



VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE

(Affiliated to the Tamil Nadu Dr. MGR Medical University)

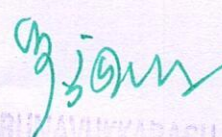
"Velammal Village", Madurai-Tuticorin Ring Road, Anuppanadi, Madurai - 625 009.

Phone : 0452 711 3333, Email : info@velammalmedicalcollege.edu.in

Quality maintenance records in compliance with WHO guidelines

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Prof. T. THIRUNAVUKARASU, M.D., D.A.,
Dean
Velammal Medical College Hospital
and Research Institute
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SUMMARY

Velammal immunization clinic is functioning under the department of paediatrics in ground floor OPD since the inception of institution. We are providing free vaccines, procuring from Chinthamani PHC on every Wednesdays and also special vaccines which are given in all days.

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 and post injection monitoring process are all done as per WHO guidelines and monitored regularly by the quality control team of institution.

QUALITY MAINTENANCE RECORDS:

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

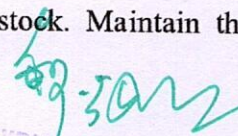
CLINIC ORGANISATION:

Head: Professor Dr. MADHEVAN, HOD, Department of paediatrics, incharge for immunisation clinic, key person in decision making regarding institutional immunization policy

Deputy incharge: Dr. S.NATARAJARATHINAM- Incharge for monitoring and management of AEFI

Consultant incharge: Dr. Karthik raj- supervises the regular functioning of immunisation clinic

Mrs.Mangai- ANM incharge for procuring and maintaining vaccine stock. Maintain the records regarding quality control aspects of the clinic


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QUALITY CONTROL PARAMETERS ASSESSED IN THE IMMUNISATION CLINIC:

- Continuous temperature monitoring and maintenance of record twice daily
- Stock maintenance register with details of vaccine stock available including batch number, date of opening and date of expiry
- Patient register- Patients name, age , sex, complete address, details regarding vaccines administered to the individual patient is maintained
- AEFI register- Ready corner for anaphylaxis management with all emergency drugs and resuscitation things available around the clock
- Safe biomedical waste disposal system
- Educational displays for both the parents and students are displayed within the immunisation clinic

IMMUNISATION TEMPERATURE REGISTER

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Temperature/Date

Comprehensive Log book for 12 Month & Year

(-) 2nd below

(-) 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 (✓)

Type of defect noticed (log)

Equipment repaired (✓)

Signature of VCH

PPM Visit by CCT (Signature)

Supervisory visit (Signature)

MD/C/D/O 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
Is the CCE levelled			Is the CCE Locked		
Is the CCE away from sunlight			Is the CCE connected with independent fan 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)		

(*) 1= Major, 2= Minor

on 2.3.2019

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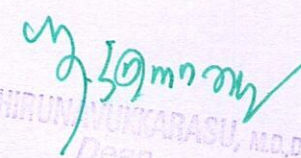
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STOCK MAINTENANCE REGISTER

42										43									
Sl. No.	Vaccine Name	Received	01/11/22		01/11/23		01/11/24		Balance	Sl. No.	Vaccine Name	Received	01/11/22		01/11/23		01/11/24		Balance
			Stock	Used	Stock	Used	Stock	Used					Stock	Used	Stock	Used	Stock	Used	
1	Beta 5/03		5	-	5	-	5	-	5	1	Beta 5/03		5	-	5	-	5	-	5
2	Sodium Chloride 6/04		5	-	5	-	5	-	5	2	Sodium Chloride 6/04		5	-	5	-	5	-	5
3	NeP.B 01/04		3	-	3	-	3	-	3	3	NeP.B 01/04		3	-	3	-	3	-	3
4	EPV 01/04		100	-	Nil	-	Nil	-	Nil	4	EPV 01/04		100	-	Nil	-	Nil	-	Nil
5	Pentaval 2/04		Nil	-	Nil	-	Nil	-	Nil	5	Pentaval 2/04		Nil	-	Nil	-	Nil	-	Nil
6	Rotavac (Shed) 10/05		50	-	50	-	50	-	50	6	Rotavac (Shed) 10/05		50	-	50	-	50	-	50
7	MR 8/04		Nil	-	Nil	-	Nil	-	Nil	7	MR 8/04		Nil	-	Nil	-	Nil	-	Nil
8	JE 9/04		3	-	3	-	3	-	3	8	JE 9/04		3	-	3	-	3	-	3
9	ZEV 1/05		7	-	7	-	7	-	7	9	ZEV 1/05		7	-	7	-	7	-	7
10	REV 7/05		20	-	20	-	20	-	20	10	REV 7/05		20	-	20	-	20	-	20
11	DBI 3/03		3	-	3	-	3	-	3	11	DBI 3/03		3	-	3	-	3	-	3
12	T.D 10/04		1	-	1	-	1	-	1	12	T.D 10/04		1	-	1	-	1	-	1
Total										Total									
50										50									


