8.1.10 **Average percentage of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years. 8**

Year	Number of students admitted in the first year of the teaching programmes during the last five years	Number of First year students administered immunization /prophylaxis
2013-14	150	150
2014-15	150	150
2015-16	150	150
2016-17	150	150
2017-18	150	150

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHALKUPPAM, PUDUCHERRY – 605 107.
Phone 0413-2643000 Fax No. 0413-264 3014

SMVMCH/College Council Meeting/870/2013 27.12.13

Minutes of the College Council Meeting - 26.12.2013

AGENDA

1. To approve the minutes of meetings of DAC
2. To discuss about the recent examination results
3. To discuss about the students attendance performance, theory and clinical postings
4. To discuss on Interdepartmental/Intradepartmental postings.
5. To discuss about the forthcoming college day celebrations
6. To review the requirements of the departments if any
7. To review the achievements
8. To review research publication and presentation if any
9. To review conferences conducted/attended
10. To discuss about the improvement of inpatient strength, outpatient attendance and patient procedures
11. Any other important matters to be discussed.

The College Council Meeting was held on 26.12.2013 at 02.30 pm in the College Council Hall.

1. The results of recent MBBS III professional Part II and MBBS first professional (additional Batch) were discussed in detail with concerned head of departments of various subjects
2. Students attendance performance, theory and clinical postings were discussed in detail

3. Interdepartmental and Intradepartmental postings were approved.
4. Discussion was held about forthcoming college day celebration and all faculties were requested to cooperate and make the college day function a success.
5. Director discussed about departmental requirements and HOD of ENT requested to purchase diagnostic endoscope and HOD of orthopedics requested to purchase arthroscopy for their departments and the requisition was forwarded to Board of governors.
6. Director insisted upon the research publications, organizing CME and symposium to conduct on particular days announced by WHO and also advised members to attend conferences.
7. The importance of increasing the patient strength both inpatient and outpatient departments was stressed by the director.
8. Approval was given to the Department of Anesthesiology to organize world Anesthesia day program in hospital and to conduct CPR workshop for CRRI, on the day of world anesthesia day.
9. Approved the finalized Postgraduate teaching schedule and Undergraduate teaching roaster of all the departments for the next 6 months.
10. Approved to conduct special coaching for slow learners and special coaching for toppers to aim university ranks for all the departments.
11. Any other issues
    a. Approved to appoint full time /visiting orthodontist for the Department of Dentistry and to revise special dental procedure charges, after discussion with the management.
    b. Approved on the decision by the Department of Microbiology to organize a workshop on WHONET software
    c. As followed since 2006, all first year MBBS students will be immunized with Hepatitis B vaccine. All postgraduate students will be immunized with Hepatitis B vaccine if not immunized or if immunized with booster dose. This activity will be done by Hospital Infection Control.
    d. Approved to draft content of cancer register

e. Approved to conduct "Neonatal Resuscitation program" in February 2014 for staff nurses by the Department of Pediatrics

All the members attended the meeting and the meeting came to an end with vote of thanks.

DIRECTOR

Dr. D. RAJAGOVINDAN, M.D.
DIRECTOR
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
MADAGADIPET, PUDUCHERRY-605 107.

Copy to

Chairman and Managing Director

Dean

Dean (Academic)

File.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

M.B.B.S. Students Name List (2017-2018)

Sl. No.	Name of the Students	37	T. Gangadharan
1	Mr. Abbishek	38	S. Girija
2	Miss. S. Abiharini	39	S. Girish
3	Mr. P. Agilan	40	A. Gomathi
4	Mr. Ahilnivas Mohan	41	J. Gracya Jacor
5	M. Aishvarya Sri	42	R. Gurucharan
6	M. Aishwarya	43	S. P. Guru Prasath
7	N. Ajay Raj	44	T. S. Harish
8	R. Ajeesh	45	K. Hemanth Kumar
9	S. Akshara	46	R. Jai Sarabesh
10	C. R. Akshaya	47	J.M.Janani
11	B. Alavkia Ban Sai	48	V. Janani
12	S. Amrutha	49	Jayaprabo
13	Annampalli Yuvasree	50	R. Jeevithaa
14	K. Anusree	51	S. Jeevitha
15	D. Aravind	52	Jeffrik Christus
16	S. Archana	53	Jennita Rufina
17	L. Arunachalam	54	C. Jeya Abarna
18	Miss Ava Colin Juggi	55	E. Jerusha Sharon
19	C. Narmadha	56	V. Jothika Pande
20	Miss Balabhadra Sai Preethi	57	D. B. Kalaiselvi
21	S. Balamurugan	58	K. Karthiga
22	S. Barathselvan	59	C. Karthik Raj
23	S. Barshni	60	V. A. Keerthana
24	K. Bharath Balaji	61	Keren S. Daniel
25	Miss Bismi S. Maheen	62	F. Kevin Roshan
26	Mr. Brito Joy	63	T. Kirthana
27	K. Chandrakanth	64	Kiruthika John
28	V. Chavitha	65	S. Kousika Devi
29	Chekka Mrudula Sri	66	B. Kulhali Srinidhi
30	Chintapalli Banu Sowjanya	67	P. Kumaran
31	V. Citi Babu	68	J. Lajuanthi
32	K. Devasuriya	69	V. Lakshmi Karthika
33	Dhanvaanth Haran	70	P. Laxmanan
34	D. Dhanya	71	Litty Maria Augustine
35	M. Divyasri	72	N. Logarchana
36	S. Eyazhini	73	MVRVS. Krishana

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

74	M. Goutham
75	M. Jaswanth
76	K. Moazna Siyad
77	A. Madhumatha
78	Malika Sinha
79	Manami Konar
80	J. Mangaivar Thilagam
81	P. Manickam
82	S. Manimozhi
83	M. Manoj Kumar
84	S. Meenaloshini
85	S. Mukesh Raj
86	D. Muthu Krishnan
87	N. Natissha
88	Nonavata Sonali
89	G. Nirmala
90	S. Nithyasree
91	Nivedita nanda gopal
92	P. Kamalika
93	Parvathy Suresh
94	R. Pavithra
95	Jr. Ponmanaselvan
96	Pooja Deepak
97	R. Raghuram
98	R. Rajalakshmi
99	R. Rajithra
100	Seshagopalan
101	S. Sharvika
102	Shawn Paul Russel
103	Sheeya Sen
104	P. Sivyami Sundar
105	J. Siva Balan
106	S. Sivasoundar
107	M. Sneha
108	B.R. Srinath
109	B.Srinath
110	Sriram Seshamani
111	Stepil Sam
112	S. subalakshmi
113	A.G. Subhiksha
114	R. Subitsha
115	S. Suprasanna
116	M. Supriya
117	K. Surya
118	Tadisni Venkata Naga
119	T.T Tamizhchelvi
120	V. Thendralmathi
121	Usha Banukodi
122	CV.Varadarajan
123	B.Varshini
124	Varshith Isakapatla
125	Vemanaboina Sahithi Priya
126	R. Vignesh
127	E.Vijay
128	K. Vijayasuriya
129	B.Vismaya
130	Vyshnavi S. Das
131	B.Yazhini
132	S. Poornavignesh
133	S. Prasanakumar
134	R.S.Prasanna
135	S. Priyanka
136	R. Swarnalatha
137	P. Radhakrishna
138	Ragav vijayan
139	Ramalakshmi Ramya
140	E.Ramya
141	B.Ranjithkumar
142	M.Rithivi Barovi
143	Riya R. Ebenezer
144	M. Rufina
145	S. Rupashri
146	S. Thabasum Sheerin
147	K.K. Sabari
148	M. Sai Narendran
149	G.V sathiyasri Prasath
150	Seshagopalan

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSP
KALITHEERTHALKUPPA
PUDUCHERRY-60510/

Sri MANAKULA VINAYAGAR

Medical college and Hospital

HEPATITIS - B VACCINATION

PG-STUDENT NAME LIST

S.NO	NAME	DEPARTMENT
1	Dr. Varun	Medicine
2	Dr. Nagapoosan	Medicine
3	Dr. Sathiyanarayanan	Medicine
4	Dr. Vishwa teja	Medicine
5	Dr. Balaji	Medicine
6	Dr. Aravind	Medicine
7	Dr. Sibichakkaravarthi	Medicine
8	Dr. Gayathri	Pead
9	Dr. Revathi	Pead
10	Dr. Kamal barathi	Pulmo
11	Dr. Ramachandiran	Pulmo
12	Dr. Hari prakash	Pulmo
13	Dr. Firas	Medicine
14	Dr. Pratheep	Surgery
15	Dr. Srinivasan	Surgery
16	Dr. Samundeeswari	Ortho
17	Dr. Arun selvam	Ortho
18	Dr. Vignesh	Ortho
19	Dr.Hafsakhan	Opthal
20	Dr. Hshwanth	Anaesth

Dr. KAGNE. R.N
DEAN

21	Dr. Arulmani	Anaesth
22	Dr. Ramya	Anaesth
23	Dr.Pratheep.K	ENT
24	Dr. Vigneshwara moorthy	Pathology
25	Dr.Pushparaj	Ortho
26	Dr. Khethan	Ortho
27	Dr.Ramya	Ortho
28	Dr. Abimeenashy	Anaesth
29	Dr.Jacob	Anaesth
30	Dr.Shanmugapriya	Anaesth
31	Dr. Srinivasan	Anaesth
32	Dr.Kowsika sri	Anaesth
33	Dr. Kishore	Paed
34	Dr. Denny	Anaesth
35	Dr.Ashwanth	Anaesth
36	Dr. Murshed	Anaesth
37	Dr.Venkata krishna	Surgery
38	Dr. Suresh babu	Medicine
39	Dr. Umar	Medicine
40	Dr. Hasan	Medicine
41	Dr. Savithri	Pathology
42	Dr. Iswariya	Opthal
43	Dr. Terane	Ortho
44	Dr. Roman	Ortho

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHALKUPPAM, PUDUCHERRY- 605 107
HEPATITIS B VACCINATION
BSC. NURSING STUDENT

SL.NO	STUDENT NAME
1	Guhan
2	Taweshwar
3	Sri Ram
4	Anand
5	Ramesh
6	Haripratha
7	Raveendiran
8	Kathiravan
9	Vijay.R
10	Vijay.S
11	Prasanna
12	Prem Kumar
13	Ashok Kumar
14	Ajith Kumar
15	Pavithran
16	Deva
17	Muthu
18	Vignesh
19	Gunalan
20	Thamizhselvam
21	Premnath
22	Abinaya
23	Agasthiya
24	Bharathi
25	Mohanalakshmi
26	Sowmiya
27	Dhivya
28	Sweetha
29	Priyadharshini
30	Deeptika
31	Subathra

Dr. KAGNE R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

32	Kavitha.M
33	Saranya
34	Shenbagavalli
35	Sujitha
36	Sasiradha
37	Narbavi
38	Enanthi
39	Praba
40	Ramani
41	Thamizhmozhi
42	Kiruthika
43	Ramyasri
44	Gomathy
45	Oviya
46	Pavithra
47	Vanitha
48	Anagha.K.P
49	Elakkiya
50	Hemalatha
51	Subbulakshmi
52	Nayeema Begum.M
53	Dhunshikeya
54	Kirupavathi
55	Jayalakshmi Veeraperumal
56	Sandhya Devi
57	Ilakkiya
58	Mahalakshmi
59	Monisha
60	Sri Ranjani
61	Iyshwariya
62	Devi Priya
63	Arul Devi
64	Madhumithra.R
65	Madhumidha.M
66	Suriya.S
67	Prabavathi.K
68	Suriya.K
69	Vijayasree.V

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

70	Hemalatha.A
71	Kanmani.N
72	Komalavathi.N
73	Jayalakshmi.V
74	Nanthini.A
75	Santhiya.R
76	Logeshwari.N
77	Nila.J
78	Shalini.E
79	Sri Priya.A
80	Gopika.P
81	Priyadarshini.M
82	Priyadharshini.K
83	Kavitha.K
84	Sudhagar.R
85	Arunkumar.C
86	Suriya.K
87	Soorya.M
88	Dharaneedharan.K
89	Gowtham.V
90	Ajeeth.N
91	Sairam.M
92	Sooryakumar.V
93	Selvarasan.A
94	Gowtham.M
95	Manikandan.M
96	Kirubagaran.R
97	Silambarasan.S
98	Chandramohan.C
99	Mageshwaran.D
100	Janakiraman.R
101	Seetharamachandru.V
102	Muralidharan.M
103	Charuvigneshvaran.S
104	Sasikumar.G
105	Lalith Kumar.A
106	Naveen Kumar.K
107	Jagadeeswaran.G

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM

108	Vignesh.M
109	Keerthivasan.S
110	Srimathi.S
111	Pooja Rajeevan.R
112	Rani.M
[illegible]	Farhana.I
[illegible]	Haripriya.M
[illegible]	Jeevitha.S
[illegible]	Pavithra Mohan.M
[illegible]	Vaitheeswari.S
[illegible]	Senthamizhselvi.J
[illegible]	Kalaivani.P
[illegible]	Anitha.K
[illegible]	Vinothini.P
[illegible]	Parimala.M
[illegible]	Varalakshmi.S
[illegible]	Dhivaneshwari.R
[illegible]	Johnsirani.N
[illegible]	Rajalakshmi.R
[illegible]	Pavithra.R
[illegible]	Raveena.K
[illegible]	Divyapriya.V
[illegible]	Kiruthiga.M
[illegible]	Sathya.S
[illegible]	Pavithra Muniyappan
[illegible]	Monika.I
[illegible]	Mahajanaki.M
[illegible]	Vennila.J
[illegible]	Jonci
[illegible]	Nisanthi.V
[illegible]	Supriyadevi.J
[illegible]	Risulana Begum.R
[illegible]	Pooja.N
[illegible]	Marie Lourde Jenifer.C
[illegible]	Alish Lena.A
[illegible]	Roshini.R
[illegible]	Ramya.R
[illegible]	Keerthiga.A

Dr. KAGNR, R.N
DEAN
SRI MANAKULA VINAYAGAR

146	Subashini.R
147	Abirami.B
148	Jayapriya.M
149	Sakila.E
150	Hemavathy
151	Aarmika.A
152	Aswini.R
153	Priyanga.A
154	Thenmozhi.V
155	Bhuvani.S
156	Arulmozhi.M
157	Kayalvizhi.K
158	Gayathiri.G
159	Sasina.K
160	Abarna.G
161	Thilagavathi.T
162	Deepa.V
163	Vidhya.S
164	Mohana Priya.J
165	Bhavani.P
166	Marie Jovitha.A
167	Bakkiya.V
168	Deepa.P
169	Bhuvaneshwari.S
170	Nivetha.B
171	Kowsalya.V
172	Nivetha.M
173	Queen Anashiya.D
174	Deva Prithika.D
175	Athira.P.K
176	Angel Therasa.S
177	Indhumathy.R
178	Sevanthi.P
179	Priyadharshini.A
180	Soniya.P
181	Revathi.A
182	Jancy.R
183	Vazhumuni.P

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
DICAL COLLEGE & HOSPITAL
VITHEERTHALKUPPAM

184	Saranya.T
185	Kaviarasan.J
186	Giridharan.R
187	Arulmani.G
188	Sasikala.A
189	Arul Zenifer Mary.S
190	Bavitharini.R
191	Sarmila.M
192	Priyadharshini.R
193	Urmila.M
194	Amsavalli.K
195	Abirami.K
196	Dhivya Dhanasekaran
197	Subhalakshmi.D
198	Bhuvaneshwari.M
199	Arunika.S
200	Chitra.G
201	Vijayapreethi.O
202	Sushmidha.A
203	Shagunthala Devi. S
204	Sowndariya.P
205	Indhumathi.G
206	Shanmuga Priya.K
207	Shaik Mohamed Ashief.M
208	Balasubramaniyan.P
209	Santhanakrishnan.G
210	Bharathi Raja. G
211	Vijaya Priya.A
212	Devanathan.P
213	Murugavel.P
214	Chandramouli.M
215	Viswanath Anand
216	Jayashree.T
217	Muthulakshmi.A
218	Nimisha.A
219	Megala.K
220	Priyadharshini.M
221	Subashree.B

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPI

222	Swetha.B
223	Sivasankari.S
224	Nandhini Devi.G
225	Thenmozhi.M
226	Kothai Nayagi.T
227	Kasthuri.E
228	Shyamala Devi.N
229	Sivasankari.M
230	Yazhini.B
231	Racida.R
232	Kavitha.V
233	Kalaiyarasi.Y
234	Lakshmanan.A
235	Balamurugan.K
236	Shanmugavel.S
237	Prassana.S.V
238	Dhivagar.K
239	Balamurugan.G
240	Mutharasan.T
241	Kavitha.S
242	Amudha.V
243	Rajalakshmi.R
244	Rajalakshmi.M
245	Devasundary.M
246	Dhanalakshmy.V
247	Arthy.T
248	Devika.M
249	Bhavithra.B
250	Bhuvaneshwari
251	s.ranjini
252	D.Bakkiyalakshmi
253	v.Lalitha
254	B.Kalaivani
255	G.Kavinilavu
256	V.Bhuvaneshwari
257	J.Dhandapani
258	M.sangeetha
259	D.Manju

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

260	S.Lavanya
261	R.rajeswari
262	Dhivyadevarasu
263	B.sharmila
264	S.Sasikala
265	m.V.santhosh
266	S.Shifamari
267	v.mahalakshmi
268	S.soundariya
269	N.yamini
270	R.Kanagarani
271	R.Poongulali
272	Girija
273	Rajalakshmi
274	Neutan
275	Ashtalakshmi
276	Gayathri
277	Amsavalli.K
278	Archana
279	Athira.P.K
280	Agila
281	Arthi
282	Abirami
283	D.Dhasknbanu
284	Dharni
285	Renukapriya
286	Elakkiya
287	Dhivyabharathi
288	Anitha.K
289	Barathi
290	Clinton
291	Logesh
292	Fishulrahman
293	Akash
294	Suriyaprakash
295	Albashith
296	Dhiliprao
297	Aravindan

Dr. KAGNE, R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

298	Dhinesh
299	Harini
300	Gayathri
301	Hariharasudhan
302	Keerthana
303	Monisha
304	Naseemabegam
305	Hemamalini
306	Kowsalya.V
307	Keerthana
308	Mohamedismad
309	Jagadeeswaran
310	Thiyageswaran
311	Mukeshkannan
312	Kavitha
313	Manimozhi
314	V.Nandhini
315	S.Nandhini
316	Yuvarani
317	Ishwariya
318	Neelasri
319	Kousalya
320	Mageshwari
321	Ezhilarasi
322	Udayakumar
323	Punitharasan
324	Srinath
325	Vedasandiramouli
326	Thamizharasan
327	V.vijay
328	Vinith
329	Vigneshkumar
330	Varadarasu
331	N.vijay
332	Vishva
333	Pavithran
334	Vasundaradevi
335	Visali

Dr. KAGITHA. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

336	Subashini.R
337	Suriya
338	Sumithra
339	Vinodhini
340	Suganya
341	Subashini.
342	Vijayalakshmi
343	Vaishalini
344	Venmathi
345	Pragadesh
346	Pavithra
347	Patchaiyammal
348	R.Sandhiya
349	L,Sandhiya
350	Priya
351	Ragupathi
352	Sathishkumar
353	Valariniyavathi
354	Paramaguru
355	Anandprabagaran
356	Sinduja
357	Pasupathi
358	Priyadharshini
359	Sharugan
360	S.Priyadarshini
361	Prakash
362	Sivasakthi
363	Shalini
364	Sangeetha
365	punitha
366	P.Priyadarshini.M
367	Jayabarathi
368	Brinda
369	maheshwari

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOS
KALITHEERTHALKUPPAM
PUDUCHERRY-605107

