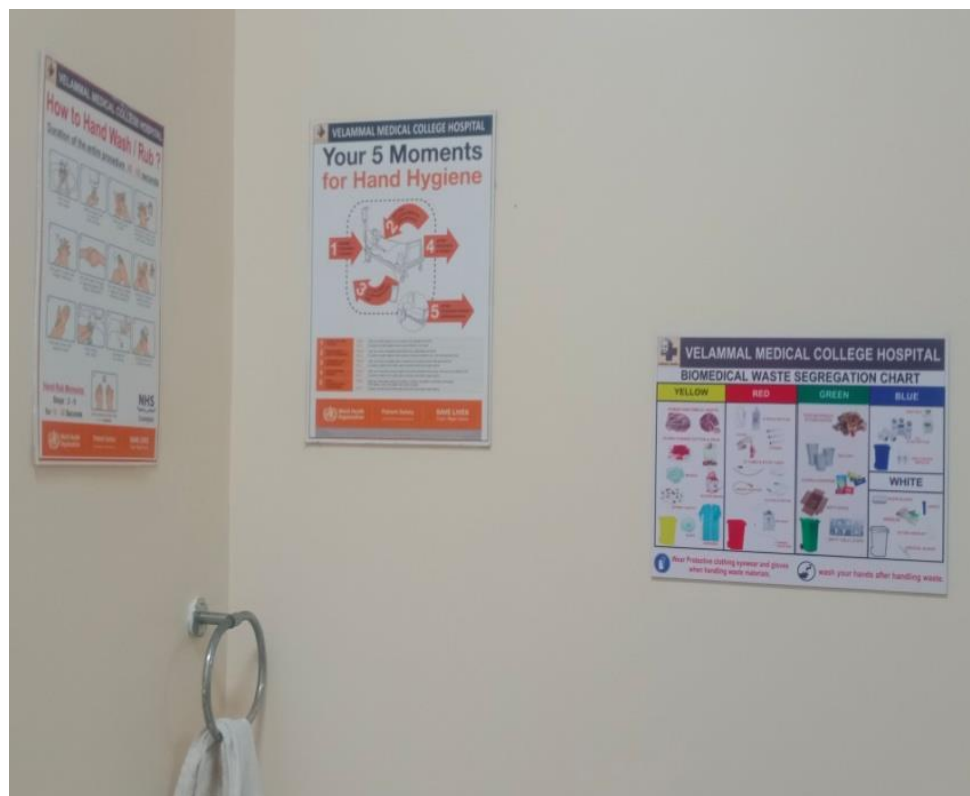


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Bio Medical Waste Management





Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, Td, Tdap, TdV)	0.5 mL	IM
Hemophilus influenzae type b (Hib)	0.5 mL	IM
Hepatitis A (HepA)	1-2 yrs, 0.5 mL	IM
Hepatitis B (HepB)	1-2 yrs, 0.5 mL	IM
Poliovirus 11-18 yrs, oral (Polio Oral Poliovirus Vaccine) Poliovirus 1-10 yrs, inject (Inactivated Polio Vaccine)	0.5 mL	IM
Human papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL	Intranasal
Influenza, inactivated (IIV)	0.25 mL	Intramuscular
MMV: Measles, mumps, rubella (MMR)	0.5 mL	IM
MMV: Measles, mumps, rubella, pertussis (MMRV)	0.5 mL	IM
Meningococcal - conjugate (MenV)	0.5 mL	IM
Meningococcal - polysaccharide (MPSV)	0.5 mL	IM
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or SC
Polio, inactivated (IPV)	0.5 mL	IM or SC
Rotavirus (RV)	0.5 mL	Oral
Varicella (Var)	0.5 mL	SC
Zoster (Zos)	0.5 mL	SC

Combination Vaccines

DTaP-IPV-PPSV (Pentacel)	0.5 mL	IM
DTaP-IPV-TdV (Pentacel)	0.5 mL	IM
MMV (ProQuad)	0.5 mL	IM
Hib-IPV (Comvax)	0.5 mL	IM
MMV (ProQuad)	0.5 mL	IM
HepA-IPV (ProQuad)	0.5 mL	IM

Injection Site and Needle Size

Subcutaneous (SC) Injection

Use a 24-gauge needle. Choose the appropriate site for the patient's age and body tissue.

Age	Needle Length	Injection Site
Infants (1-12 mos)	5/8"	Upper thigh area (anterolateral thigh muscle)
Children (13 mos or older, adolescents, and adults)	1"	Upper outer arm (anterolateral thigh muscle)

Intramuscular (IM) Injection

Use a 22-gauge needle. Choose the appropriate site for the patient's age and body tissue.

Age	Needle Length	Injection Site
Infants (1-12 mos)	5/8"	Anterolateral thigh muscle
Toddlers (1-3 yrs)	1"	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (4-18 yrs)	1" - 1 1/2"	Deltoid muscle of arm or anterolateral thigh muscle
Adults (19 yrs or older)	1 1/2"	Deltoid muscle of arm

Intradermal (ID) administration of Fluoride ID vaccine

Age	Needle Length	Injection Site
Infants (1-12 mos)	5/8"	Upper thigh area (anterolateral thigh muscle)
Children (13 mos or older, adolescents, and adults)	1"	Upper outer arm (anterolateral thigh muscle)

Intranasal (IN) administration of FluMist (LAIV) vaccine

Age	Needle Length	Injection Site
Infants (1-12 mos)	5/8"	Upper thigh area (anterolateral thigh muscle)
Toddlers (1-3 yrs)	1"	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (4-18 yrs)	1" - 1 1/2"	Deltoid muscle of arm or anterolateral thigh muscle
Adults (19 yrs or older)	1 1/2"	Deltoid muscle of arm

*A 30-gauge needle may be used for patients weighing less than 100 lbs (45 kg) for the intradermal ID vaccine. The needle should be inserted at a 90-degree angle.

†The needle should be inserted at a 45-degree angle for the intradermal ID vaccine.

Intramuscular (IM) Injection

Subcutaneous (SC) Injection

Intradermal (ID) administration of Fluoride ID vaccine

Intranasal (IN) administration of FluMist (LAIV) vaccine

Please note: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well (www.imzinate.org/acip).

Technical content reviewed by the Centers for Disease Control and Prevention

Immunization Action Coalition • 1573 Belfry Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.imzinate.org • www.vaccineinformation.org

ADVERSE DRUG REACTION

KINDLY RETURN TO PHARMACOLOGY DEPT



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Universal precautions:

The following strategies are practised in our clinic for universal precautions:

1. Separate Elbow operated Wash basin & strict adherence to WHO hand hygiene policy.
2. Clinic is well ventilated to prevent airborne infectious agent transmission to the babies getting vaccinated.

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