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PATIENT REGISTER

128									
Sl. No.	Pts Name and Address	D.O.B	Age/Sex	B.Wt	Ht	BP	Temp	Pulse	Respir
6.	Blo. Raxara fathima D/o Haroon A.O.S. Prampathy Nagar, 1 st St., Melur, Madurai. 9530667988	9/1/23	n/b/m	✓	✓	✓			
7.	Blo. Vinodhini - II S/o Jeyaraman Ramasamy Puram, Kunnathur Pattinam (Madurai). 8754489407	9/1/23	n/b/m	✓	✓	✓			
8.	Blo. Vinodhini I D/o. Jeyaraman Ramasamy Puram, Kunnathur Pattinam (Madurai). 8754489407	9/1/23	Qdy/f	✓			low birth weight	✓	
9.	Blo. Vanimozhi S/o. Suresh Kumar Harvey Patti (Madurai) 8610788363	10/1/23	1 d/f/m	✓	✓	✓			
10.	Blo. Aranya S/o. Chithra No. 1 Canki Street, Sivaganga-1 Sivaganga. 9566710845	9/1/23	n/b/m	✓	✓	✓			

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Sl	PHS	Name and Address	DOB	Rel	edu	Depm	DPV
1	B/o:	Naldini priya D/o: Nagaraj Anuppanadi Housing Borivali (W) (MCD) 9789332409	11/8/23	3/F	✓	✓	✓
2	B/o:	Gowdalya D/o: Kumari valayankulam (MCD) 9952254176	9/8/23	1/F	✓	✓	✓
3	B/o:	vanitha S/o Thirumani Chintamani (MCD) 8985081125	21/8/23	2/M	✓	✓	✓
4	B/o:	Kiruba D/o: Raghu. Kirungakottai (Sri) 9789146001	21/8/23	2/F	✓	✓	✓
5	B/o:	Samuthra Devi D/o: Prabhakaran madurai 8220835520	31/8/23	1/F	✓	✓	✓

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






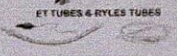











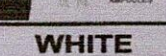


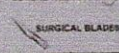
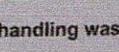

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BIOMEDICAL WASTE MANAGEMENT:

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BIOMEDICAL WASTE SEGREGATION CHART

YELLOW	RED	GREEN	BLUE
<p>HUMAN ANATOMICAL WASTE</p>  <p>BLOOD STAINED COTTON & PADS</p>  <p>MASKS</p>  <p>BLOOD RAGS</p>  <p>EXPIRED TABLETS</p>  <p>CAPS</p>  <p>APRONS</p> 	<p>IV SETS & BOTTLES</p>  <p>GLOVES</p>  <p>SYRINGES</p>  <p>ET TUBES & RYLES TUBES</p>  <p>URINARY CATHETERS</p>  <p>SUCTION CATHETERS</p>  <p>URO BAGS</p>  <p>CARDIAC CATHETERS</p> 	<p>FOOD MATERIALS & KITCHEN WASTE</p>  <p>TEA CUPS</p>  <p>COVERS & WRAPPERS</p>  <p>EMPTY PILES</p>  <p>EMPTY TABLET STRIPS</p> 	<p>USED VIALS</p>  <p>ALL GLASS BOTTLES</p>  <p>USE & UNUSE AMPOLLES</p> 
			<p>WHITE</p> <p>RAZOR BLADES</p>  <p>NEEDLES</p>  <p>SUTURE NEEDLES</p>  <p>SURGICAL BLADES</p>  <p>LANCET</p> 

Wear Protective clothing eyewear and gloves when handling waste materials.

wash your hands after handling waste.