Sri MANAKULA VINAYAGAR

Medical college and Hospital

LIST OF FACULTY (2017-18)- HEP 'B' VACCINATION		
Sl.No	**Name**	**Department**
1	Dr.Suneeth P. Lazarus	Anaesthesiology
2	Dr.Balasubramanian.S.	Anaesthesiology
3	Dr.Suresh Kumar.K	Anaesthesiology
4	Dr.Dinesh Babu. D.	Anaesthesiology
5	Dr.Arulmani. A.	Anaesthesiology
6	Dr.Badrinath A.K	Anaesthesiology
7	Dr.Asmathulla.S.	Biochemistry
8	Dr.Balakrishna Pai. R.	Biochemistry
9	Dr.Rajarajeswari. R.	Biochemistry
10	Dr.Sunmathi	Biochemistry
11	Dr.Vinoth Babu	Biochemistry
12	Dr.Suvetha	Biochemistry
13	Dr.Murugan	Community Medicine
14	Dr.Muruganandhan	Community Medicine
15	Dr.Sanjay.P.	Dentistry
16	Dr.Ganesh.R.	Dentistry
17	Dr.Karthik Ragupathy. S. R.	Dentistry
18	Dr.Rangaraj	Dermatology ,Venerology & Leprosy
19	Dr.Hima Gopinath	Dermatology ,Venerology & Leprosy
20	Dr.Atul Mukul Bage.	Oto-Rhino-Laryngology
21	Dr.Vetrikodi	Oto-Rhino-Laryngology
22	Dr.Santhana Krishnan. K.	Oto-Rhino-Laryngology
23	Dr.Poornima S. Bhat	Oto-Rhino-Laryngology
24	Dr.Akshaya	Oto-Rhino-Laryngology
25	Dr.Ganesh.R.	RMO
26	Dr.Ramkumar	RMO
27	Dr.Mahokaran	General Medicine
28	Dr.Nagarajan. K.	General Medicine
29	Dr.Annamalai. A.	General Surgery
30	Dr.Kothandapani.S	General Surgery
31	Dr.Karthik S. Bhandary	General Surgery
32	Dr.Rajavel. M.	General Surgery
33	Dr.Kannan	General Surgery
34	Dr.Sunil S Shivekar	Microbiology
35	Dr.Mangaiyarkarasi. T.	Microbiology
36	Dr.Nagoma Rafi	Microbiology
37	Dr.Jayasree.M.	Obstetrics and Gynaecology
38	Dr.Nivedita.K.	Obstetrics and Gynaecology
39	Dr.Fatima Shanthini	Obstetrics and Gynaecology
40	Dr.Poomalar. G. K.	Obstetrics and Gynaecology
41	Dr.Veena. K. S.	Obstetrics and Gynaecology

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

42	Dr.Ilamathi. S.	Obstetrics and Gynaecology
43	Dr.Pragash. M.	Orthopaedics
44	Dr.Murugan.A.	Orthopaedics
45	Dr.Kalyan Deepak. S.	Orthopaedics
46	Dr.Arul Kumaran. A	Paediatrics
47	Dr.Bharath Kumar. T.	Paediatrics
48	Dr.Sujay Kumar. E.	Paediatrics
49	Dr.Venkatarangan.K.S.	Psychiatry
50	Dr.Vinothkumar	Psychiatry
51	Dr.Kumar. R	Psychiatry
52	Dr.Arun. S.	Psychiatry
53	Dr.Avin	Psychiatry
54	Dr.Ramkumar	Psychiatry
55	Dr.Antonious Maria Selvam. S.	Respiratory Medicine
56	Dr.Shivaji	Urology
57	Dr.Tanay Gupta	Paediatrics
58	Dr.Krishnaprabu	Anaesthesiology
59	Dr.Vidjavikram	Plastic Surgery
60	Dr.Vigneshwaran	Anaesthesiology
61	Dr.Arunkumar	Cardiology Surgery
62	Dr.Velmurugan	CMO
63	Dr.Kalai Selvan.G.	Community Medicine
64	Dr.Suguna. E.	Community Medicine
65	Dr.Vinayaganoorthy. V.	Community Medicine
66	Dr.Thirunavukarasu	Community Medicine
67	Dr.Gowtham. M. S.	Dermatology ,Venerology & Leprosy
68	Dr.Sabarinath	Oto-Rhino-Laryngology
69	Dr.Muralidharan	Oto-Rhino-Laryngology
70	Dr.Senthil	Special Clinic
71	Dr.Thirumal	Gasterology
72	Dr.Girija.S.	General Medicine
73	Dr.Uthayasankar. M. K.	General Medicine
74	Dr.Harish. R	General Medicine
75	Dr.Sathiyanarayanan. J.	General Medicine
76	Dr.Dinesh Babu. D.	Anaesthesiology
77	Dr.Suriya Kumari.K.V.P.	Anatomy
78	Dr.Sudha. R.	Anatomy
79	Dr.Sagnik Roy	Anatomy
80	Dr.Deepa Somanath	Anatomy
81	Dr.Indira Gandhi	Cardiology
82	Dr.Prasanna	CMO
83	Dr.Dhamayanthi	CMO
84	Dr.Dhivya	CMO
85	Dr.Krishnaveni	CMO
86	Dr.Prasanth	CMO

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

Sri MANAKULA VINAYAGAR

Medical college and Hospital

INJ. HEPATITIS "B" VACCINATION

NAME LIST OF HOSPITAL STAFF & WORKER - YEAR -2017-TO 2018.

S.NO	NAME	EMP: NO
1	N. RAMALAKSHMI	21
2	C. TAMILARASI	30
3	L. SUDHA	56
4	M. MOHANA	111
5	R. DEVIKA	116
6	P. POWLIN	126
7	O. BHARATHI	194
8	G. GREETA GUNASEELAN	257
9	S. JEEVA	394
10	D. JOICE VIJAYAN	410
11	S. CHANDRALEKHA	434
12	N. ANNAPOORANI	434
13	K. ILLAMBHARAT	599
14	M. BHUVANA	600
15	R. LAKSHMI DEVI	814
16	D. KAMALA	1112
17	V.NISHANTHI	1264
18	D. S. KALAIYARASI	1277
19	N. DHATCHAYANI	1364
20	R. JOTHI	1436
21	P. VANITHA	1525
22	E. NITHYA	1544
23	K. SILAMBARASI	1573
24	D. UMAMAHESWARI	1787
25	J. MANGALAKSHMI	1860
26	M. DEVI	1878
27	G. VIJAYALAKSHMI	2081
28	A. MOHANA PRIYA	2124
29	TESSY HILLARY	2125
30	M. BHUVANESHWARI	2133
31	S. JAYANTHI	2134
32	M. ARUL DEVI	2150
33	M. EZHILARASI	2188
34	S. MAITHILI	2194
35	S. SEETHA	2215
36	M. INDHIRA	2238
37	R. RADHIKA	2241
38	M. JERINA	2252

Dr. KAONE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

39	R. SUBASRI	2253
40	S. SANGEETHA	2298
41	G. MAHALAKSHMI	453
42	N. KAMATCHI	2499
43	R. SUBASHREE	2590
44	T. TAMIL SELVI	2648
45	P.SARALA	2649
46	A. MALATHI	2652
47	M. KALAIVANI	2664
48	S. NIRMALA	2688
49	R. PREMA	2689
50	K. GOMATHI	2730
51	P. JOICE PRABAVATHY	2894
52	G. GOBIYA	2939
53	S. MAHALAKSHMI	2943
54	R. SURIYA	2951
55	G. TAMIL	2952
56	R. MANJULA	2956
57	R. SEETHA	6911
58	R. ISAIVANI	2989
59	M. RAJAKUMARI	3014
60	R. RAJASREE	3099
61	S. SARASWATHI	3132
62	S. REVATHI PRIYA	3158
63	A. PUSHPA	3169
64	R. SENGENIYAMMAL	3172
65	R. LAKHSMIDEVI	3174
66	P. ABIRAMI	3176
67	R. VIJAYALAKSHMI	3177
68	N. ANITHA	3178
69	D. VANAJA	3179
70	P. MANGAI	3193
71	R. JOHNSI RANI	3215
72	B. LEENA GRACE	3231
73	S. SUGANTHI	3233
74	E. RAMYA	3234
75	K. GOVINDAN	3235
76	P. VIJAYAKUMARI	3239
77	R. AMUTHAVALLI	3261
78	P. CHITRA	3471
79	N. ANANTHI	3473
80	S. JAYAMANI	3477
81	R. JUANTHAN	3491
82	PADMINI JAYAKUMAR	3508
83	STELLA SAMUVEL	3516
84	S. RAMYA	3521

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM

85	R. SANTHA	3540
86	S. SAYERABANU	3541
87	P. SUMITHRA	3566
88	N. SOBIYA	3637
89	R. K. ANUSUYA	3647
90	S. SATHYA	3658
91	D. SUDHA	3698
92	J. MAITHILI	3709
93	D. KRISHNADEVI	3708
94	E. SUDHALAKSHMI	3721
95	S. ANDAL	3722
96	K.MALATHI	3739
97	V. JAYASUDHA	3744
98	V. PRAVEENA	3745
99	M.ASWENIYA	3746
100	S. KAMALADEVI	3752
101	A.SARANYA	3758
102	A.SHEELA	3759
103	J. VALLI	3770
104	S. MANIBHARATHI	3771
105	E. KANAGAVALLI	3773
106	D. BHARATHI	3776
107	V. RAJESH	3824
108	K. PUVIYARASI	3830
109	S. LAKSHMINARAYANAN	3832
110	N. VINODINI	3835
111	D. RAJA BHAGAVATH SING	3839
112	M. BABU	3844
113	S. MUTHUKUMARAN	3845
114	S. ARUNA	3849
115	G. MAHADEVI	3852
116	D. KAVITHA	3853
117	K. YUVARANI	3858
118	J. SANGEETHA	3860
119	R. RAJASEKARI	3867
120	B. VINOTHINI	3882
121	N. SHALISHA	3883
122	S. SADHAMHUSSAIN	3885
123	G. KARTHIK	3902
124	V. PRIYANGA	3911
125	P. KANAGALAKSHMI	3920
126	P. BAKKIYA	3921
127	B. PRIYANKA	3922
128	S. PRIYANKA	3923
129	M. MYTHILI	4126
130	K. RAJESHWARI	4120

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

131	A. PADMA	4121
132	D. PREMALATHA	4131
133	K. SUGANYA	4132
134	E. SUMALATHA	4139
135	G. UMARANI	4162
136	D. PRIYA	4165
137	V. BREMA	4176
138	R. RAMANA	4184
139	K. KALAISELVI	4185
140	R. SOWNDARIYA	4186
141	R. PARTHIBAN	4191
142	M. SARALA	4202
143	G. GUNALAN	4232
144	S. MANIMARAN	4242
145	D. DEIVARASI	4247
146	M. SOWMIYA	4249
147	V. GANDHIMATHI	4525
148	A. SHARMILA	4254
149	P. PATHMAVATHI	4255
150	D. MANIYARASI	4258
151	R. JAYALAKSHMI	4259
152	P. ALICE MARY	4264
153	R. ANITHA	4270
154	S. NAGALAKSHMI	4367
155	E. SANTHI	4368
156	D. ROSINI	4380
157	P.SIVARANJANI	4397
158	M. THAMIZHARASI	4438
159	A. USHARANI	4440
160	M. KUMARI	4444
161	R. VENGATESWARI	4446
162	J. ASWANI	4454
163	G. KAYALVIZHI	4455
164	J. AJEETHA	4463
165	J.SAVITHRI	4464
166	S. SATHIYAVATHY	4466
167	E. KANIMOZHI	4467
168	R. GOMATHI	4477
169	T. SARANYA	4485
170	S. BHARATHI	4497
171	V. SATHYA	4499
172	U. KAMALASANTHI	4508
173	S. SIVARANJANI	4510
174	S. JAYAPRATHA	4512
175	T. PRIYANGA	4514
176	P. ANBUSELVI	4529

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

177	G. SARANYA	4536
178	D. ARUNA	4538
179	E. VAITHEESWARI	4547
180	S. KANIMOZHI	4557
181	M. MANIKANDAN	4562
182	R. JAYABHARATHI	4564
183	K. SASIREKHA	4565
184	D. SRIVALLI	4583
185	S. VAIJAYANTHI	4584
186	E. SUBASINI	4586
187	R. SIVACHANDRA	4592
188	J. REVATHI	4611
189	K. NIVEETHA	4622
190	M.VIJASREE	4632
191	D. MURALI	4634
192	S. JAGULIN MARY	4659
193	N. SUGANTHI	4660
194	S. MANJU	4661
195	P. KALAIVANI	4777
196	A. KAVITHA	4778
197	P. RAJESHWARI	4779
198	A. PRAVIN	4780
199	S. SUDHA PRIYA	4863
200	K. GOWTHAMI	4810
201	V. RANJINI	4811
202	B. VALARMATHY	4814
203	P. CHANDRA KANTHA	4816
204	T. KALYANI	4821
205	R. PRABAKARAN	4848
206	S. SIVARANJANI	4856
207	R. VINNARASI	4859
208	C. SHARMILADEVI	4867
209	S. SARASWATHI	4871
210	E. VAITHEESWARI	4890
211	R. KARTHIGA	4892
212	K. SATHYAPRIYA	4895
213	A . ROOBINI	4896
214	J. VADIVAZHAGAN	4915
215	R. KRISHNAKUMARI	4917
216	N. VIJAYHA SHANTHI	4919
217	D. VIJAYALAKSHMI	4920
218	E. ROJA	4921
219	C. NAVU	4940
220	M. MALAVATHI	4142
221	M. VASANTHA KUMARI	4957
222	E. PUSHPA	4958

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

223	T. SIVASANKARI	4959
224	K. DHANACHEZHIYAN	4982
225	M. ARUL SELVI	5059
226	M. GOMATHI	5060
227	I. THAMIZHSELVI	5063
228	R. RAJALSKHMI	5072
229	J. SELVANAYAGI	5073
230	A. THAMIZHARASI	5074
231	A. RANIYAKRISHNAN	5089
232	A . SHEELA	5090
233	M. ILAKKIYA	5091
234	G. SHANGARI	5099
235	D. SARIKA	5100
236	M. LAVANYA	5103
237	D. DHANALAKSHMI	5108
238	K. SUBASHINI	5114
239	A. SURIYAKALA	5129
240	M. AMALAVATHI	5130
241	A. RENUGA	5155
242	S. ANITHA	5157
243	V. ASHWINI	5160
244	S. ELAKKIYA	5183
245	K. THAMIZH ELAKKIYA	5186
246	S. KAYALVIZHI	5192
247	M. ARUL JOTHI	5198
248	D. VINODHINI	5199
249	S.K. KIRUTHIGA	5200
250	S. KALAIMATHI	5201
251	V. KALIDASS	5202
252	T. SIVARAMAN	5202
253	G. VINOTH	5205
254	S. REVATHI	5208
255	M. YUVAPRIYA	5209
256	S. NISHANTHI	5210
257	S. SANTHIYA SUBASH	5213
258	R. AMMU	5222
259	M. KANAGAVALLI	5226
260	S. NITHYA	5228
261	V. PRIYA	5235
262	S. SENTHAMIZH SELVI	5236
263	S. REGHA	5271
264	S. SANGEETHA	5273
265	S. JAYAGOWRI	5280
266	N. PRASANTH	5284
267	V. BALAGURU	5285
268	R. SARATHKUMAR	5286

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGA

223	T. SIVASANKARI	4959
224	K. DHANACHEZHIYAN	4982
225	M. ARUL SELVI	5059
226	M. GOMATHI	5060
227	I. THAMIZHSELVI	5063
228	R. RAJALSKHMI	5072
229	J. SELVANAYAGI	5073
230	A. THAMIZHARASI	5074
231	A. RAMYAKRISHNAN	5089
232	A . SHEELA	5090
233	M. ILAKKIYA	5091
234	G. SHANGARI	5099
235	D. SARIKA	5100
236	M. LAVANYA	5103
237	D. DHANALAKSHMI	5108
238	K. SUBASHINI	5114
239	A. SURIYAKALA	5129
240	M. AMALAVATHI	5130
241	A. RENUGA	5155
242	S. ANITHA	5157
243	V. ASHWINI	5160
244	S. ELAKKIYA	5183
245	K. THAMIZH ELAKKIYA	5186
246	S. KAYALVIZHI	5192
247	M. ARUL JOTHI	5198
248	D. VINODHINI	5199
249	S.R. KIRUTHIGA	5200
250	S. KALAIMATHI	5201
251	V. KALIDASS	5202
252	T. SIVARAMAN	5202
253	G. VINOTH	5205
254	S. REVATHI	5208
255	M. YUVAPRIYA	5209
256	S. NISHANTHI	5210
257	S. SANTHIYA SUBASH	5213
258	R. AMMU	5222
259	M. KANAGAVALLI	5226
260	S. NITHYA	5228
261	V. PRIYA	5235
262	S. SENTHAMIZH SELVI	5236
263	S. REGHA	5271
264	S. SANGEETHA	5273
265	S. JAYAGOWRI	5283
266	N. PRASANTH	5284
267	V. BALAGURU	5285
268	R. SARATHKUMAR	5286

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

269	C. JAYANTHI	5287
270	P. SATHIYA	5288
271	J.MALARVIZHI	5289
272	A. TAMILARASI	5294
273	K . ABIRAMI	
274	A. RAJALAKSHMI	5297
275	A. PRAMILA	5298
276	K. MANIYARASI	5299
277	B. KALAIVANI	5300
278	K. INDHUMATHI	5303
279	G. HEMALATHA	5305
280	A. BALASOUNDARI	5306
281	S. DHANALAKSHMI	5307
282	A. SARANYA	5309
283	S. VIJAYALAKSHMI	5310
284	A. BAKKIYALAKSHMI	5331
285	K. KOWSALYA	5334
286	S. SARALA	5335
287	A. VIDHYA	5336
288	R. SARATHAMBAL	5337
289	A. REVATHI	5338
290	J. KALAIVANI	5339
291	A. SURIYAGANDHI	5340
292	K. NITHYA	5342
293	D. BAKKIYALKSHMI	5345
294	G. JOTHIKA	5346
295	A. VAITHEESWARI	5348
296	K. KULANTHANNI	5370
297	S. NITHYA	5378
298	V. KAVITHA	5790
299	S. DEVI	5493
300	A. BHARATHI	5494
301	A. NITHYA PRIYA	5495
302	R. BHUVANESHWARI	5496
303	C. SUMITHRA	5497
304	S. THANIGESHWARI	5498
305	K. JAMUNA	5500
306	K. RAJI PRIYA	5536
307	S. REVATHI	5548
308	P. SHENPAGAM	5549
309	S. SANGEETHA	5550
310	J. THENMOZHI	5551
311	R. RANJINI	5553
312	INBARANI STEPHEN	5559
313	D. PARANTHAMAN	5562
314	S. SUBBULAKSHMI	5563
315	D. ILLAMATHY	5630
316	V. AMBIKA	5643

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

317	A. HEMAMALINI	5654
318	S. ABINAYA	5655
319	R. NANTHINI	5656
320	S. RAMYA	5657
321	V. ANBUMOZHI	5687
322	M. VENNILA	5688
323	P. SATHIYAVATHY	5699
324	P. EZHILARASI	5701
325	N. ANGAMMAL	5702
326	K. SHEEBA	5703
327	K. VIJAYALAKSHMI	5733
328	S. SUGHATHA	5734
329	B. VINOHINEE	5735
330	S. GLORY KIRAN	5736
331	STEPHEN GANDH	5737
332	T.ARUNKUMAR	5764
333	M. SUGUMARI	5766
334	A. ANDRWS ARUN KUMAR	5767
335	P.DEVI	5768
336	R. NITHYA	5769
337	R. RAMANI	5770
338	M. VAISHNAVI	5771
339	A. ARUNA	5776
340	M. MOHAN	5778
341	R. SATHIYA	5779
342	S. RAJESHWARI	5782
343	S. SARASWATHI	5783
344	G. YUVARANI	5785
345	J. DURGADEVI	5786
346	V. VINOTHINI	5788
347	A. PARIMALA	5793
348	R. SAVITHA	5794
349	M. MAHALAKSHMI	5795
350	M. SUDHA	5796
351	P. POOVIZHI	5806
352	A. SANTHANALAKSHMI	5808
353	G. GIRIJA	5809
354	D. KOWSALYA	5810
355	I. SAMINA BANU	5811
356	V. PRIYANGA	5812
357	V. ANANDHI	5816
358	A. LAKSHMI DEVI	5817
359	K.ABIRAMI	5818
360	S. VISHNUPRIYA	5820
361	I.POOVANTHI	5821
362	S. SUMITHRA	5823

Dr. KAGNE, R.N.
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

363	K.ALAMELU	5824
364	K. DHAYANI	5825
365	E. ANITHA	5827
366	D. SUDHA	5828
367	K. SUGANYA	5829
368	M. SARANYA	5830
369	S. VAIDEGI	5831
370	M. THENNARASI	5832
371	P. KRISHNADEVI	5833
372	P. TAMILSELVI	5833
373	P. REVATHI	5838
374	K. VINOTHINI	5839
375	K. VANAJA	5840
376	A. ROOBINI	5841
377	K. JENIFER	5842
378	P. MAHALAKSHMI	5843
379	K. VALARMATHY	5844
380	G. GUNASUNDARI	5846
381	C. SUGANTHI	5850
382	P. PERIYAMAN	5869
383	M. GOWRI	5870
384	M. PUNGUZHALI	5875
385	G. PRABA	5886
386	S. PERIYANNAN	5887
387	T. IYYANAR	5888
388	P. SILAMBARASAN	5889
389	S. VINITHA	5890
390	G. SARANYA	5891
391	A. PRAVIN KUMAR	5892
392	T. DIVYA	5893
393	K. VIKNESHWARI	5894
394	S.SUBASINI	5896
395	K. ROJA	5897
396	M. PREMA	5898
397	R. SHARMILA	5899
398	M. DEIVANAI	5900
399	E . F. REJASRI	5901
400	M. SUGAPRIYA	5902
401	T. SUROJA	5903
402	K. RAJESHWARI	5906
403	P. ANBARASI	5901
404	M. SUBA	5932
405	N. JAGANATH	5934
406	D. DEVAKAVIYARASAN	5936
407	S. PRIYANKA	5937
408	V. RAJALAKSHMI	5938

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOS

409	R. PUSHPA KALA AMBIKA	5940
410	R. ARUNA	5941
411	S. GIRIJA	5942
412	S. CHANDRA	5943
413	R. SUSILA	5945
414	K. THAMIL SELVI	5946
415	M. SASIKALA	5949
416	M. MANJULA	5948
417	P. RAJAVENI	5958
418	A. DAISY RANI	5965
419	S. SUBBULAKSHMI	5966
420	R. LAKSHMI PRIYA	5968
421	K. RAJESHWARI	5969
422	E. ABIRAMI	5970
423	K. KAVIYARANJINI	5971
424	B. NEELAVENI	5972
425	S. VIGNESH	5973
426	N.KANIMOZHI	5974
427	V. VINOTHA	5975
428	S. VIJAYALAKSHMI	5976
429	M. KANIMOZHI	6097
430	J. SUDHARSAN	6101
431	K.KALAIVANAN	6102
432	A. SUBATHRA	6103
433	S. PREMA	6104
434	A. PUNITHA	6105
435	SENTHAMIZH SELVI	6106
436	K. DEELPA	6107
437	A. KALAIYARASI	6108
438	S. JOTHIYAMMA	6109
439	A. LAKSHMI	6110
440	S. SUMITHRADEVI	6111
441	P. PUNGUZHALI	6112
442	A. RANJITHA	6113
443	R. GAYATHRI	6114
444	P. MALATHI	6115
445	R. SARANYA	6116
446	R. SATHISHKUMAR	6118
447	K. PUSHPA	6119
448	T. SARANYA	6120
449	A. ANGELA	6121
450	A. NARMADHA	6122
451	L. KAVINILAVU	6125
452	P. HEMACHANDRA	6126
453	S. SHALINI	6127
454	M. DHIVYABHARATHI	6128

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

455	D. THARANISHANKARI	6129
456	S. SARANYA	6131
457	V. INDHUMATHY	6132
458	I. GEETHANJALI	6133
459	K. ARUL	6141
460	S. RANI	6140
461	R. KUMARAVEL	6173
462	E. P. OPLIYA CATHRINE	6180
463	K. SATHISH	6174
464	M. PRAVEENA	6162
465	T. KALA	6192
466	S. RANJINI	6191
467	G. KALAISELVI	6193
468	K. KARPAGAVALLI	6181
469	K. MANIMEGALAI	6182
470	K. SANTHIYA	6183
471	C. SASI	6217
472	R. PRABAVATHY	6210
473	R. RAMAJAYAM	6214
474	K. VINOTHINI	5839
475	D. UMA MAHESHWARI	6207
476	P. ANITHA	6206
477	V . PUSHPA	6215
478	P. JAYASUDHA	6209
479	S. LAKSHMI	6213
480	S. HEMALATHA	6211
481	R. UMA MAHESHWARI	6216
482	N. REENA	6224
483	S.DHIVYA BHARATHI	6185
484	V. PRIYANGA	6177
485	S. HEMALATHA	6211
486	R. ARUL MOZHI	6179
487	SARANYA	6175
488	M. SIVASANKARI	6198
489	ANUSUYA	6220
490	K. SASIKALA	6184
491	R. ABINAYA	6178
492	K. NIVEETHA	4622
493	M. SASIKALA	5947
494	M. KALAIVANAN	6102
495	M. SARASWATHI	6291
496	S. SEVANTHI	6292
497	A. MALATHI	2632
498	N. RESHMA	6151
499	R. SUGANYA	6300
500	S. PARKAVI	6172

Dr. KAVNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

501	R. MAHALAKSHMI	6170
502	I. BHUVANESHWARI	6117
503	M. DHIVYABHARATHI	6128
504	KAMALI	6197
505	M. DEVI	1878
506	BAKKIYALAKSHMI	5345
507	T. ARUNKUMAR	5764
508	R. KASTHURI	6327
509	D. SUDHA	6329
510	C. UMA	6322
511	V. VINOTHA	5977
512	R. KALAIYARASI	6330
513	V. SRIMATHI	6324
514	K. VISHNUPRIYA	6323
515	A. PRIDHARSHINI	6345
516	N. DHARMASREE	6346
517	B. BHUVANESHWARI	6347
518	V. GUNASOUNDRI	6338
519	V. PRIYANGA	3911
520	E. PRAVEENA	6363
521	V. AGILA	6362
522	J. JAYALAKSHMI	6326
523	K. KOWSALYA	5334
524	A. AZHAGI	6339
525	B. ALAMELU	6325
526	R. SATHYA	6453
527	J. POONGUZHALI	6339
528	P. PARAMESHWARI	6438
529	A. SARUMATHI	6440
530	R. RAMYA	6452
531	K. POOVATHAL	6472
532	O. KALPANA DEVI	6480
533	M. SANGEETHA	6479
534	P. MANGALAKSHMI	6482
535	M. PAVITHRA	6475
536	A. DELSI ANANTHA PRIYA	6476
537	S. KARTHIKA	6369
538	M. MADHUBALA	6455
539	L. ELAMPIRAI	6487
540	G. MAHADEVI	6413
541	D. VENNILA	134
542	S.LAVANYA	6485
543	B. VELA	6444
544	K. VIJAYALAKSHMI	6499
545	N. SOFIA	3637
546	S. DHIVYA BHARATHI	6185

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

547	JOTHI	
548	SANGEETHA	6562
549	R. RAMYA	6601
550	A. SARUMATHI	6440
551	S. KALAIYARASI	6500
552	A. SOUNDARIYA	6599
553	VANI	6598
554	I. PRAVEENA	6600
555	R. SIVARANJINI	6506
556	T. PRIYANGA	6608
557	BHUVANESHWARI	6196
558	M. BHUVANA	6462
559	S. SANGEETHA	6430
560	B. KALAIVANI	6505
561	K. SARASU	6509
562	M. KAVIMA	6496
563	BHUVANESHWARI	6196
564	KANAGALAKSHMI	6194
565	D. SUNDAR	6461
566	S. ARCHANA	6368
567	R. RADHIKA	2241
568	VIJAYAN	6602
569	KASTHURI	6327
570	JAYASRI(STUDENT)	
571	MAHESHWARI(STUDENT)	
572	K. MAHALAKSHMI	6806
573	N. ELAKKIYA	3091
574	P. VIKTORIYA(STUDENT)	
575	R. KANMANI	6734
576	P. PRIYA	6663
577	D. SUMATHI	6822
578	M. KALAIMATHI	6502
579	SANGEETHA	6510
580	SIVARANJINI	4397
581	L. ELAMPIRAI	6487
582	E.P. OPILYA CATHRINE	6180
583	S. MANIKANDAN	6830
584	S. VIJAYALAKSHMI	1017
585	VAITHEESHWARI	5348
586	SATHIYA	5779
587	K. RAMYA	
588	VIJAYAKUMARI	
589	MANIMEGALAI	6182
590	REGENAMARY	6306
591	V. PONMANI	9614
592	V. SARALA	6802

Dr. KAGNE, RIN
DEAN
SRI MANAKULA VINAYAGAR

593	G. LAWANYA	6867
594	B. VIJAYALAKSHMI	6932
595	S. SURIYA	
596	JAYASHARIKA	6916
597	S. SARATHI	6897
598	EZHLARASI	6908
599	R. NANTHINI	6868
600	REVATHI	9606
601	DEISY RANI	6605
602	DHIVYARANI	6938
603	SANGEETHA(ANM)	6510
604	PARAMESHWARI	6805
605	ANANDHI	4862
606	SURIYA	6864
607	SAKUNTHALADEVI	6796
608	N. ROSHAN BANU	6797
609	N. ANITHA	3178
610	M. PRAVEENA	6162
611	ASWINI	6852
612	SHARMILA	4254
613	MAHALAKSHMI	6477
614	VENKATESH	6176
615	HEMALATHA	5305
616	AZHAGI	6359
617	D. SUDHA	6329
618	KEERTHIKA	7063
619	KOUSALYA	7111
620	NAGALAKSHMI	7108
621	ARCHANA	6368
622	BAVIDHRA	7055
623	CHANDRA	6998
624	MONISHA	7062
625	S. ANITHA	7137
626	KRISHNADEVI	
627	ANITHA	
628	PRAVINA	6600
629	NISHITHA	6664
630	REVATHI	7197
631	PERIYANAYAGI	7209
632	R. BHAVITHARANI	7162
633	M. BHUVANESHWARI	
634	SRIPRIYA (ANM)	7184
635	J. POONGUZHALI	6439
636	M. SUBBULAKSHMI	6803
637	R.ELAKKIYA	7175
638	P. VINITHA	7200

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

639	SHARMILA	7161
640	KEERTHIKA	7063
641	K. DIVAGAR	7149
642	J. KALAIVANI	6660
643	R. SANDHIYA	7116
644	R. NANDHINI	6869
645	L. RAJESHWARI	6801
646	KASTHURI	7154
647	I. CHANDRA	6998
648	V. KAVITHA	7113
649	K. SUGANTHI	5850
650	B. MOUNIKA	7060
651	K. RAMYA	7117
652	AMSALVALLI	7171
653	VIJAYALAKSHMI	5976
654	LAVANYA	6308
655	REGINAMARY	7170
656	JAGAN	6858
657	ABIRAMI	6930
658	YAMINI	3858
659	SIVASANKARI	7163
660	INDHUMATHI	7152
661	P. UMA MAHESHWARI	6821
662	KRISHNAVENI	7176
663	R. RAMYA	6601
664	M. NANDHINI	71061
665	M. DEVIKA	7151
666	I. GEETHANJALI	
667	D. SUNDAR	
668	K. MALATHI	6508
669	V. BHUVANESHWARI	7059
670	J. PRIYANGA	6608
671	C. SANDHIYA	6470
672	M. PRIYADHARSHINI	6634
673	KOWSALYA	7112
674	J. MALAI	6804
675	E. PARAMESHWARI	6805
676	K. DHIVYARANI	6938
677	M. ISHWARIYA	7172
678	M. BALAJI	

Dr. KAONE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

INJ. HEPATITIS "B" VACCINATION

HOSPITAL HEALTH CARE WORKER - YEAR -2017-TO 2018.

S.NO	NAME	DESIGNATION
1	S. DEVI	ATTENDER
2	P. SUGANYA	ATTENDER
3	N.DHULASI	ATTENDER
4	R. NARESHKUMAR	ATTENDER SUPER VISOR
5	G.UMARANI	ATTENDER
6	C.PADMA	ATTENDER
7	V.DHANALAKSHMI	ATTENDER
8	S.SUNDER	ATTENDER
9	S.AMBUJAM	ATTENDER
10	P.JERINABEGAM	ATTENDER
11	M.KALA	ATTENDER
12	D. PALANIVEL	TO-TECHI
13	G. THIRUGNANASAMTHAM	BARBER
14	S. SAROJA	ATTENDER
15	GIRIJA	ATTENDER
16	DEVA ARUL SAGAYAM	CATH LAB -TECHI
17	SELVI	ATTENDER
18	KALAIVANI	ATTENDER
19	SUMATHI	ATTENDER
20	KASTHURI	ATTENDER
21	LAKSHMI	ATTENDER
22	JAYAKUMAR	ATTENDER

Dr. KAGNE, R.N
DEAN
SRI MANAKULA VINAYAGAR

23	RAMU	ATTENDER
24	KRISHNAN	ATTENDER
25	GOPI	ATTENDER
26	VIJAYA	ATTENDER
27	P. CHITRA	ATTENDER
28	D.MAHALAKSHMI	ATTENDER
29	P.VINOTHA	ATTENDER
30	SELVI	ATTENDER
31	R. AMUDHA	ATTENDER
32	JAYAKODI	ATTENDER
33	A. SHANKAR	DRESSER
34	MALARKODI	ATTENDER
35	KALAVATHI	ATTENDER
36	MUNIYAMMAL	LAUNDRY
37	GOVINDAMMAL	LAUNDRY
38	POWNAMBAL	LAUNDRY
39	KALYANI	LAUNDRY
40	MAGESH	ATTENDER
41	S.RENUGA	ATTENDER
42	R. JANAGI	ATTENDER
43	R. SHENPAGA SAKTHI	KITCHEN DEPT
44	R. KUMARAN	KITCHEN DEPT
45	A. SUBRAYAN	ATTENDER
46	R. SANKAR	GARDENER
47	A. DEEPA	ATTENDER
48	C.SANTHI	ATTENDER
49	K. KASIRAJAN	

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR

50	S.VIJAYAKUMARI	GARDENER
51	V.SIVARAJ	HOUSE KEEPING
52	V. PARAMASIVAM	BMW/DEPT
53	K.UMA	ATTENDER
54	R. ELANCHEZHIYAN	ATTENDER SUPER VISOR
55	K. BABU	ATTENDER
56	D. DHANALAKSHMI	ATTENDER
57	D. MAHALAKSHMI	ATTENDER
58	MUTHULAKSHMI	HOUSE KEEPING
59	IYYANAR	HOUSE KEEPING
60	KALIYAMMAL	HOUSE KEEPING
61	UDHIAYA SANKAR	MAINTAINANCE
62	M. SUGUNTHALA	HOUSE KEEPING
63	S. RUKMANI	HOUSE KEEPING
64	P.MUTHULAKSHMI	HOUSE KEEPING
65	SARASU	HOUSE KEEPING
66	PRAKASH	HOUSE KEEPING SUPER VISOR
67	D. DHANALAKSHMI	HOUSE KEEPING
68	K. SANKARI	ATTENDER
69	MENAGA	ATTENDER
70	SENGENI	HOUSE KEEPING
71	SARASU	HOUSE KEEPING
72	KUMARI.S	HOUSE KEEPING
73	NAVANEETHAM	HOUSE KEEPING
74	MAYAVATHI	HOUSE KEEPING
75	DHANALAKSHMI.R	HOUSE KEEPING

Dr. ICAGNE, R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

77	N. ARUMUGAM	ATTENDER
78	E. VALLI	ATTENDER
79	A. KARUNA NITHI	ATTENDER
80	JAYANTHI	ATTENDER
81	G. SANTNHI	ATTENDER
82	A. ANGALAMMAL	ATTENDER
83	I.THAMIZHARASI	ATTENDER
84	D.SIVAMATHI	HOUSE KEEPING
85	R. RANJITHAM	HOUSE KEEPING
86	KALAISELVI.K	HOUSE KEEPING
87	KUPPAMMAL.V	HOUSE KEEPING
88	A. GANDHI	BMW/DEPT
89	G. JANAGI	BMW/DEPT
90	M. SELVI	BMW/DEPT
91	R. AMSALVALLI	BMW/DEPT
92	E. CHITRA	BMW/DEPT
93	JAYALAKSHMI	ATTENDER
94	VASUGI	ATTENDER
95	RADHAKRISHNAN	ATTENDER
96	S. MAGESH	ATTENDER
97	KRISHNAVENI	ATTENDER
98	VIMALA	ATTENDER
99	V.SANTHOSHKUMAR	ATTENDER
100	A.MALA	ATTENDER
101	D.GOMATHI	ATTENDER
102	S.THILLAI	ATTENDER

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
THEERTHAKUPPAM,
PUDUCHERRY-605107

104	KALKI	HOUSEKEEP
105	D.SAROJA	HOUSEKEEP
106	S.LAKSHMI	HOUSEKEEP
107	K.PATCHAIYAMMAL	ATTENDER
108	M.PATCHAIYAMMAL	ATTENDER
109	A.VIVEK	ATTENDER
110	A.MAHESHWARI	ATTENDER
111	C.REVATHI	ATTENDER
112	D.SUGUNA	CLERK
113	A.MANIKANDAN	ATTENDER
114	R.LOGANAYAGI	HOUSEKEEP
115	K.SIVAGANGAI	HOUSEKEEP
116	C.PONNI	HOUSEKEEP
117	K.AMBIGA	HOUSEKEEP
118	R.VALLI	ATTENDER
119	K.JAYANTHI	ATTENDER
120	R.MUNIYAMMAL	ATTENDER
121	K.VIJAYALAKSHMI	ATTENDER
122	V.VIMALA	ATTENDER
123	R.VALLI	HOUSEKEEP
124	R.PAPPATHI	HOUSEKEEP
125	M.MAHARANI	HOUSEKEEP
126	K.PRIYA	ATTENDER
127	P.JOTHI	ATTENDER
128	R.VIJAYAKUMAR	ATTENDER
129	B.VEERAMANI	HOUSEKEEP

Dr. KAGNR. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

131	S.RAMESH	ATTENDER
132	M.ANBAZHAGAN	HOUSEKEEP
133	V.LAKSHMI	HOUSEKEEP
134	A.KAVITHA	ATTENDER
135	A.PUTTLAYEE	HOUSEKEEP
136	P.PALANI	HPUSEKEEP
137	ILAVARASI	ATTENDER
138	S.KUMARI	ATTENDER
139	S.VIJAYA	ATTENDER
140	R.REVATHY	ATTENDER
141	P.CHITRA	ATTENDER
142	BHARANIDARAN	LIFTOP/ELEC
143	S.SHIYAMALA	ATTENDER
144	S.MURUGAN	ATTENDER
145	P.PANNERSELVAM	PRO
146	G.VIMALA	ATTENDER
147	T.KALAIYARASI	ATTENDER
148	GOUTHAMI	ATTENDER
149	SARAVANAN	HOUSEKEEP
150	GOKILA	TB DEPT
151	SIVAGANGAI	ATTENDER
152	A.MANJUBRINDA	ATTENDER
153	V.MALARVIZHI	ATTENDER
154	R.SUMATHI	ATTENDER
155	M.VIMALADEVI	ATTENDER
156	V.AMUDHAVALLI	ATTENDER

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM

158	SANTHOSHRAJA	ATTENDERSUPERVISOR
159	T.CHITRA	ATTENDER
160	DHANDAPANI	KITCHEN DEPT
161	EZHIMUTHU	LAUNDRY
162	SUSILA	LAUNDRY
163	ARUMUGAM	LAUNDRY
164	PONNIYAMMAL	LAUNDRY
165	MUTHULAKSHMI	LAUNDRY
166	VEERAVALLI	LAUNDRY
167	NEELA	LAUNDRY
168	SARASWATHI	LAUNDRY
169	VASANTHA	LAUNDRY
170	MURUGANANDAM	LAUNDRY
171	ARUNAGIRI	LAUNDRY
172	ADHILAKSHMI	ATTENDER
173	PANJALI	HOUSEKEEP
174	MANGAVARAM	HOUSEKEEP
175	VIVEK	HOUSEKEEP
176	VEERAPAN	ATTENDER
177	KAMALLOJANA	ATTENDER
178	P.SELVI	ATTENDER
179	SARADA	HOUSEKEEP
180	ALAMELU	ATTENDER
181	T.CHITRA	ATTENDER
182	MAHESHWARI	ATTENDER
183	SANGEETHA	ATTENDER
184	PADMA	