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NEEDLE STICK INJURY PROTOCOL:

VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE	
HOSPITAL INFECTION CONTROL COMMITTEE (HICC) PROTOCOL	
Protocol No.: 6	Issue Date: 08-02-18
Version: 1.0	Pg. 1 of 2

NEEDLE STICK INJURY (NSI) PROTOCOL

Agents transmitted and Risk:

- Hepatitis B - 5-30%
- Hepatitis C - 3-10%
- HIV - 0.3% (percutaneous) and 0.09% (mucosal splash).

Do's and Don'ts for the Exposed Individual

Don'ts	Do's
<ul style="list-style-type: none">Do not panicDo not place the pricked finger into the mouth reflexivelyDo not squeeze blood from woundDo not use bleach, alcohol, iodine, antiseptic, detergent, etc.	<ul style="list-style-type: none">Stay calmRemove gloves, if appropriateWash exposed site thoroughly with running water and soap. Irrigate thoroughly with water, if splashes have gone into the eyes or mouthInform to Casualty and ICN for management of the occupational exposure.

Contact immediately
*355 - ICN
*567 - Medical Officer
4444 - Casualty Intercom

Steps of Post Exposure Management

- Check HBsAg, HCV & HIV Status of both patient (Source) and Health care worker (HCW) who has injured.
- If HCW found positive for HBsAg or HCV or HIV - Advise him for further treatment. If negative follow the instructions given below

HIV Post Exposure Prophylaxis for HCW

HCW after a percutaneous or mucosal injury

Source Status

Negative	Positive/Unknown
No need of PEP but report to casualty for documenting NSI	Report to PEP nodal centre (Casualty) to take first dose of PEP and follow the instructions given
	HIV testing follow-up should be done: at 6weeks, 3 months and 6 months after exposure

HCV Post Exposure Prophylaxis for HCW: Consult Medical Gastroenterology.
Follow-up testing for HCV should be done at 3 months and 6 months after exposure.

Prepared by: Dr. Raja S	Reviewed by: Dr. Jhausi Charles	Approved by: Dr. Somasundaram
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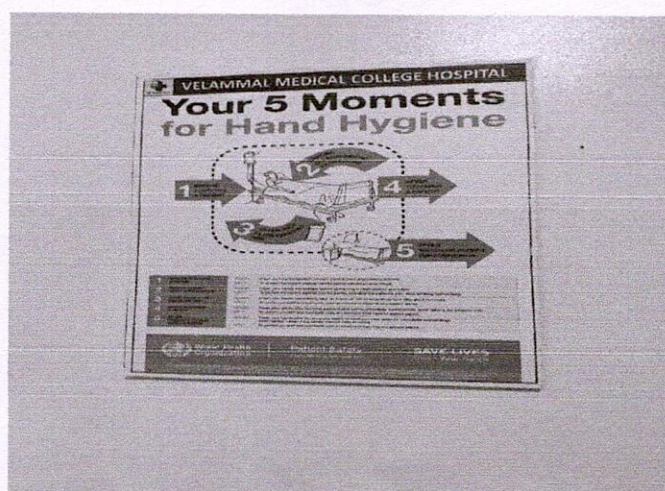
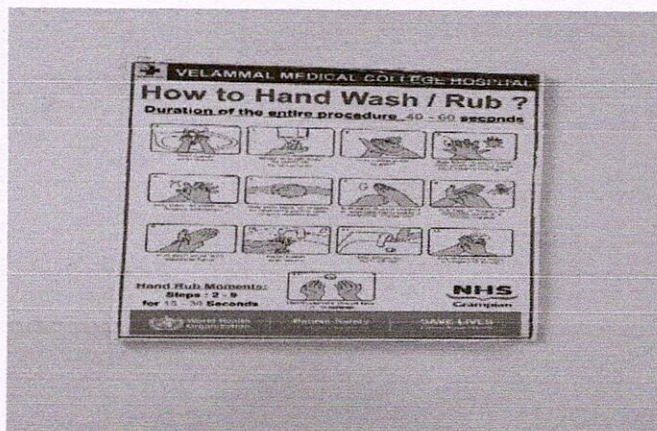
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UNIVERSAL PRECAUTIONS:

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

- Separate elbow operated wash basin and strict adherence to the WHO hand hygiene policy
- Clinic is well ventilated to prevent airborne infectious agent transmission to the babies getting vaccinated



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