185	KIRUBASHANGER	PULMO TECH
186	SUGUNA	ATTENDER
187	AMUDHA	ATTENDER
188	RAMPRIYA	PULMO DEPT
189	KALAIVANI	ATTENDER
190	R.UMAMAHESHWARI	KITCHEN DEPT
191	JAYAPRATA	KITCHEN DEPT
192	EGAVALLI	KITCHEN DEPT
193	K.VIJAYA	KITCHEN DEPT
194	R.KALAVATHI	KITCHEN DEPT
195	S.KUMARI	KITCHEN DEPT
196	G.GARGUZHALI	KITCHEN DEPT
197	GANGADEVI	HOUSEKEEP
198	MUNUSAMY	HOUSEKEEP
199	MANJULA	HOUSEKEEP
200	RAJAVENI	HOUSEKEEP
201	VIJAYA	HOUSEKEEP
202	ANJALAI	HOUSEKEEP
203	DHANASEKAR	HOUSEKEEP
204	GEETHA	CLERK
205	PURUSHOTHAMAN	ATTENDER
206	SUGANTHI	TAILOR
207	SAROJINI	LAUNDRY
208	RANGANATHAN	LAUNDRY
209	RAVI	LAUNDRY
210	ROHINI	LAUNDRY
211	PUNNIYAMOORTHI	LAUNDRY
212	GOTHANDAPANI	KITCHEN DEPT
213	RAMAN	KITCHEN DEPT
214	PUNITHARANI	ATTENDER
215	KALAIYARASI	URO DEPT

Dr. KAONE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM
PUDUCHERRY-605107

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL		
KALITHEERTHALKUPPAM, PUDUCHERRY- 605 107		
HEPATITIS B VACCINATION		
LAB TECHNICIANS MRD & PHARMACY		
Sl.No	STAFF NAME LIST	DEPARTMENT
1	V.Jeyanthi	Ancasthesia
2	R.Gunasegaran	Anatomy
3	B.Mathivanan	Anatomy
4	G.Parameshwari	Biochemistry
5	B.Nirmala	Biochemistry
6	K.muthamil	Biochemistry
7	S.kumaran	Biochemistry
8	V.srinivasamurugan	Biochemistry
9	B.vishnupriya	Biochemistry
10	Rajarajasozhan	Biochemistry
11	S.sangeetha	Biochemistry
12	S.Buvana	Biochemistry
13	D.Kalaiselvi	Biochemistry
14	S.Chandra	Biochemistry
15	m.Uma	Biochemistry
16	Ranjitha	Biochemistry
17	P.Hema	Biochemistry
18	J.Baby	Biochemistry
19	S.sheela	Biochemistry
20	K.Lakshmi	blood bank
21	I.Sivasankari	blood bank
22	P.Prabavathi	blood bank
23	S.Radhika	blood bank
24	R.Chitra	blood bank
25	D.ponnamal	blood bank
26	A.Balasankari	blood bank
27	P.Sangeetha	pathology
28	K.Jayalakshmi	pathology
29	P.suganya	pathology
30	P.suganthi	pathology
31	V.matchaganthi	pathology
32	a.preethi	pathology
33	E.sathiyamurugan	pathology
34	K.kanagavalli	pathology
35	p.ramanipalanivel	cardiology
36	D.padmapriya	cardiology

Dr. KAGNE R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM

37	M.sivasankari	cardiology
38	M.devaarulsagayaraj	cathlab
39	M.balagy	cardiology
40	A.raja	emg tech
41	v.kazhagamani	emg tech
42	M.vishnupriya	emg tech
43	S.esaivanan	emg tech
44	K.samundy	pathology
45	R.vinothini	pathology
46	a.gomathi	pathology
47	R.vijayalakshmi	pathology
48	A.govindan	pathology
49	C.sathiyarajesh	pathology
50	B.kasthuribai	pathology
51	M.malathi	pathology
52	s.thamilmathi	pathology
53	R velvizhi	pathology
54	D.sivasakthi	pathology
55	B.indu	pathology
56	S.bakkilakshmi	pathology
57	K.muthulakshmi	pathology
58	R.murugan	community
59	s.ganapathi	community
60	R.devasundari	community
61	A.Jeyanthi	community
62	K.ramachandiran	community
63	P.sunitha	community
64	D.irusappan	community
65	L.bhuvaneshvari	community
66	G.arunachalam	community
67	S.palanivel	CSSD
68	S.priyanka	CSSD
69	M.jeyachandran	DERM
70	R.dakshanamoorthi	dresser
71	P.asaithambi	dresser
72	I.vijayasedu	dresser
73	a.sanker	dresser
74	R.vengadachalam	dresser
75	D.palanivel	barber
76	G.thirugnanasambatham	barber
77	S.thamilselvi	ENT

Dr. KAVITHA. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM
PUDUCHERRY-605107.

78	P.vasugi	medicine
79	K.susila	medicine
80	V.chitra	medicine
81	A.gothandam	MRD
82	M.ishvinjoseph	MRD
83	avanthika	MRD
84	R.Sureshkumar	MRD
85	V.Martinprabu	MRD
86	E.sivaguru	MRD
87	R.moorthy	MRD
88	C.bhsheerahamed	MRD
89	N.shiyamala	MRD
90	A.sarala	MRD
91	K.rajkumar	MRD
92	Sugumar	MRD
93	R.aruldass	MRD
94	H.rojar	MRD
95	S.manohari	microbiology
96	S.karthik	microbiology
97	D.bhuvana	microbiology
98	G.sathiya	microbiology
99	R.maheshvari	microbiology
100	V.vinothini	microbiology
101	I. indhumathi	microbiology
102	A.Kousalya	microbiology
103	S.Arul jothi	microbiology
104	B. sathiya	microbiology
105	V. Anbazhagan	microbiology
106	B. Arumai nayagam	microbiology
107	S. Pravin kumar	microbiology
108	E.Kowsalya	microbiology
109	N.Jayashree	microbiology
110	R.Athimoolam	H/D
111	T. Neelavathi	H/D
112	A.Devi	H/D
113	V. Vasanthakumari	H/D
114	V.vinoth	H/D
115	K.Thamizhselvi	H/D
116	B. Suganya	H/D
117	V.Ramanarayanan	H/D
118	K.Sangeetha	H/D

Dr. KAGNEY R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

119	N. Ramachandran	H/D
120	R.Pavithra	H/D
121	A.Karthik	H/D
122	P.Gopinath	H/D
123	M.Padma rajarajan	H/D
124	J.Jayapratha	Dietry
125	J. Shanmugapriya	Dietry
126	R.Uma maheshwari	Dietry
127	G.Karguzhali	Dietry
128	Ramya	social worker
129	R.Narayanan	OT-TECHI
130	G.Palaniraja	OT-TECHI
131	E. Kuppan @ Murugan	OT-Assi
132	S.Vijayalakshmi	OT-Assi
133	C.Senthil kumar	OT-TECHI
134	T.K. Ramamoorthy	OT-Assi
135	M.Murugan	OT-Assi
136	B.prema	OT-Assi
137	S.Gunasundari	OT-Assi
138	V.Priyadharshini	OT-Assi
139	J.sabeena	OT asst
140	S.kalaimathi	OT asst
141	R.radhika	OT asst
142	J.abinaya	OT asst
143	D.kalaivanan	OT asst
144	M.sathya	OT asst
145	S.anu	OT asst
146	G.dhandapani	Opth
147	R.balaji	Opth
148	K.kalaiselvn	Ortho
149	V.manju	social worker
150	V.mariyappan	pathology
151	M.kalaiselvi	pathology
152	J.dhavamani	pathology
153	M.bhuvana	pathology
154	M.Devi	pathology
155	S.banupriya	pathology
156	S.patchiyammal	pathology
157	P.Panjali	Pharmacy
158	D.sathiyamoorthy	Pharmacy
159	S.sujatha	Pharmacy

Dr. KAVNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

160	B.sheela	Pharmacy
161	K.ramesh	Pharmacy
162	P.bremavathy	Pharmacy
163	P.silambuselvan	Pharmacy
164	K.Deepa	Pharmacy
165	D.Rajarajasozhan	Pharmacy
166	T.Thilagavathi	Pharmacy
167	R.Veeraragavan	Pharmacy
168	V.Dhandapani	Pharmacy
169	S.Selvakumar	Pharmacy
170	T.Jansirani	Pharmacy
171	R.Rameshkumar	Pharmacy
172	A.Sathya	Pharmacy
173	M.Gowridhasan	Pharmacy
174	D.Prathap	Pharmacy
175	S.Vasantha murugan	Pharmacy
176	G.Subanandhini	Pharmacy
177	P.Jayachitra	Pharmacy
178	S. Jayaseeli	Pharmacy
179	C.Bakkiyaraj	Pharmacy
180	D. Prakash	Pharmacy
181	R.Chandralekha	Pharmacy
182	P.Kanchana	Pharmacy
183	K.Hemalatha	Pharmacy
184	D.Thanigaivel	Pharmacy
185	R.Suganya	Pharmacy
186	R.Ramya	Pharmacy
187	P.Nandini	Pharmacy
188	R.Ramakrishnan	Pharmacy
189	V.Baskaran	Pharmacy
190	P.Anbuselvan	Pharmacy
191	K.Subash	PET-EDU
192	A.Jayanthi	physiology
193	M.Shanthini	physiology
194	K.Ezhilan	physio
195	P.Shiyamala	physio
196	J.Viyani mary	physio
197	J. Jayarisha	physio
198	S.Kalaiselvi	Physio
199	K.Thirunavukarsu	press
200	D.Kuppusamy	press

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM
PUDUCHERRY-605107

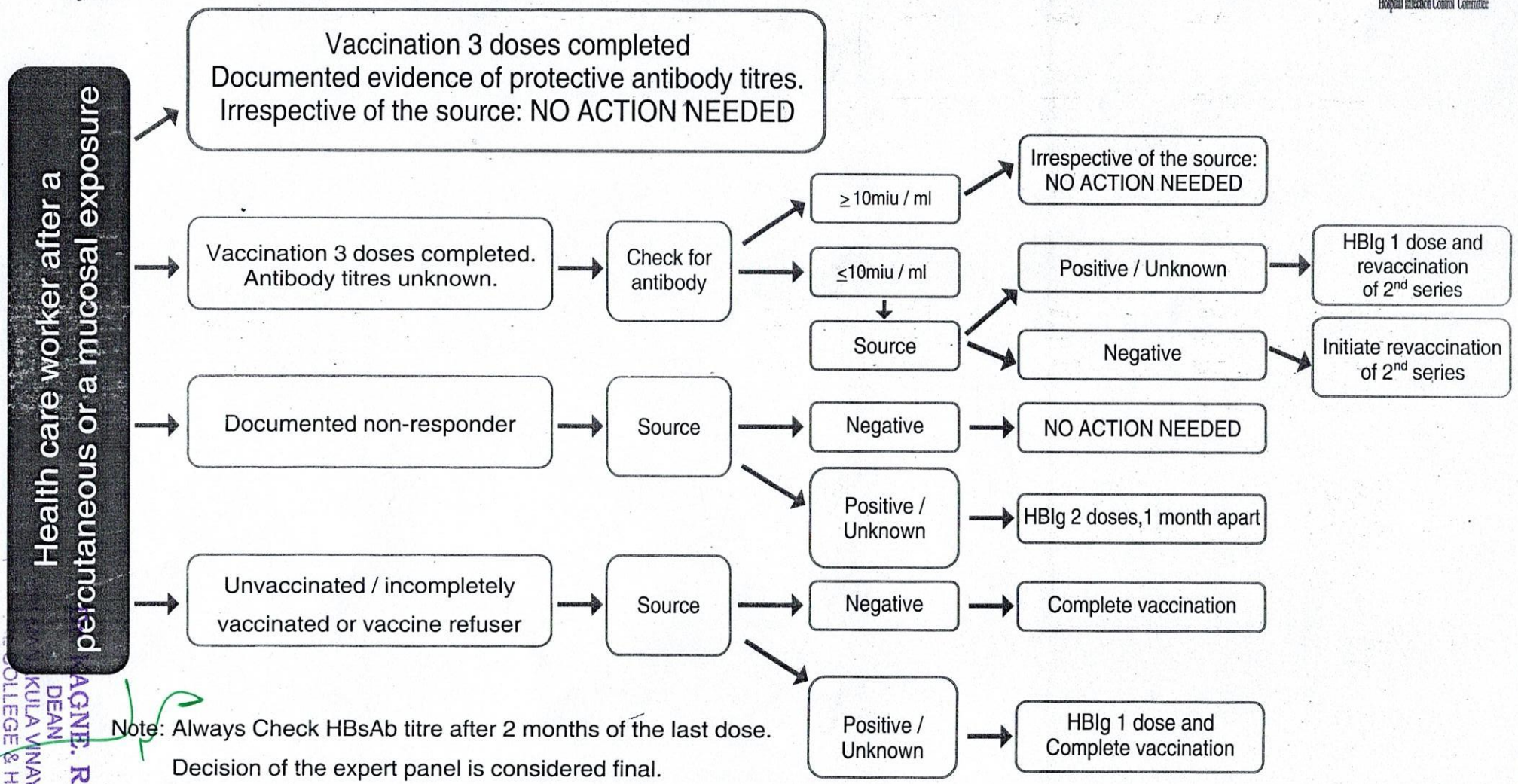
201	N.Ganesan	press
202	V.S.Selvam	psychiatry
203	S.Rama	psychiatry
204	B.Ambika	psychiatry
205	V.Manikandan	Radiology
206	V.Mahendiran	Radiology
207	T.Athilakshmi	Radiology
208	M.Rajkumar	Radiology
209	G.Manikandan	Radiology
210	M.Narayanasamy	Radiology
211	M.Arul muthu	Radiology
212	R.Kanagaraj	Radiology
213	G.Velarasan	Radiology
214	R.Murali	Radiology
215	M.Thamizh selvi	Radiology
216	I.Kavipriya	Radiology
217	G.Thamizhpandiyan	Radiology
218	V.Sivaprakasam	MRD
219	S.Sivakumar	MRD
220	N.Jacqulin jarphin marie	Pulmo /med
221	E.Kirubagaran	Pulmo med
222	D.kalaiyarasi	Uro
223	S.murugan	MRD
224	M.Mahalakshmi	pathology
225	M.Pushpa	pathology

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL

POST EXPOSURE PROPHYLAXIS FOR HEPATITIS B INFECTION

Hospital Infection Control Committee



Note: Always Check HBsAb titre after 2 months of the last dose.

Decision of the expert panel is considered final.

DEAN
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL

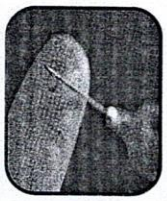
Hospital Infection Control Committee

NEEDLE STICK INJURY MANAGEMENT

4 STEPS TO BE FOLLOWED AFTER EXPOSURE

(Blood / body fluids / mucocutaneous exposure)

1. FIRST AID CLEAN THE SITE:



Needle stick injury:

Wash with soap and running water

Do not squeeze the area

Do not put the finger into mouth

Mucocutaneous contact: **Wash with clean water.**

2. CONTACT: Casualty Medical Officer IMMEDIATELY Intercom No.1015.

3. Take the first dose of PEP (1 tab ELT regimen) within 2 hours

Irrespective of the HIV status of the source.

4. For further follow up and enquiry:

Deputy Medical Superintendent (Medical): 1225

Infection Control Nurse (Mobile): 7094305111

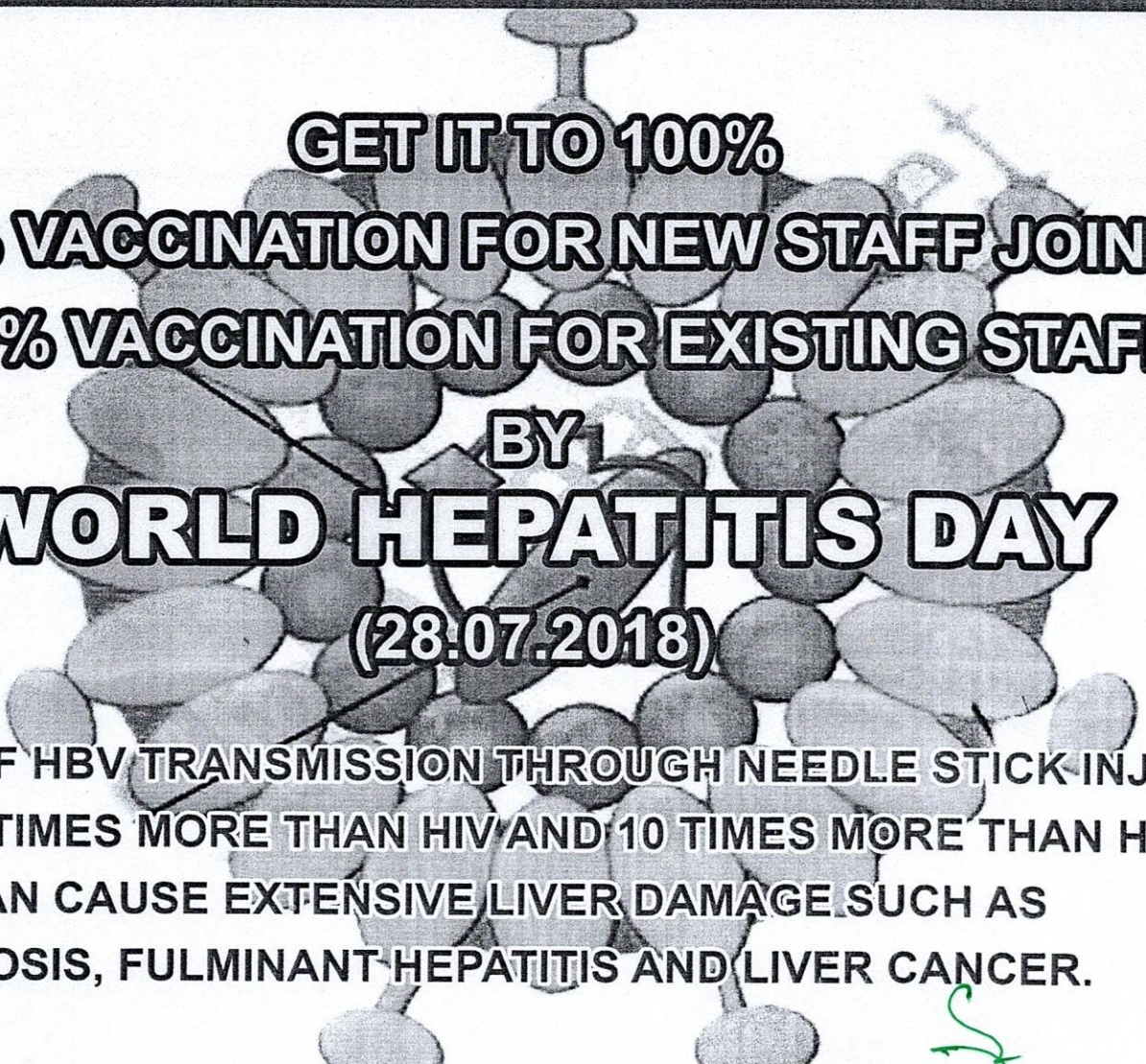
Resident Medical Officer (Intercom no): 3177

HICC Department of Microbiology, II-Floor, College block: 2092

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-607

Sri
MANAKULA VINAYAGAR
Medical college and Hospital

HEPATITIS B VACCINATION CAMPAIG
NODAL CENTRE: CASUALITY



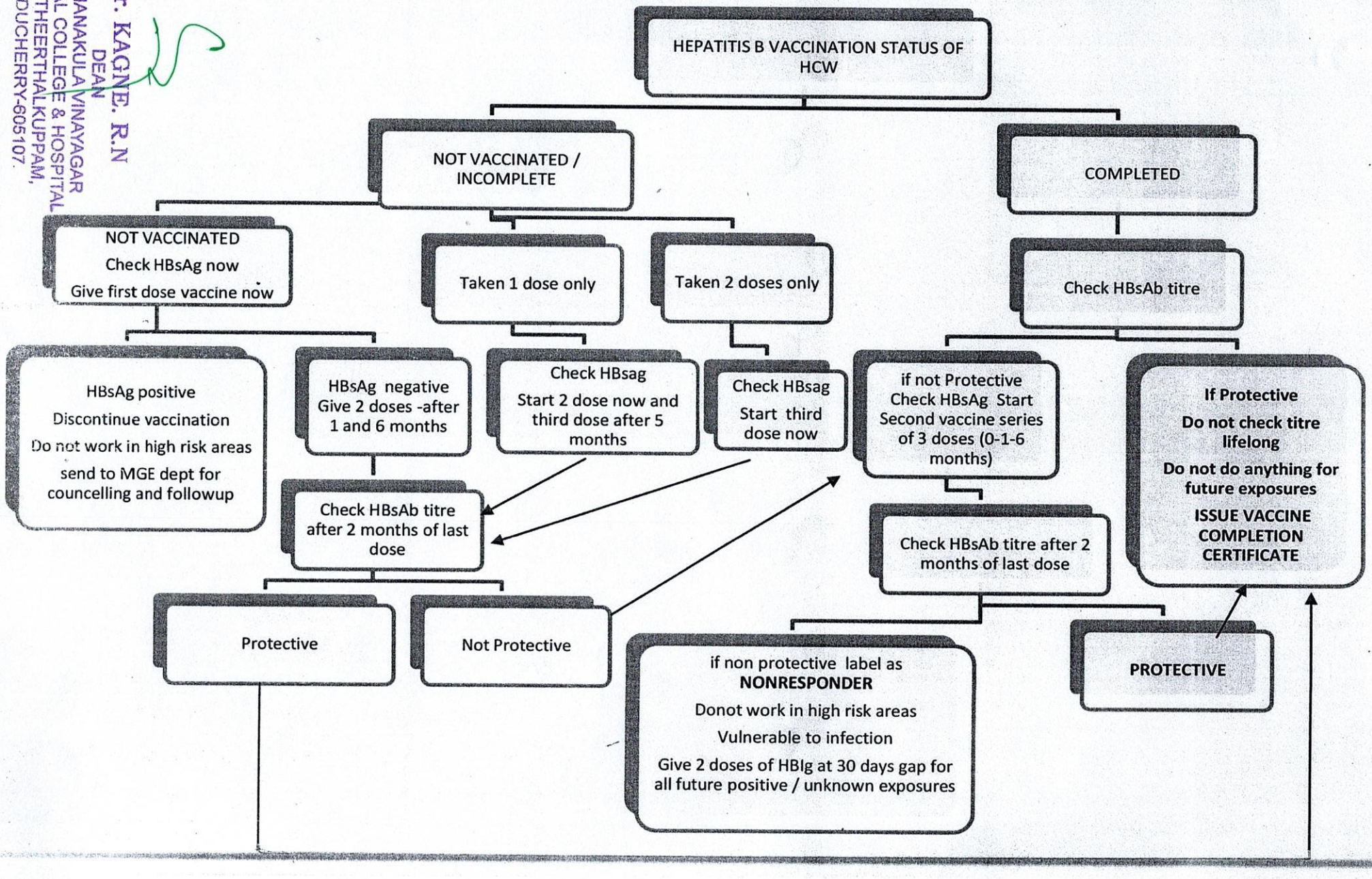
GET IT TO 100%
100% VACCINATION FOR NEW STAFF JOINED
100% VACCINATION FOR EXISTING STAFF
BY
WORLD HEPATITIS DAY
(28.07.2018)

* RISK OF HBV TRANSMISSION THROUGH NEEDLE STICK INJUR IS 100 TIMES MORE THAN HIV AND 10 TIMES MORE THAN HCV
* HBV CAN CAUSE EXTENSIVE LIVER DAMAGE SUCH AS CIRRHOSIS, FULMINANT HEPATITIS AND LIVER CANCER.

PREVENTION IS BETTER THAN CURE
ESPECIALLY WHEN SOMETHING HAS
NO CURE.

HELPLINE No. Casuality-1015, RMO - 3177

HEPATITIS B VACCINATION PROTOCOL, SMVMC&H (ADAPTED FROM CDC)



STANDARD OPERATING PROCEDURES

HOSPITAL INFECTION CONTROL

SMVMCH

TABLE OF CONTENT

1. PURPOSE:

The purpose of this procedure is to provide guidelines to maintain standards in infection control measures and minimize hospital acquired infections in patients and staff and to define policy and procedure regarding hospital acquired infections in Sri Manakula Vinayagar Medical College and Hospital.

2. SCOPE:

The scope of this procedure is applicable to patients and staffs of Sri Manakula Vinayagar Medical College and Hospital.

3. RESPOSIBILITY:

Hospital Infection Control Committee:

3.1. MEMBERS:

Medical Superintendent, Microbiologist, Senior Consultants, Resident Medical officer, Nursing Superintendent, Infection control Nurse &Health Inspector

3.2. OBJECTIVES OF THE COMMITTEE:

a) To minimize the risk of infection to patients, staff and visitors.

b) To identify the roles and responsibilities of key personnel involved in the prevention and control of infection

c) To maintain Surveillance over hospital acquired infections.

d) To develop a system for identifying, reporting, analyzing, investigating and controlling hospital acquired infections.

e) To develop and implement preventive and corrective programmes in specific situations where infection hazards exist.

f) To Advice the Medical Superintendent on matters related to the proper use of antibiotics, develop antibiotic policies and recommend remedial measures when antibiotic resistant strains are detected.

g) To review and update hospital infection control policies and procedures from time to time.

h) To help to provide employee health education regarding matters related to hospital acquired infections.

3.3. MEETINGS:

The infection control team meets once in three months and otherwise as necessary. Documentation of meetings and recommendations are kept by the Medical Superintendent.

The ICN (Infection Control Nurse) and Senior Consultant –Microbiology, conduct inspection rounds once a month. Registers are maintained by ICN.

3.4. POLICY:

a) Infection control Team:

The infection control team consists of the:

i) Microbiologist (Infection Control Officer).

ii) Infection Control Nurse.

b) Responsibilities of the Infection Control Team:

i) Advise staff on all aspects of infection control and maintain a safe environment for patients and staff

ii) Advise management of at risk patients

iii) Carry out targeted surveillance of hospital acquired infections and act upon data obtained e.g. investigates clusters of infection above expected levels.

iv) Provide a manual of policies and procedures for aseptic, isolation and antiseptic techniques.

v) Investigate outbreaks of infection and take corrective measures.

vi) Provide relevant information on infection problems to management.

vii) Assist in training of all new employees as to the importance of infection control and the relevant policies and procedures

viii) Have written procedures for maintenance of cleanliness

ix) Surveillance of infection, data analyses, and implementation of corrective steps. This is based on reviews of lab reports from nursing in charge etc.,

x) Waste management

- Supervision of isolation procedures.
- Monitors employee health programme.
- Addresses all requirements of infection control and employee health as specified by NABH, state and local laws.

c) Infection Control Nurse (ICN):

Duties of Infection Control Nurse: The duties of the ICN are primarily associated with ensuring the practice of infection control measures by nursing and housekeeping staff. Thus the ICN is the link between the HICC and the wards/ICUs etc. in identifying problems and implementing solutions. In addition the ICN conducts Infection control rounds and maintains the registers. The ICN is also involved in education of paramedical staff including nurses and housekeeping staff.

d) Infection Control Officer (ICO):

The Microbiologist serves as Infection Control Officer.

Duties of Infection Control Officer:

The ICO supervises the surveillance of hospital acquired infection as well as preventive and corrective programmes.

e) Review and revision of Infection control Manual:

Written policies and procedures shall be reviewed at least every year by the Infection Control Committee.

4. PROCEDURE:

4.1.SURVEILLANCE AND REPORTING OF INFECTION:

Surveillance for infection can be active or passive

a) PASSIVE CLINICAL REPORTING:

i) Clinicians suspecting occurrence of HAI may report this to the Medical Superintendent (Honorary Head of the Infection Control Committee). All details regarding the patient, procedures, medication etc. are made available.

ii) The Senior Consultant in-charge of the Microbiology Department shall be responsible for reporting any information about infections suspected to be hospital acquired.

b) ACTIVE SURVEILLANCE:

Active Surveillance is done in high risk areas of the hospital.

i) Operation Theatres:

- Culture swabs and air sampling plates are sent from Operation Theatres before and after fumigation every month.
- **Monitoring of working OT:** Air sampling is done once a month.

ii) In use disinfectants:

- *In use disinfectants are tested once in three months*
- Records are kept with OT in charge. In case of unacceptable results decision on corrective measures are taken by HICC.

iii) Intensive care units:

- Surveillance samples: Central line tips
  - Water samples from humidifiers
  - ET tube secretions
  - Urine samples from catheterized patients
- Surveillance samples are sent per patient on device to microbiology laboratory. Analyses of data are presented at the subsequent HICC meeting. Records are maintained by microbiologist *HICN.*
- Samples of disinfectant in use: random two samples of 1 ml of disinfectant per ICU are sent in a sterile container monthly. Swabs may be sent after cleaning.
- Records are maintained by respective ICUs.

iv) Dialysis unit:

Water from different sites are collected aseptically and sent for microbiological analysis once every *3 months.*

v) Wards:

Samples of disinfectant in use: random two samples of 1 ml of disinfectant in use are sent in a sterile container monthly once to check for sterility. Register to be maintained by ward sister / NS office.

vi) Glutaraldehyde monitoring:

In use glutaraldehyde may be sent for sterility check: *5 ml* of in *use glutaraldehyde* to be sent in a sterile container to the microbiology laboratory *once in 3 months* from: Endoscopy room, Operation theatre. Records shall be maintained by the concerned Department.

vii) Food handlers:

- Screening of food handlers is done biannually. Samples include nasal swabs and stool samples.
- Records shall be maintained by Kitchen In-charge*(dietician).*

viii) Drinking Water :

Bacteriological surveillance is to be done monthly in microbiology laboratory. Records maintained by Microbiology Department/ *HCN.*

ix) Central Sterile Supply Department:

Sterilized gauge, instruments, spore strips are sent every week for sterility check. Records maintained by CSSD Department.

c) SPECIAL STUDIES:

Special studies will be conducted as needed. These may include:

i) The investigation of clusters of infections above expected levels.

ii) The investigation of single cases of unusual or epidemiologically significant hospital acquired infections.

iii) Prevalence and incidence studies, collection of routine or special data as needed and sampling of personnel or the environment as needed.

d) Surgical site infections:

Prescribed format is filled up by surgeons. Records maintained by infection control nurse. Data collected every quarterly by ICN- HICC and presented.

4.2. STAFF HEALTH PROGRAMME:

a) Health evaluation:

i) A pre-employment medical checkup is performed at the time of joining services for all staff.

ii) All contractual staffs are required to submit a medical certificate, as an evidence of fitness prior to their joining duty.

iii) An annual medical checkup will be done for all permanent staff of the hospital. Records are maintained by the administrative office.

iv) Vaccination for Hepatitis B is provided to all staff members who are not vaccinated.

b) Employee health programme:

i) Employee health education: Periodic classes are conducted for paramedical staff by the Infection Control Nurse. All employees are instructed in universal precautions, isolation policies, hand washing protocols and waste management.

ii) All infections including cutaneous and or other diagnosed communicable diseases e.g. hepatitis, mumps, rubella, measles, chicken pox, diarrhea, productive cough more than three weeks, rashes etc., are to be reported by staff to their immediate supervisor at which time appropriate action to protect the patients in the hospital will be taken.

iii) All staff is informed that they should report exposure to potentially infectious body fluid to their immediate supervisor who in turn informs the Infection Control Nurse or concerned person in absence of ICN. Action is taken after assessment of risk at each situation.

iv) Work restrictions may be imposed in situations which call for such action.

v) Personnel shall adhere to policies and practices to minimize the potential spread of diseases and /or infection.

vi) Personnel shall adhere to existing employee health requirements.

c) Managing exposure to potentially infectious body fluid:

i) Categories of exposure:

- Needle stick injuries
- Non- intact skin exposure
- Mucosal exposure e.g. Splash into eye

Immediate action to be taken

ii) Needle stick injury:

- Briefly induce bleeding from the wound.
- Wash for 10 minutes with soap and water.
- Report the incidence immediately to the supervisor.
- Record in the register maintained in the casualty.
- The CMO should investigate & decide the further management.

iii) Non intact skin exposure:

- Wash for 10 minutes with soap and water.
- Report the incidence immediately to the supervisor.
- Record in the register maintained in the casualty.
- The CMO should investigate & decide the further management.

iv) Mucosal exposure e.g. splash into eyes:

- Wash for 10 minutes by using clean water or normal saline to irrigate the eye.
- The eyelid should be held open by another person wearing sterile gloves.
- Do not use soap and water or disinfectant.
- Report the incidence immediately to the supervisor.
- Record in the register maintained in the casualty.
- The CMO should investigate & decide the further management.

v) Management:

- If index patient is known, patient *serum sample is tested* for HIV antibodies, HBsAg
- Injured health care worker *serum is tested* for anti HBs antibody and HIV after obtaining consent.
- For HIV: NACO guidelines are followed for assessment of risk and suggestions are acted upon.
- For HBV infection: In case patient is positive
- If health care worker has adequate anti HBs titre ->100MIU- only reassurance need be given.
- If titre is <10 give first dose of vaccine and immunoglobulin 1000units.
- Advise to complete vaccination.
- If titre is between 10& 100 MIU give booster.
- In case patient is negative - Check anti HBs titre and proceed accordingly.

d) MRSA:

Colonised and infected patients are isolated and barrier nursed. In case of outbreaks selected staff will be screened. If any staffs are found to be colonized, they are restricted from work, advised 2%mupirocin ointment for one week for eradication of nasal carriage and allowed to return to work after two consecutive cultures drawn one week apart are found to be negative.

e) Treatment of personnel:

i) All personnel with communicable illnesses shall report to their supervisors. Appropriate evaluation and therapy are the responsibility of the clinician.

ii) Personnel who develop infections shall be transferred to duties without direct patient contact or released from duty until no longer considered infectious, as decided by the head of the institution.

iii) It is the policy of this hospital that no personnel are penalized. This is to encourage reporting of infection by personnel.

iv) Prophylactic therapy is provided to employees following occupational injuries unless employee is already immunized.

v) If serologic tests are required to demonstrate immunity employees shall be assisted at no charge in obtaining these tests.

vi) Passive immunization with immune globulin (gamma globulin) shall be considered for the following kinds of exposure.

- Hepatitis
- Varicella zoster
- Measles
- Rubella

vii) Outbreak of infections within the hospital due to organisms such as salmonella, shigella,meningococci, MRSA may prompt a search for carriers among personnel as part of control of the outbreak. Work restrictions may be imposed in situations which call for such action.

f) Guidelines for Special Situations:

i) Pregnant personnel

- Shall not be assigned to care for patients with known Hepatitis B or who are carriers unless they have received three doses of hepatitis vaccine and have been documented to have anti-HBs antibody.
- Shall not be assigned to care for patients with rubella, or infants with congenital rubella syndrome or rubella.

- Will be informed of risks associated with parvovirus and cytomegalovirus (CMV) infections, herpes simplex and of infection control procedures to prevent transmission when working with high risk patient groups.

ii) Personnel notimmune to chicken pox shall not be assigned to care for patients with chicken pox or herpes zoster (disseminated or localized)

4.3. ISOLATION:

a) CRITERIA FOR ISOLATION AND PROCEDURES:

- To prevent –the transmission of pathogenic microorganisms within the hospital
- To recognize - The importance of all body fluids, secretions and excretions in the transmission of nosocomial pathogens
- To practice - adequate precautions, to avoid infections transmitted by airborne droplet & contact.

b) Measures for reduction of transmission:

HAND WASHING: Frequent hand washing is the most important measure.

i) Patient care Hand wash:

- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether gloves are worn or not. Wash hands immediately after gloves are removed. Wash hands between tasks and procedures on the same patient to prevent cross contamination of different body sites.
- Use a plain soap for routine hand washing.
- Use antiseptic soap or an alcohol based disinfectant followed by thorough hand washing for accidental skin contamination.
- Antimicrobial hand washing products should be used for hand washing before personnel care for newborns and when otherwise indicated during their care,

between patients in high-risk units, and before personnel take care of severely immune compromised patients.

ii) Surgical Hand Wash

- Procedural hand hygiene includes a full surgical scrub using running water and 4% chlorhexidene scrub solution from the fingertips to the elbow. The scrub should be performed for a minimum of 2 to 3 minutes.
- **GLOVES**: Clean, unsterile gloves may be worn as a protective barrier during procedures.
- Sterile gloves are worn when sterile procedures are undertaken.

c) PERSONAL PROTECTIVE EQUIPMENT: (PPE)

i) Gowns: A clean, nonsterile, gown is worn to prevent contamination of clothing and skin of personnel from exposure to blood and body fluids. When gowns are worn to attend to a patient requiring barrier nursing, they are removed before leaving the patients environment and hand washing is done.

ii) Masks: This equipment is worn to provide barrier protection.

iii) Mask should cover both the nose and the mouth.

d) PATIENT ISOLATION:

Patients are isolated when

i) Suffering from highly transmissible diseases e.g. chicken pox. Patient is placed in a separate room.

ii) Infected with epidemiologically important microorganisms such as MRSA, Imipenem resistant Acinetobacter spp.

iii) Viral Hepatitis,Tubercolosis,Infection Disease

e) BARRIER NURSING:

i) The aim is to erect a barrier to the passage of infectious pathogenic organisms between the contagious patient and other patients and staff in the hospital, and hence to the outside world. Preferably, all contagious patients are isolated in

separate rooms, but when such patients must be nursed in a ward with others, screens are placed around the bed or beds they occupy.

ii) Cohort nursing may be practiced as re-infection with the same organism is unlikely.

iii) The nurses, attending consultants as also any visitors must wear gowns, masks, and sometimes rubber gloves and they observe strict rules that minimize the risk of passing on infectious agents. Surgical standards of cleanliness in hand washing are observed after they have been attending the patient.

iv) Bedding is carefully moved in order to minimize the transmission of airborne particles, such as dust or droplets that could carry contagious material.

v) Barrier nursing must be continued until subsequent cultures give a negative report.

4.4. CLEANING OF EQUIPMENT AND ARTICLES:

i) Contaminated disposable articles are bagged appropriately in leak proof bags and disposed.

ii) Critical reusable medical equipment is disinfected or sterilized after use.

iii) Non-critical equipment is cleaned, disinfected after use.

a) LAUNDRY:

Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed (1% sodium hypochlorite solution) in patient-care areas. Linen soiled with blood or body fluids should be deposited and transported in bags (Yellow colour plastic bag) that prevent leakage.

b) EATING UTENSILS:

Routine cleaning with detergent and hot water is sufficient.

c) TERMINAL CLEANING:

Terminal cleaning of walls, blinds, and curtains may be done. Disinfectant fogging is not recommended.

d) CONCEPT OF STANDARD PRECAUTIONS:

They are a set of precautions designed to protect health care workers from exposure to blood borne pathogens. Since the majority of patients infected with HIV/HBsAg/ HCV are asymptomatic at the time of presentation all patients are approached as having potentially infectious blood and body fluids. Precautions may vary based on anticipated exposure. **Features of universal precautions**:

i) Use of Personal protective equipment and gloves

ii) Prevention of injury with sharps: Sharps injuries commonly occur during use of needles and surgical instruments and after use during disposal.

Precautions to be observed:

- Needles should not be recapped, bent or broken by hand.
- Disposable needles & other sharps should be discarded into puncture resistant containers
- Sharps should not be passed from one HCW (Health Care Worker) to another. The person using the equipment should discard it. If necessary a tray can be used to transport sharps.
- All sharps containers to be discarded when 3/4th full.

iii) Hand washing (as mentioned above).

e) DISINFECTION OF EQUIPMENT:

i) Re-use instruments, tubing, etc only after decontamination and sterilization or decontamination, as appropriate.

ii) Do not touch equipment with soiled gloves or gloves used for patient care. Surfaces of large equipment should be disinfected with a 1:100 dilution of sodium hypochlorite or an approved disinfectant. Heavy soiled equipment may require additional cleaning with detergent and water. Gloves must be worn while cleaning the equipment.

f) WASTE DISPOSAL:

i) Non plastic items soiled with blood, bloody drainage or potentially infected material must be placed in the yellow biohazard plastic bags. Items that may tear the bag must be placed in the puncture proof plastic bag. For further details, please refer to the section on 'Biomedical waste management'.

ii) Infected plastic items should be discarded into red bag.

iii) Excreta, blood or body fluids must be emptied down the drain with adequate amount of water after initial disinfection.

g) LINEN:

Linen soiled with blood or potentially infectious body fluid must be placed in a leak proof bag (Yellow) and then sent for autoclaving. The autoclaved Linen is then sent for laundry.

h) SPILL CLEAN UP:

i) Cover spills of blood or body fluids with gauze pad soaked with 1% of freshly prepared sodium hypochlorite for 30 minutes. Then mop dry. A second decontamination may be done if required. Wash the area with detergent and water. Gloves must be worn during cleanup and decontamination procedures.

ii) Record the incident in the register kept in the floor & report to DNS incharge.

iii) No environmentally mediated transmission of HIV has been documented to date.

4.5. PRECAUTIONS AGAINST BLOOD BORNE TRANSMISSION :

Instruction for wards

a) ADMISSION:

Patients with HIV / HBV / HCV disease but presenting with unrelated illnesses may be admitted in any ward as per existing rules. Confidentiality shall be maintained with appropriate precautions to prevent nosocomial transmission.

b) PREPARATION OF PATIENTS :

It is the responsibility of the attending physician to ensure that patients, testing positive are informed about the result and receive counseling.

The nursing staff will explain to patients, attendants and visitors (when necessary), the purpose and methods of hand washing, body substance and excreta precautions, and other relevant precautions.

c) SPECIMENS :

Adequate precautions are to be taken while collecting specimens. The specimens are to be transported in leak-proof containers placed inside a leak-proof plastic cover. Ensure that the cover and the outside of the container are not contaminated. Attach a 'Biohazard' label.

d) WASTE DISPOSAL :

A bin lined by a Red plastic bag is placed in the patient's room for infectious waste. When the bag is 3/4thfull it is sent for disposal.

Non-infectious waste does not require special precautions and is disposed in a manner similar to non-infectious waste generated from any other patient.

e) DEATH OF A PATIENT :

Those cleaning the body should use gloves and other protective gear. Before leaving the ward, the body is bagged as for any case.

4.6. PRECAUTIONS AGAINST AIRBORNE TRANSMISSION:

These precautions are designed to reduce the risk of airborne and droplet transmission of infectious agents, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by these routes.

Components of respiratory isolation:

a) Place the patient in a single / private room with closed doors. Patients with same illness (but no other infection) can be cohorted in one room.

b) Masks to be worn by those who enter the patient's room. Susceptible persons should not enter the room of patients known or suspected to have measles or varicella (chicken pox).

c) Gowns are not routinely necessary. Use gowns if soiling is likely.

d) Gloves are necessary while handling patients.

e) Hand must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.

f) Articles contaminated with infective material must be discarded or bagged and labeled before being sent for decontamination and reprocessing.

4.7. PRECAUTIONS AGAINST CONTACT TRANSMISSION:

Contact isolation precautions are recommended for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient – care) or indirect contact (touching) with contaminated environmental surfaces or patient-care items.

Components:

a) Gowns are indicated if soiling is likely.

b) Gloves are indicated for touching infected material / area

c) Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.

d) When possible, dedicate the use of non critical patient – care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

Articles contaminated with infective material must be discarded or bagged and labeled before being sent for decontamination and reprocessing.

4.8. ISOLATION ROOMS:

A private room is indicated for patients with infections that are highly infectious or are caused by microorganisms that are likely to be virulent when transmitted.

When an infected patient shares a room with non infected patients, patients and personnel shall take measures to prevent the spread of infection. Personnel shall wear gloves and wash hands when indicated and ensure that contaminated articles are discarded or returned for decontamination and reprocessing.

a) Isolation policy for special groups of organisms:

Methicillin Resistant Staphylococcus aureus (MRSA):

The Microbiology department shall send an alert to the *N.S./D.N.S.* head of the concerned unit when report as certains existence of MRSA. Measures will be immediately ascertained by the Hospital Infection Control Committee for isolation of MRSA.

b) Use respiratory (contact with mask) precautions:

i) Accommodate these patients away from those with open wounds or immuno-compromised.

ii) Hand washing is the single most important factor in controlling MRSA.

iii) Linen – sheets, pillow cases, and blankets should be changed on a daily basis and more often if soiling occurs. Linen should not be shaken in order to prevent dissemination of micro-organisms into the environment. Linen should be autoclaved before being sent to the laundry. The same will apply to masks, gowns and gloves.

c) Pulmonary tuberculosis:

i) Respiratory precautions should be taken for smear positive tuberculosis patients.

ii) A separate room is recommended only for adult patients with sputum positive pulmonary tuberculosis.

4.9. CARE OF SYSTEMS AND INDWELLING DEVICES:

General guidelines to be followed for all procedures:

a) Hand washing is mandatory before, after and in-between procedures and patients.

b) Each health care worker has to ensure the personal protection (Universal precautions) required for each procedure. These precautions should be strictly adhered to.

c) Follow proper waste segregation & disposal after each procedure.

4.10. VASCULAR CARE:

a) Hand washing

Wash hands before every attempted intravascular catheter insertion. Antimicrobial hand washing soaps are desirable, and are preferred before attempted insertions of central intravenous catheters, catheters requiring cut downs, and arterial catheters.

b) Preparation of skin

Povidone-iodine (PVP) or 70% alcohol may be used for cleaning the skin. Insertion sites should be scrubbed with a generous amount of antiseptic. Start at the centre of the insertion site, use a circular motion and move outward. Antiseptics should have a contact time of at least 30 seconds prior to catheter insertion. Antiseptics should not be wiped off with alcohol prior to catheter insertion.

c) Applying dressings

Sterile dressings should be applied to cover catheter insertion sites. Unsterile adhesive tape should not be placed in direct contact with the catheter-skin interface.

d) Inspecting catheter insertion sites

Intravascular catheters should be inspected daily and whenever patients have unexplained fever or complaints of pain, tenderness, or drainage at the site for evidence of catheter related complications. Inspect for signs of infection (redness, swelling, drainage, tenderness) or phlebitis and also palpate gently through intact dressings.

e) Manipulation of intravascular catheter systems

Strict aseptic technique should be maintained when manipulating intravascular catheter systems. Examples of such manipulations include the following:

- Placing a heparin lock
- Starting and stopping an infusion

- Changing an intravascular catheter site dressing
- Changing an intravascular administration set

f) Flushing IV lines

Solutions used for flushing IV lines should not contain glucose which can support the growth of microorganisms. One syringe is used for flushing only one IV line once. Do not reuse syringes used for flushing.

g) Peripheral IV sites (short term catheters):

i) Dressing changes:

Peripheral IV site dressings should not usually require routine changes, since peripheral IV catheters, should be removed within 72 hours.

ii) Replacement of Peripheral IV Catheters

Peripheral IV catheters should be removed 72 hours after insertion, provided no IV-related complications, requiring catheter removal are encountered earlier. A new peripheral IV catheter, if required, may be inserted at a new site.

h) Central intravascular catheters (long term catheters):

i) Dressing changes:

Central IV catheter dressings should be changed every 72 hours.

ii) Replacement of central IV catheters:

Central IV catheters do not require routine removal and reinsertion. The catheter can be kept for a maximum of 3 months, provided there is no sign of catheter related infection or other complications.

iii) Catheter related Infection:

At the time of catheter removal, the site is examined for the presence of swelling, erythema, lymphangitis, increased tenderness and palpable venous thrombosis. Any antimicrobial ointment or blood present on the skin around the catheter is first

removed with alcohol. The catheter is withdrawn with sterile forceps, the externalized portion being kept directed upward and away from the skin surface. (If infection is suspected, after removal, the wound is milked in an attempt to express purulence. For 5.7 cm catheters, the entire length, beginning several millimeters inside the former skin surface catheter interface, is aseptically cut and sent for culture. With longer catheter, (20.3 cm and 60.9 cm in length), two 5-7 cm segments are cultured a proximal one beginning several millimeters inside the former skin catheter interface and the tip. Catheter segments are transported to the laboratory in a sterile container). Three way with extension is used only when multiple simultaneous infusates or Central Venous Pressure monitoring are required.

4.11. RESPIRATORY CARE:

In addition to the general guidelines that are to be adhered to, the following should also be noted with regard to respiratory care:

Mouth flora influences development of nosocomial pneumonia in ventilated patients. Frequent chlorhexidine mouthwashes minimize the chances of pneumonia.

a) Ventilator:

i) Sterile water is to be used in nebulizers and humidifiers. This should be replaced once or twice a day.

ii) Pneumatic circuits (masks, Y connection and tubes) are to be changed every 24-48 hours. Condensate in tubing should not be drained into the humidifier or airway as they contain large numbers of pathogenic organisms. This should be drained only into water traps. Use disposable circuits if cost permits.

iii) Use heat and moisture exchanging filter (HMEF) at Y connection for all patients if feasible and cost permits. Heat and moisture exchanging filter (HMEF) is to be

changed every 24- 48 hours. It should not be removed from circuit except at the time of changing.

iv) Oxygen masks, venture devices and nebulizer chambers are cleaned carefully and then sterilized.

v) Humidifier domes are **sterilized**.Ambu bags are cleaned thoroughly and are then sent for **Sterilization**.

b) Tracheostomy Care / Endotracheal Tube:

i) Careful attention to post-operative wound care is mandatory.

ii) The patient should receive aerosol therapy to prevent dessication of the tracheal and bronchial mucosa or the formation of crusts. The skin around the tracheostomy tube should be cleaned with betadine (Povidone-iodine 5%) every four hours or more frequently, if necessary.

iii) In case of metal tracheostomy tubes, the inner cannula should be cleaned every four hours and more often if necessary to prevent the formation of crusts. The inner cannula is cleaned with water, immersed in hydrogen peroxide for 15 minutes and then rinsed with fresh & sterile normal saline. The plastic tracheostomy tubes are removed, another plastic tube is inserted, and the tube is cleaned, with hydrogen peroxide, and rinsed well before reuse.

iv) The tracheostomy tape securing the tube should be changed every 24 hours. This tape must be tied securely at all times.

v) The first complete tube change should be performed no earlier than 4-5 days to allow time for the tract to be formed. Subsequent changes should be done weekly or as necessary.

vi) Clean technique should be used to change the tracheostomy tube unless there is a medical indication for sterile technique.

vii) The obturator should be at the bedside (preferably taped to the head of the bed) to be used if the tracheostomy tube accidently is dislodged or is removed for any reason.

c) Suctioning of endotracheal / tracheostomy tube:

Nursing staff shall be instructed and supervised by trained personnel in proper technique before performing this procedure on their own. Assess the patient using auscultation, ECG, (if available) and vital signs prior to suctioning.

d) Sterile Suctioning:

i) Wash your hands.

ii) Use a catheter with a blunt tip.

iii) The wall suction should be set no higher than 120 mm Hg for adults and between 60 and 80 mm Hg for children.

iv) Attach the suction catheter to the suction tubing; do not touch the catheter with bare hands (leave it in its protective covering).

v) Put on sterile gloves. The wearing of a mask is also strongly recommended.

vi) However, if saline does need to be instilled, '1/2 cc of sterile saline is put into the tracheostomy tube on inspiration only.

vii) If on a respirator, pre-oxygenate the patient by connecting the resuscitation bag to the artificial airway and ventilating the patient with three or four deep breaths. A mechanical ventilator on 100% oxygen may also be used by depressing the manual ventilation button three or four times.

viii) Insert the catheter gently through the inner cannula until resistance is met. Do not apply suction during insertion.

ix) Withdraw the catheter approximately 1 cm and institute suctioning.

x) Carefully withdraw the catheter, rotating it gently between the thumb and forefinger applying intermittent suctioning.

xi) Continuous suctioning for longer than 10 seconds may create an unacceptable level of hypoxia.

xii) The patient should be given time to rest between suctioning episodes. If possible, this time should be from two to three minutes. If the patient is receiving oxygen or ventilatory support, reapply the oxygen or ventilator for at least two minutes before re-suctioning.

xiii) Observe for unfavourable reactions such as increased heart rate, hypoxia, arrhythmia, hypotension,cardiac arrest, etc.

xiv) If oral suctioning is necessary, it should be done after the tracheostomy is suctioned.

xv) When suctioning is completed, clear the catheter and tubing of mucous and debris with sterile water or saline.

xvi) Discard the catheter, water container, and gloves appropriately.

xvii) Wash hands.

xviii) The tubing and suction canister should be changed every 24 hours. The canister should be labeled with the date and time when they are changed. If debris adheres to the side of the tubing or the canister, either or both should be changed. The tubing should be secured between suctioning periods so that it will not fall to the bed, floor, etc.

4.12. URINARY CATHETER:

a) Personnel:

Only persons who know the correct technique of aseptic insertion and maintenance of catheters should handle catheters.

b) Catheter Use:

Urinary catheters should be inserted only when necessary and left in place only as long as medically necessary.

c) Hand washing:

Hand washing should be done immediately before and after any manipulation of the catheter site or apparatus.

d) Catheter Insertion:

i) Catheters should be inserted using aseptic technique and sterile equipment.

ii) Use an appropriate antiseptic solution for periurethral cleaning.

iii) As small a catheter as possible, consistent with good drainage, should be used to minimize urethral trauma.

iv) Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.

e) Anchoring the catheter:

Strapping of the catheter is done to the lower anterior abdominal wall in male patients. This is to prevent direct transmission of the weight of the bag on the catheter, so that pulling and inadvertent dislodgment of the catheter does not occur. This also helps to prevent stricture of the penile urethra if the patient is on a catheter for a long duration.

4.13. WOUND CARE (Surgical wounds):

a) Surgical wounds after an elective surgery are inspected on the third post-operative day, or earlier if wound infection is suspected.

b) All personnel doing dressings should wash their hands before the procedure. Ideally, a two member technique is followed. One to open the wound and one to do the dressing.

c) If two health care workers are not available, then, take off the dressing, wash hands again before applying a new dressing.

d) A clean, dry wound may be left open without any dressing after inspection.

e) If there is any evidence of wound infection, or purulent discharge, then dressings are done daily, using povidone-iodine to clean the wound and applying dry absorbent dressings.

4.14. DISINFECTION AND STERILISATION:

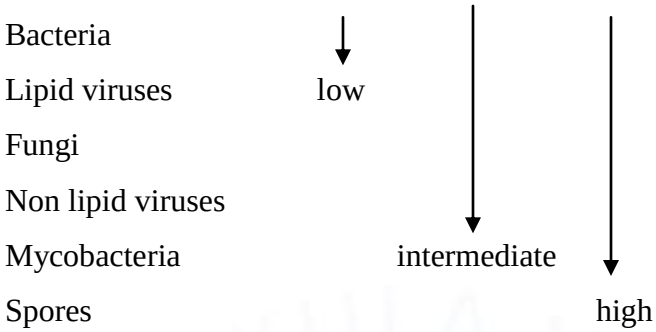
a) DISINFECTION:

Disinfection is a process where most microbes are removed from defined object or surface, expect bacterial endospores**.**

i) Disinfectants can be classified according to their ability to destroy different categories of microorganisms

- High Level disinfectants: glutaraldehyde2%, ethylene oxide.
- Intermediate Level disinfectant: alcohols, chlorine compounds, hydrogen peroxide,chlorhexidene, glutaraldehyde(short term exposure)
- Low level disinfectants:benzalkonium chloride, some soaps.

ii) Levels of action of disinfectants:



b) GENERAL GUIDELINES FOR DISINFECTION:

Critical instruments /equipments (that are those penetrating skin or mucous membrane) should undergo sterilization before and after use. e.g. surgical instruments and implants

Semi-critical instruments /equipments (that are those in contact with intact mucous membrane without penetration) should undergo high level disinfection before use and intermediate level disinfection after use. e.g endotracheal tubes

Non-critical instruments /equipments (that are those in contact with intact skin and no contact with mucous membrane) require only intermediate or low level disinfection before and after use.e.g. ECG electrodes

i) Disinfectants:

- **Glutaraldehyde**:

  Rapid acting -can be used up to 14 days after activation

  Long acting - can be used up to 28 days after activating

  Contact time - for disinfection 15-30 minutes

  - for sterilization 8-10 hours

- **Sterilium :**

  Contains 2-propanol,1-propanol,macetronium ethyl sulfate

Contact time for patient care hand wash: 1.5ml for 30 secs.

Contact time for surgical hand wash: 9 ml for 3minutes

- **Ecosan:**

  Contains Natural polymer of glucosamine 120mg/ ml, Benzalkonium chloride 65mg/ml, Lactic acid natural perfume oil 0.10mg/ml

  For surface disinfection: 10% v/v solution in de-ionized water with contact time of 60 minutes.

  For fumigation: 1 litre of 20% v/v solution /1000 cu ft of space in 60 min.

- **Bodedex:**

  For cleaningof heat-sensitive and heat-resistant instruments

  30 ml in 1 litre of water – contact time 30 mts

- **Bacillocid:**

  Contains chemically bound formaldehyde, glutaraldehyde and benzalkonium chloride.

  Used as surface disinfectant at 2% solution in operation theatres and at 0.5% in wards and dressing rooms.

  Can be sprayed onto wet surfaces with a low pressure sprayer and allowed to dry slowly.

- **Betadine:**

  Iodophor.This is a high level disinfectant. Used for surgical hand scrub, skin disinfection.

- **Sodium Hypochlorite 10% stock:**

  Used for containing blood spills, disinfecting counter tops and other hard surfaces at 1 %.

  Used in laboratory for decontamination of waste from equipment as well as glassware at 5%.

- **Alcohol -70% :**

  Used for disinfection of non-disposable patient care items in out- patient departments and also in laboratory for cleaning of microscope lenses and surfaces of critical work surfaces.

- **Alcohol -99%:**

  Used for preparation of cotton swabs in phlebotomy cell etc.

- **5% Lysol:**

  Mopping floor - 100ml in 1 liter water

ii) Endoscopes - cleaning and disinfection

- Mechanical cleaning: This is the most important step. Flush the air/water channel for 10-15 seconds to eject any blood or mucus. Aspirate detergent through the biopsy/suction channel to remove gross debris. Use a cleaning brush suitable for the instrument and channel size to brush through the suction channel.
- Disinfection: The endoscope and all internal channels should be soaked in 2% glutaraldehyde for 20 minutes.
- Rinsing: Following disinfection, rinse the instrument internally and externally to remove all traces of disinfectant.
- Drying: Dry the endoscope externally. Flush air through each channel.

c) STERILIZATION:

Sterilizaton is defined as a process where all microbes are removed from a defined object, inclusive of bacterial endospores**.**

i) STEAM:

- Autoclaves (gravity displacement) are used in CSSD for instruments, certain plastics linen gauze and other items. Flash sterilization is used for OT in emergency situations.

- Decontamination autoclave is available separately for laboratory glassware.

ii) ALDEHYDE:

- Glutaraldehyde may be used in places like the endoscopy unit, cardiac catheterization labs.
- For steam and gas methods, chemical as well as microbiological indicators are used to check the effectiveness of sterilization.
- Microbiological indicators are used once a week: namely spores of Bacillus stearothermophilus for steam sterilizers and Bacillus subtilis for ethylene oxide. Vials are removed from sterilizers and sent to microbiology laboratory where they are incubated at relevant temperatures for 48 hours. Report is sent to CSSD.
- An expiry date is given for sterile articles based on the packing material used.

iii) FUMIGATION:

- *Eco-shield* is used for fumigation using Fog spraying machine.
- For details see above
- Operation theatres are fumigated once a week and if necessary such as in case of a septic wound being drained.
- Other patient care areas are not regularly fumigated and not recommended.
- Decision as to necessity is taken by in charge of concerned patient care area.

4.15. HOSPITAL WASTE MANAGEMENT:

OBJECTIVES:

a) To prevent infection by maintaining good hygiene and sanitation.

b) To protect the patient, patient attendants and all health care personnel from avoidable exposure to infection.

c) To prevent environmental pollution.

d) To manage waste in a clean, healthy, economical and safe manner.

e) To minimize waste

For further details please refer to the **Biomedical Waste Management Policy** of the hospital.

4.16. HOUSE KEEPING:

a) House Keeping in Wards:

A patient admitted to the hospital can develop infection due to bacteria that survive in the environment. Therefore, it is important to clean the environment thoroughly on a regular basis. This will reduce the bacterial load and make the environment unsuitable for growth of micro-organisms.

i) The floor is to be cleaned at least twice a day. Detergent and copious amounts of water should be used during one cleaning. ECOSAN may be used to mop the floor for the remaining times.

ii) The walls are to be washed with a brush, using detergent and water once a week

iii) High dusting is to be done with a wet mop

iv) Fans and lights are cleaned with soap and water once a month.

v) All work surfaces are to be disinfected by wiping with ECOSAN and then cleaned with detergent and water twice a day.

vi) Cupboards, shelves, beds, lockers, IV stands, stools and other fixtures are to be cleaned with detergent and water once a week.

vii) Curtains are to be changed once a month or whenever soiled. These curtains are to be sent for regular laundering. In certain areas, eg. Transplant units and ICUs, more frequent changes are required.

viii) Patient's cot is to be cleaned every week with detergent and water. 1% hypochlorite to be used when soiled with blood or body fluids. In the isolation ward, cleaning is done daily.

ix) Store rooms are to be mopped once a day and high dusted once a week.

x) The floor of bathrooms is to be cleaned with a broom and detergent once a day and then disinfected.

xi) Toilets are cleaned with a brush using a detergent twice a day (in the morning and evening). Disinfection and stain removal solution may be used.

xii) Wash basins are to be cleaned every morning

xiii) Regular AC maintenance is required. The AC section should draw up a protocol for this.

b) Patient linen:

i) Bed linen is to be changed daily and whenever soiled with blood or body fluids.

ii) Dry dirty linen is to be sent to the laundry for regular wash.

iii) Linen soiled with blood or body fluids, and all linen used by patients diagnosed to have HIV, HBV, HCV and MRSA, is to be decontaminated by autoclaving before being sent to the laundry.

iv) The hospital does not provide any patient gown (except for patient prepared for surgery) however patient and their relatives are encouraged to change the patients clothes every day.

c) Miscellaneous items:

Kidney basins, basins, bed pans, urinals, etc to be cleaned with detergent and water and disinfected with 7% Lysol.

d) Housekeeping in the operation theatre

- Theatre complex should be absolutely clean. Dust should not accumulate at any area of the theatre.
- Soap solution is recommended for cleaning floors and other surfaces. Operating rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week.
- Before the start of the 1st case
- Wipe all equipment, furniture, room lights, suction points, OT table, surgical light reflectors, other light fittings, slabs etc with soap solution. This should be completed at least one hour before the start of surgery.

i) Linen & gloves:

Gather all soiled linen and towels in the receptacles provided. Take them to the service corridor (behind the theatre) and place them in trolleys to be taken for sorting. The dirty linen is then sent to the laundry. Use gloves while handling dirty linen.

ii) Instruments:

Used instruments are cleaned immediately by the scrub nurse and the attender. Reusable sharps are decontaminated in Lysol / hypochlorite and then washed in the room adjacent to the respective OR by scrubbing with a brush, liquid soap and vim. They are then sent for sterilization in the CSSD. After septic cases the instruments are sent in the instrument tray for autoclaving. Once disinfected, they are taken back to the same instrument cleaning area for a manual wash described earlier. They are then packed and re-autoclaved before use.

iii) Environment:

- Wipe used equipment, furniture, OR table etc., 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.

iv) After the last case:

The same procedures as mentioned above are followed and in addition the following are carried out.

- Wipe over head lights, cabinets, waste receptables, equipment, furniture with ECOSAN.
- Wash floor and wet mop with liquid soap and then remove water and wet mop with Bacillofloorsolution.

  Clean the storage shelves scrub & clean sluice room.

v) Weekly cleaning procedure:

- Remove all portable equipment.
- Damp wipe lights and other fixtures with detergent.
- Clean doors, hinges, facings, glass inserts and rinse with a cloth moistened with detergent.
- Wipe down walls with clean cloth mop with detergent.
- Scrub floor using detergent and water or Bacillo-floor.
- Stainless steel surfaces – clean with detergent, rinse & clean with warm water.
- Replace portable equipment: Clean wheel castors by rolling across toweling saturated with detergent.
- Wash (clean) and dry all furniture and equipment (OT table, suction holders, foot & sitting stools, Mayo stands, IV poles, basin stands, X-ray view boxes, hamper stands, all tables in the room, holes to oxygen tank, kick buckets and holder, and wall cupboards)
- After washing floors, allow disinfectant solution to remain on the floor for 5 minutes to ensure destruction of bacteria (Bacillofloor).

vi) Maintenance and Repairs:

- Machinery and equipment should be checked, cleaned and repaired routinely
- Urgent repairs should be carried out at the end of the days list
- Air conditioners and suction points should be checked, cleaned and repaired on a weekly basis.
- Preventive maintenance on all theatre equipment to be carried out weekly and major work to be done at least once every year.

4.17. FOOD HANDLING / HANDLERS:

a) Guidelines to ensure that food served to patients, visitors and employees is processed in a manner that avoids contamination:-

- All food is prepared and served into covered containers and set into trays in the main kitchen and then sent to wards. This activity is supervised by trained personnel.
- Hot and cold food is transported in such a manner that appropriate temperatures will be maintained during transportation.
- Food returned to the kitchen is discarded into black bags. Mouths of bags are tied before disposal.
- Housekeeping is done according to the set procedures of the department
- The arrangement of work stations in the kitchen should be such that there is no contamination of cooked food from raw food. There should be no interchange of personnel working on raw food and those on cooked food.

- Personnel handling and serving the food are trained to observe universal precautions to protect themselves.
- Personnel are also trained to protect food consumers from body substances of handling Personnel. Training should include the following aspects.
- Hand washing should cover exposed portions of arms and hands withspecial attention to fingernails and areas between fingers.
- Clothing should be free from obvious dirt and food spills.
- Hair nets should be used while on duty
- Food should not be consumed in preparation or serving areas.
- Utensils should be used to handle food.
- Clean gloves may be used.

b) Surveillance is done biannually for detection of carriage of Salmonella and MRSA.
c) Stool samples and nasal swabs are submitted to the microbiology laboratory.
d) Records are maintained by in charge of the department.

4.18. LAUNDRY AND LINEN MANAGEMENT:

Washing of linen is undertaken in the premises of the hospital.

Guidelines are provided for the processing of soiled linen within the hospital premises.

a) Routine Handling of Soiled Linen:

- Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.

- All soiled linen should be bagged (Yellow) or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas.
- Linen soiled with blood or body fluids should be deposited and transported in bags that prevent leakage.
- Linen used by patients diagnosed to have HIV, HBV, HCV and MRSA is to be decontaminated by autoclaving and then sent to the laundry
- Personnel handling soiled linen should be provided with PPE.

b) Transportation of Clean Linen:

Clean linen should be transported and stored by methods that will ensure its cleanliness.

c) Storage of clean linen:

The linen is stored in the Linen Storage Room.

4.19. INVESTIGATION OF AN OUTBREAK:

The occurrence of two or more similar cases relating to place and time is identified as a cluster or an outbreak and needs investigation to discover the route of transmission of infection, and possible sources of infection in order to apply measures to prevent further spread. If the cases occur in steadily increasing numbers and are separated by an interval approximating the incubation period, the spread of the disease is probably due to person to person spread. On the other hand if a large number of cases occur following a shared exposure e.g an operation, it is termed a common source outbreak, implying a common source for the occurrence of the disease.

a) Epidemiological methods:

The investigation of an outbreak may require expert epidemiological advice on procedures. Formulation of a hypothesis regarding source and spread is made before

undertaking microbiological investigations in order that the most appropriate specimens are collected.

i) Steps to be taken to investigation an outbreak

Step 1

- Recognition of the outbreak. Is there an increase in the number of cases of a particular infection or a rise in prevalence of an organism? Such findings indicate a possible outbreak.
- Preliminary investigation must be begun by developing a case definition, identifying the site, pathogen and affected population.
- Determination of the magnitude of the problem and if immediate control measures are required. If so general control measures such as isolation or cohorting of infected cases; strict hand washing and asepsis should be immediately applied.
- Verification of the diagnosis. Each case should be reviewed to meet the definition.
- Confirmation that an outbreak exists by comparing the present rate of occurrence with the endemic rate should be made.

Step 2

The appropriate departments and personnel and the hospital administration should be notified and involved.

Step 3

- Additional cases must be searched for by examining the clinical and microbiological records.
- Line listings for every case, patient details, place and time of occurrence and infection details should be developed.

- An epidemic curve based on place and time of occurrence should be developed, the date analyzed, the common features of the cases e.g age, sex, exposure to various risk factors, underlying diseases etc. should be identified.
- A hypothesis based on literature search and the features common to the cases; should be formulated to arrive at a hypothesis about suspected causes of the outbreak.
- Microbiological investigations depending upon the suspected epidemiology of the causative organism should be carried out. This will include (a) microbial culture of cases, carriers and environments (b) epidemiological typing of the isolates to identify clonal relatedness.
- The hypothesis should be tested by reviewing additional cases in a case control study, cohort study, and microbiological study.

Step 4

- Specific control measures should be implemented as soon as the cause of outbreak of identified.
- Monitoring for further cases and effectiveness of control measures should be done.
- A report should be prepared for presentation to the HICC, departments involved in the outbreak and administration

ii) Immediate control measures:

Control measures should be initiated during the process of investigation. An intensive review of infection control measures should be made and general control measures initiated at once. General measures include:

- Strict hand washing ;

- Intensification of environmental cleaning and hygiene.
- Adherence to aseptic protocols, and
- Strengthening of disinfection and sterilization.

b) Microbiological Study:

Microbiological study is planned depending upon the known epidemiology of the infection problem. The study is carried out to identify possible sources and routes of transmission. The investigation may include cultures from other body sites of the patient, other patients, staff and environment. Careful selection of specimens to be cultured is essential to obtain meaningful data.

c) Specific control measures

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

- Identification and elimination of the contaminated product ;
- Modification of nursing procedures ;
- Identification and treatment of carriers, and
- Rectification of lapse in technique or procedure

d) Evaluation of efficacy of control measures

- The efficacy of control measures should be evaluated by a continued followed-up of cases after the outbreak clinically as well as microbiologically. Control measures are effective if cases cease to occur or return to the endemic level.
- The outbreak should be documented.

4.20. SPECIAL CARE UNITS:OBSTETRICS AND LABOUR ROOM

Policies regarding admission for pregnant women with infection.

a) Pregnant women suffering from infections:

Not in Labour : Admit in medical wards/isolation ward , just as one would admit a non-pregnant woman with similar illness

In Labour : Admit to isolation side of labour room.

b) Indications for admission to isolation side in labour room:

Pregnant women with at least 22 weeks of gestation and in labour with:

- Hepatitis (A, E or unknown)
- Diarrhoea (severe, watery, with blood and mucous)
- Known infection with a blood borne pathogen (HBV, HCV & HIV)
- Suspected or confirmed communicable disease requiring isolation.

c) Labour Room:

i) **Housekeeping** has to be meticulous

- Clean the floor at least four times in 2 4hours. One of these should be with detergent and copious amounts of water. Lysol may be used to mop the floor for the remaining times
- Any spill of blood or fluids should be immediately decontaminated with 1% Sodium hypochlorite 10 minutes, mopped dry and then cleaned thoroughly with detergent and water.
- Environment and equipment should be maintained dust free.
- Strip the bed and wipe clean with detergent and water and then once more with ECOSAN after each patient. Wear gloves for this procedure.
- Use fresh linen for each patient.

ii) Personnel:

Follow universal Precautions with absolute care.

- Sterile gloves, gown, plastic apron, goggles, mask and impervious footwear (covering dorsum and sole) are recommended while conducting delivery and any other procedure where spill / splash is expected.
- Wear gloves and plastic apron for performing vaginal examination and preparing parts.
- Anyone with open wounds or exudative skin lesions should not be involved in invasive procedures.
- Wash hands after each procedure and between patients.

4.21. VISITORS POLICY:

Although instructing and preparing visitors for patients in isolation is time consuming and oftenfrustrating, their presence is valuable to the emotional well being of the patient.

a) The ward sisters and the doctors concerned shall have the responsibility of informing the patients' relatives of the measures to be taken and the importance of restriction of visitors. This should be done at admission of the patient.

b) The patient and the relatives must be given health education about the cause, spread and prevention of the infection, in detail. The need for isolation and restriction of visitors should be discussed with them.

c) Hand washing after all contact with the patient will have to be stressed.

d) No more than two adult visitors should be allowed 'at a time' during the hospital visiting hours and the length of stay should be governed by the needs of the patient.

e) Children below 12 years are not allowed into the isolation areas. The policy of our hospital is to allow one female attendant to stay in the ward with the patient. The attendants are individually trained to avoid infection.

f) Before entering the room, visitors must enquire at the nurses' station for instructions and for gown and mask if indicated. Visitor's footwear, bags etc., should be left outside the room. Only articles that can be discarded, disinfected or sterilized should be taken into the room.

g) Visitors are not allowed to sit on the patient's bed.

h) Visitors should wash their hands well with soap and water before entering and when leaving the room.

i) Active immunization of attendants and other follow up steps, where applicable must be conducted by the physician in-charge.

4.22. EMERGENCY SERVICE:

a) Standard precautions are to be strictly adhered and all patients are to be treated as potentially infected with blood – borne pathogens. Importance of this cannot be over emphasizes in this area.

i) Wash hands with soap and water before and after patient contact.

ii) Wear gloves preferably for all patient contact. It is a must for all invasive procedures, however minor. Examination gloves are placed in the shelves in all patient care areas.

iii) Wear masks for all situations where a splash is expected, and where infection that spreads through the respiratory route is possible diagnosis.

iv) Wear plastic aprons, in addition to a mask if splash to the body area is expected.

v) Use disposal needles and discard them into the sharps container which is placed in al patient care areas. Dispose IV canula, stilettes, scalpel blades and razor blades into the sharps containers immediately after use.

vi) Attenders and Sweepers are to wear gloves while handling lab samples and performing sanitation work.

b) Additional precautions for patients known to harbor blood borne pathogens:

i) Use plastic aprons during procedures where body fluids may be split.

ii) Disinfect all items following discharge, transfer or death of the patient (as per hospital protocol refer to the chapter on housekeeping). Mattress, pillow and mackintosh are to be disinfected with 1% sodium hypochlorite solution and dried in sunlight.

c) Infectious diseases

Refer to the chapter on Isolation Policies

d) Wound and Skin Infections

i) Hands are to be washed before and after handling the patient.

ii) Wear gloves while handling infected wounds.

iii) Cover the wounds (as far as possible) before transferring the patient

iv) Dispose waste as per hospital guidelines.

e) Trauma

Use protective equipment such as gloves, mask, gown, apron and goggles under appropriate situations.

f) Housekeeping

i) The treatment rooms and trauma resuscitation room is cleaned with soap and water after every patient. Blood spills are disinfected by using 1% Sodium hypochlorite for a contact time of 10 minutes.

ii) Equipment and instruments that are to be reused are cleaned before sending it for sterilization.

iii) Discard medical waste as per the guidelines given in the chapter on Hospital Waste Management.

4.23. OCCUPATIONAL EXPOSURE:

a) PREVENTION OF OCCUPATIONAL EXPOSURE:

i) Standard precautions (universal work precautions) and safe practices

ii) Wash hand after patient contact, removing gloves.

iii) Wash hands immediately if hands contaminated with body fluids.

iv) Wear gloves when contamination of hands with body substances anticipated

v) Protective eyewear and masks should be worn when splashing with body substance is anticipated

vi) All health care workers should take precautions to prevent injuries during procedures and when cleaning or during disposal of needles and other sharp instruments.

vii) Needle should not be recapped

viii) Needles should not be purposely bent or broken by hand

ix) Not removed from disposable syringe nor manipulated by hand

x) After use disposable syringes and needles, scalpel blades and other sharp items should be placed in a puncture resistant container.

xi) Health care workers who have exudative lesions or dermatitis should refrain from direct patient care and from handling equipment

xii) All needle stick injuries should be reported to infection control officer.

xiii) Handle and dispose of sharps safely

xiv) Clean & disinfect blood / body substances spills with appropriate agents

xv) Adhere to disinfection and sterilization standards

xvi) Regard all waste soiled with blood/body substance as contaminated and dispose of according to relevant standards

xvii) Vaccinate all clinical and laboratory workers against hepatitis B

xviii) Other measures double gloving changing surgical techniques to avoid “exposure prone" procedures use of needle-less systems and other safe devices.

b) BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS APPLY:

i) Blood

ii) Other body fluids containing visible blood

iii) Semen

iv) Vaginal secretions

v) Cerebrospinal fluid (CSF)

vi) Synovial fluid

vii) Pleural fluid

viii) Peritoneal fluid

ix) Pericardial fluid

x) Amniotic fluid

c) BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS DO NOT APPLY:

The risk of HIV transmission is extremely low or negligible

i) Nasal secretions

ii) Sputum

iii) Sweat

iv) Tears

v) Urine

vi) Vomitus

vii) Saliva

Unless these contain visible blood

d) USE OF PROTECTIVE BARRIERS:

i) Protective barriers reduce the risk of exposure of the HCWs skin or mucus membrane to potentially infective materials

ii) Protective barriers include gloves gowns, masks, and protective eye wears.

iii) Selection of protective barriers.

Type of exposure	Examples	Protective barriers
Low Risk contact with skin with not visible blood	• injections • minor wound dressing	Gloves helpful but notessential
Medium Risk probable contact with blood, splash unlikely	• vaginal examination, • insertion or removal of intravenouscanula • handling of laboratory specimens • large open woundsdressing • venepuncture ,spills of blood	Gloves,Gowns andAprons may be necessary
High Risk probable contact withblood, splashing, uncontrolled bleeding	• major surgicalprocedures, particularlyin orthopaedic surgery and oral surgery; • vaginal delivery	Gloves, Water proofGown or Apron, Eye wear and Mask

The use of double gloves is not recommended. Heavy duty rubber gloves should be worn for cleanings instruments, handling soiled linen or when dealing with spills

e) WHAT TO DO ON EXPOSURE TO HIV INFECTED BLOOD?

i) PROMPT MEASURES

- Do not Panic
- Do **NOT** put cut / pricked finger into your mouth

ii) POST-HIV EXPOSURE MANAGEMENT / PROPHYLAXIS (PEP)

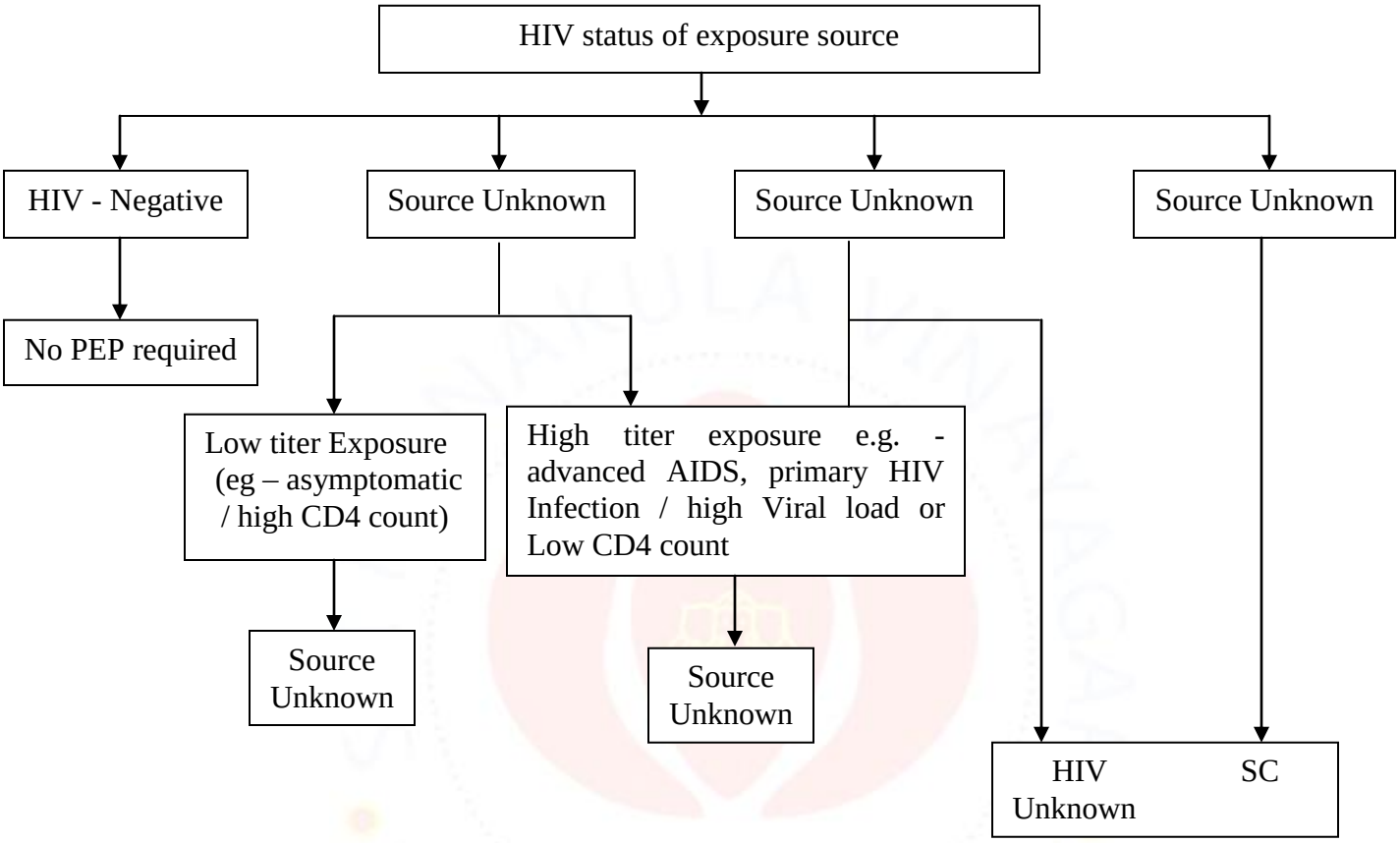
- It is necessary to determine the status of the exposure and the HIV status of the exposuresource before starting post-exposure prophylaxis(PEP)
- Immediate measures:
  - wash with soap and water
  - no added advantage with antiseptic/bleach
- Next step:
  - prompt reporting
  - post-exposure treatment should 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:

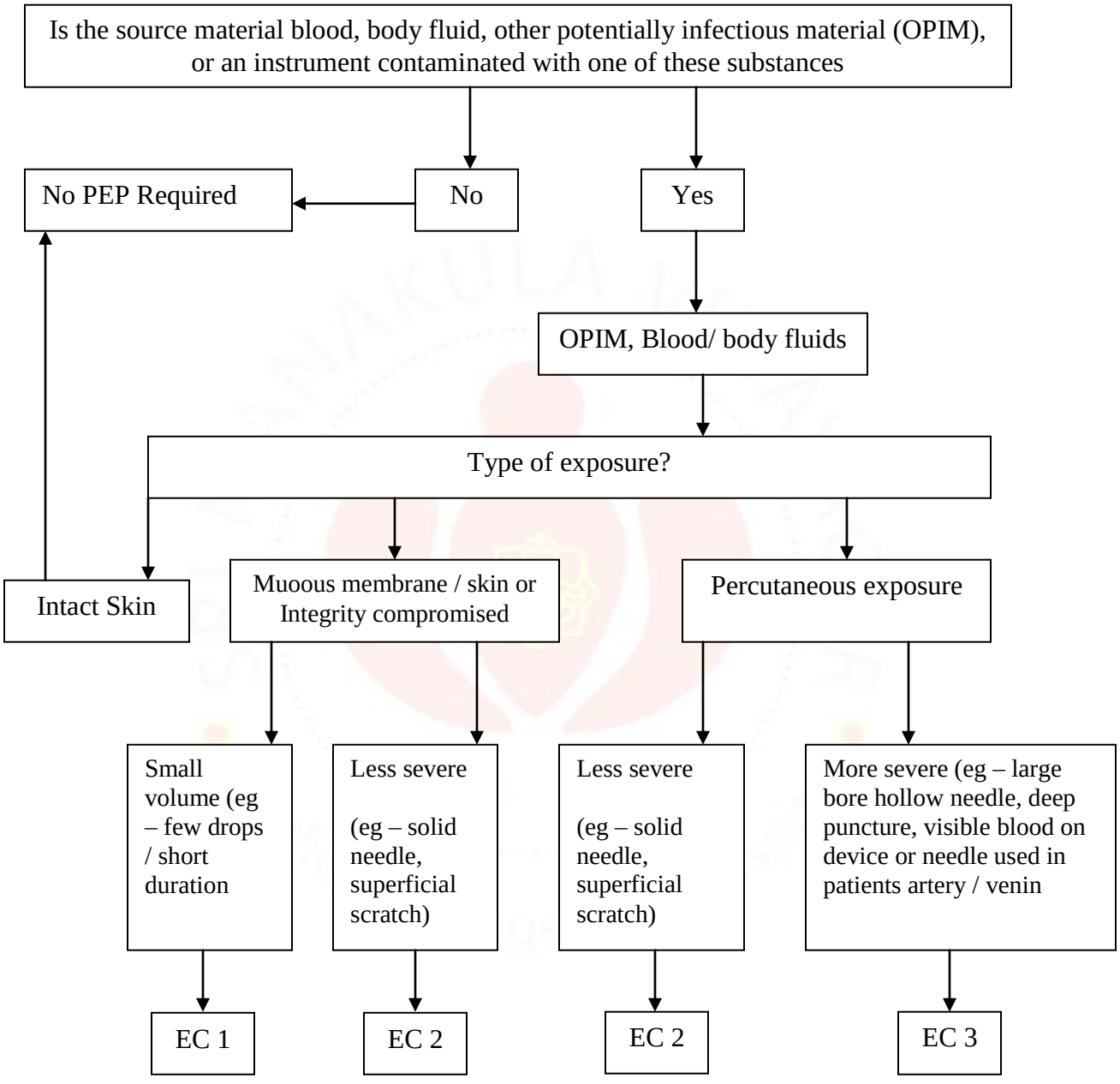
The decision to start PEP is made on the basis of degree of exposure to HIV and the HIV status of the source from whom the exposure/infection has occurred.

- Determination of the Exposure Code (EC):

Exposure code can be defined as per the flow chart given below. It may be classified into three categories, EC1, EC2 and EC3, depending upon the nature of exposure.

f) EXPOSURE CODE (EC):




Is the source material blood, body fluid, other potentially infectious material (OPIM), or an instrument contaminated with one of these substances
No
No PEP Required
Yes
OPIM, Blood/ body fluids
Type of exposure?
Intact Skin
Muoous membrane / skin or Integrity compromised
Percutaneous exposure
Small volume (eg – few drops / short duration
Less severe (eg – solid needle, superficial scratch)
Less severe (eg – solid needle, superficial scratch)
More severe (eg – large bore hollow needle, deep puncture, visible blood on device or needle used in patients artery / venin
EC 1
EC 2
EC 2
EC 3

g) Determination of PEP Recommendation:

EC	HIV SC	PEP Recommendation
1	**1**	PEP may not be warranted
1	**2**	Consider Basic Regimen
2	**1**	Recommend Basic Regimen(most exposures are in this category)
2	**2**	Recommend Expanded regimen
3	**1 or 2**	Recommend expandedregimen
2/3	**Unknown**	If setting suggests a possible risk (epidemiological riskfactors) and EC is 2 or 3,consider basic regimen

i) **Basic regimen:** Zidovudine (AZT) –600 mg in divided doses (300mg/twice a day or 200mg/thrice a day for 4 weeks + Lamivudine (3TC) – 150 mg twice a dayfor 4 weeks

ii) **Expanded regimen: (4 weeks therapy)** Basic regimen (+Indinavir – 800 mg/thrice a day, or any other protease inhibitor.

h) Testing and Counseling

The health care provider should be tested for HIV as per the following schedule-

i) Base-line HIV test - at time of exposure

ii) Repeat HIV test - at six weeks following exposure

iii) 2nd repeat HIV test - at twelve weeks following exposure

On all three occasions, HCW must be provided with a pre-test and post-test counseling. HIV testing should be carried out on three ERS (Elisa/ Rapid/ Simple) test kits or antigenpreparations. The HCW should be advised to refrain from donating blood, semen or organs/tissues and abstain from sexual intercourse. In case sexual

intercourse is undertaken a latex condom is used consistently. In addition, women HCW should not breast -feed their infants during the follow-up period.

i) Duration of PEP:

i) PEP should be started, as early as possible, after an exposure. It has been seen that PEPstarted 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.

ii) If the HIV test is found to be positive at anytime within 12 weeks, the HCW should be referred to a physician for treatment.

j) Pregnancy and PEP:

Based on limited information, anti-retroviral therapy taken during 2nd and 3rd trimester of pregnancy has not caused serious side effects in mothers or infants. There is very littleinformation on the safety in the 1st trimester. If the HCW is pregnant at the time of exposure to HIV, the designated authority/physician must be consulted about the use of the drugs for PEP.

k) Side-effects of these drugs:

Most of the drugs used for PEP have usually been tolerated well except for nausea, vomiting, tiredness, or headache.

l) Steps to be undertaken by the Infection control officer on receiving information about exposure:

- All needle-stick/sharp injuries should be reported to the State AIDS Control societies giving the Exposure Code and the HIV Status code.
- The State AIDS Societies should in-turn inform NACO about the cases periodically.
- A register should be maintained in all hospitals and at the level of the State AIDS Control societies

- NACO has decided to supply PEP drugs to all cases in government hospitals through the State AIDS Control societies
- Infection control officers in all hospitals have been directed to ensure that PEP drugs are available at all times.

4.24. CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD):

The purpose of the CSSD is to provide all the required sterile items in order to meet the needs ofall patient care areas.

a) Items Supplied by CSSD:

i) Instrument packs for various procedures

ii) 34.1.2 Dressing pad

iii) 34.1.3 Dressing packs, cotton and gauze

b) Protocol:

The central processing area(s) ideally should be divided into at least three zones: soiled zone(decontamination), clean zone (packaging), and sterile zone (sterilization and storage).

i) Soiled zone: In the decontamination area reusable contaminated supplies (and possiblydisposable items that are reused) are received, sorted, and decontaminated.

ii) Clean zone: The packaging area is for inspecting, assembling, and packaging clean, butnot sterile, material.

iii) Sterile zone: The sterile storage area should be a limited access area. Following thesterilization process, medical and surgical devices must be handled using aseptictechnique in order to prevent contamination. Medical and surgical supplies should not bestored under sinks or in other locations where they can become wet. Sterile items thatbecome wet are considered contaminated because moisture brings with it microorganismsfrom the air and surfaces. Closed or covered cabinets are

ideal but open shelving may beused for storage. Any package that has fallen or been dropped on the floor must beinspected for damage to packaging and contents (if the items are breakable). If thepackage is heat-sealed in impervious plastic and the seal is still intact, the package shouldbe considered not contaminated. If undamaged, items packaged in plastic need not bereprocessed.

c) Collection and Distribution of Items:

i) All items should be collected and distributed twice a day, if necessary whenever required.

ii) CSSD items should be transported to the wards in a manner so as to ensure that sterilityof the items is maintained

iii) When the items are collected back from the patient care areas the quantity of each itemthat is collected is recorded in a book. These items are transported to CSSD. Another setof personnel transport sterile items to the various wards, depending on the requirement.

iv) Items which have crossed the expiry date should be returned and new ones obtained.

d) Monitoring Sterilization:

There are two ways of monitoring sterilization of CSSD items:

i) All sterile items can be monitored by using the chemical indicator tape which shows that the itemhas been adequately sterilized

ii) In addition to chemical sterilization, microbiological surveillance may be conductedusingB. stearothermophilius spore suspension which is kept in the autoclave to check theefficiency.

e) Moist Heat Sterilization:

i) This is used for steel instruments, latex rubber tubes, gloves, dressing packs, cotton andgauze.

ii) CSSD has electric autoclaves, gravity type of autoclaves, and a high pressure autoclave.The high pressure autoclaves operate using a central steam supply.

f) Recommended Practice Guidelines for All Types of Steam Sterilizers:

i) Device Preparation:

Devices should be prepared for sterilization in the following manner:

- Clean, and remove excess water.
- Jointed instruments should be in the open or unlocked position.
- Multipiece or sliding pieces should be disassembled unless otherwise indicated bythe device manufacturer.
- Devices with concave surfaces that retain water should be placed in a mannersuch that condensate does not collect.
- Instruments with lumens should be moistened with distilled water immediatelyprior to sterilization.
- Heavy items should be arranged so as to not damage lighter more delicate items.
- Sharp instruments should have tips protected.

ii) Packaging: Packaging materials for steam sterilization should:

- Be validated for steam sterilization.
- Contain no toxic ingredients or dyes.
- Be capable of withstanding high temperatures.
- Allow air removal from packages and contents.
- Permit sterile contact with the package contents.
- Permit drying of the package and contents.
- Prevent the entry of microbes, dust, and moisture during storage and handling.
- Have a proven and tamper-proof seal.
- Withstand normal handling and resist tearing or puncturing.

iii) Unloading:

Upon completion of the cycle, the operator responsible for unloading the sterilizer should:

Review the sterilizer printout for the following:

- Correct sterilization parameters.
- Cycle time and date.
- Cycle number matches the lot control label for the load.
- Verify and initial that the correct cycle parameters have been met.
- Examine the load items for:
  - Any visible signs of moisture.
  - Any signs of compromised packaging integrity.

Printed records of each cycle parameter (that is, temperature, time) should be retained inaccordance with the healthcare settings requirements.

iv) Load Cool-Down:

Upon removal of the sterilized load the operator should:

- Visually verify the results of the external chemical indicators.
- Allow the load to cool to room temperature (the amount of time for coolingdepends on the devices that have been sterilized).
- Ensure cool down occurs in a traffic-free area without strong warm or cool aircurrents.

v) Troubleshooting - Wet Pack Problems:

Packages are considered wet when moisture in the form of dampness, droplets or puddles isfound on or within a package. There are two types of wet packs; those with external wetness andthose with internal wetness. Sterility is considered compromised and the package contentsconsidered contaminated when wet packs are found. There are several causes of wet packs. Thefollowing 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.

vi) Flash Sterilization / Immediate Use Steam Sterilization:

This form of sterilization is used only when there is an immediate requirement for items to be sterilized. Containers used for Immediate Use Steam Sterilization of devices should be validated for that purpose.

Immediate Use Steam Sterilization should not be used to:

- Sterilize implants
- Sterilize complete sets or trays of instruments

vii) Compensate for inventory shortages or scheduling difficulties.

g) Quality Assurance:

i) All documentation should be dated and signed by the person completing thedocumentation and/or verifying the test results.

ii) Documentation of the sterilization process should include:

iii) Package label:

- Name of device (when necessary).
- Initials of technician packaging the device.
- Lot control information which includes a load or cycle number, sterilizer number,and the date of sterilization.

- Detailed list of sterilizer load contents
- Date, time, and results of all tests performed (for example, printout, ChemicalIndicator, Biological Indicator, Bowie-Dick, leak test).
- Sterilizer physical parameters should be verified by the individual responsible forreleasing the load prior to load release. Verification should be documented (forexample, printout is initialed).
- If any indicator fails, the failure should be investigated. Loads may be recalledaccording to the results of the investigation. All actions associated with aninvestigation should be documented.
- A process to address any indicator failure, for example, printout, chemicalindicator or biological indicator.
- Record retention according to corporate administrative directives and/or qualitymanagement system requirements.

h) Recall Procedure:

As soon as CSSD staff receive the result from the microbiologist about biological indicators not being satisfactory, the CSSD In-charge or Staff nurse should take the following action:

i) Inform to the Chief Nursing Officer and Hospital Infection Control Committee.
ii) Check the autoclave number, batch number, and expiry date.
iii) Trace out the department which issued the items and the specific date.
iv) Inform the ward in-charge regarding the biological indicator growth.
v) Take back all the items to CSSD.
vi) Rewash all the articles and repack for re-autoclave.
vii) Clean the autoclave thoroughly with clean water.
viii) Sterilize the items with Bowie-Dick and biological indicator.
ix) Wait for the report; only then issue the items to the wards.

x) Update the register.

5. RECORDS:

5.1. Infection Control Committee Register

5.2. Disinfectant Register

5.3. Infection Register

5.4. Fumigation Register

5.5. BMW Register

5.6. Microbiology Surveillance Register

6. REFERENCES:

6.1. Henry D.Isenberg, Essential procedures for Clinical Microbiology, ASM press, Washington, D.C. Ed:1998

6.2. Monica Cheesbrough, District Laboratory Practice in Tropical Countries, CAMBRIDGE, University Press.

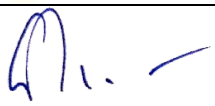
6.3. Mackie & McCartney, J. Gerald Colle, Barrie P. Marmion, Andrew G. Fraser, Anthony Simmons Practical Microbiology, 14th edition.

6.4. Koneman's , Washington Winn, Jr. Stephen Allen, William Janda, Elmer Koneman, Gary Procop, Paul Schreckenberger, Gail Woods, Color Atlas and Textbook of Diagnostic Microbiology, 16th edition.

Sl.No	AMENDMENT
1.	SOP NO: Section/ Page number: 4.1 b) ii) Details of Amendment: ***In use disinfectants:*** • *In use disinfectants are tested once in three months* Reason: Testing protocol fixed
2.	SOP NO: Section/ Page number: 4.1 b) iii) Details of Amendment: Water from different sites are collected aseptically and sent for microbiological analysis once every *3 months*. Reason: Testing protocol fixed SOP NO: Section/ Page number: 4.1 v) Details of Amendment:

	In use glutaraldehyde may be sent for sterility check: *5 ml* of in *use glutaraldehyde* to be sent in a sterile container to the microbiology laboratory *once in 3 months* from: Endoscopy room, Operationtheatre. Records shall be maintained by the concerned Department. Reason: Testing protocol fixed SOP NO: Section/ Page number: 4.1 viii) Details of Amendment: *Sterilized gauge, instruments, spore strips are sent every week for sterility check. Records maintained by CSSD Department.* Reason: Testing protocol fixed SOP NO: Section/ Page number: 4.2 c) v) Details of Amendment: • If index patient is known, patient *serum sample is tested* for HIV antibodies, HBsAg • Injured health care worker *serum is tested* for anti HBs antibody and HIV after obtaining consent.

	Reason: Terms and conditions revised. SOP NO: Section/ Page number: Details of Amendment: Reason:
Signature of Preparatory Authority	Signature of Approval Authority

	Designation	Signature
Prepared By	**Dr.T.Mangaiarkarasi, Associate Professor Department of Microbiology**	
Reviewed By	**Dr.R.Gopal, Professor and Head Department of Microbiology**	
Approved By	**Dr.D.Rajagovindan, Director**	
Issued By	**Dr. M. Pragash NABH Coordinator**	

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Other Relevant Information:

Needle Stick Injury Report (2018):

Number of Needle Stick Injury = 66

HbsAg Positive = 12 (1 Person Immunoglubulin taken, 3 Person not willing to take (Ig vaccination))

8 Nos. Protective titre > 10 miu

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Preventive immunization/postexposure prophylaxis to students, teachers and hospital staffs

Year	Number of Students Administered Immunization/Prophylaxis	Number of Faculty Administered Immunization/Prophylaxis	Number of Other Hospital Staff Administered Immunization/Prophylaxis
2013-2014	125	11	100
2014-2015	100	9	121
2015-2016	120	15	115
2016-2017	99	10	95
2017-2018	565	86	1485
TOTAL	**1039**	**133**	**1951**

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107