






Chhatrapati Shahu Maharaj Shikshan Sanstha's **Ayurved Mahavidyalaya & Rugnalaya**

PATIENT SAFETY MANUAL



Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar,
Maharashtra-431011

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| Approved By | Designation: Medical Superintendent & Principal Name : Dr. S.G. Deshmukh Signature :  |





Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Estd : 1989
NCISM College Code : AYU0153
MUHS College Code : 3401

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CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

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AMENDMENT SHEET

| Sr. No. | Section No. & Page No. | Details of the amendment | Reasons | Signature of the preparatory authority | Signature of the approval authority |
|---------|------------------------------------|--|------------|--|-------------------------------------|
| 1 | Patient Safety Manual & Page no. 3 | Name Change of Deputy Medical Superintendent | Staff Left | | |
| 2 | Patient Safety Manual & Page no. 3 | Name Change of Casualty Representative officer | Staff Left | | |
| 3 | Patient Safety Manual & Page no. 3 | Name Change of Medical officer in Safety Committee | - | | |
| 4 | Patient Safety Manual & Page no.12 | Pathology Lab included High risk Aeras | - | | |



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PATIENT SAFETY COMMITTEE OF CSMSS AYURVED COLLEGE

| | |
|------------------------|---------------------------------|
| Dr. S.G. Deshmukh | Principal/M.S. |
| Dr. A.M. Ghotankar | Pharmacovigilance officer |
| Dr. D.J. Amle | H.O.D. Rognidan |
| Dr. B.N. Gadve | H.O.D. Shalya Tantra |
| Dr. Abhang S.P. | Bio Medical Engineer Head |
| Dr. N.R. Nimbalkar | Patient Safety Officer |
| Dr. M.R. Survase | Blood Transfusion Officer |
| Dr. Krushna Hamand | Medical officer |
| Dr. Tushar S. Kulkarni | Deputy Medical Superintendent |
| Dr. Amol Kale | Casualty Representative officer |
| Mr. R.L. Tambe | Engineer |
| Mrs. Sumitra Patil | Matron |
| Mr. Labade Devidas | Facility Manager |
| Mr. Kailas Chikne | Security officer |

FREQUENCY OF MEETING

The Committee will meet approximately 4 times per year and at the call of the chair.

QUORUM

50% of membership

MEETING VENUE

As decided by the chairperson

CIRCULATION

Minutes are circulated to all Committee members and management within a week.

REPORTING RELATIONSHIP

Management through proper channel.

EVALUATION

Evaluation to be completed by the next meeting



S. G. Deshmukh

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar, Nashik (S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646222 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayur@gmail.com, Website : www.csmsayurved.com



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PATIENT SAFETY MANUAL

CONTROL OF THE MANUAL

The holder of the patient safety manual is responsible for maintaining it in good and safe condition and readily identifiable and retrievable manner.

The holder of the copy of this manual will maintain it in current status by inserting latest amendments as and when the amended versions are received.

Safety officer responsible for issuing the amended copies to the copyholders and the copyholder should acknowledge the same and he/she should return the obsolete copies to the Infection Control Nurse.

The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

| Preparation | Reviewed by | Approval |
|----------------|---|---------------------------|
| Safety Officer | Principal, Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College and Hospital, Kanchanwadi, Chh. Sambhajinagar | Accreditation coordinator |

The procedure manual with original signatures of the above on the title page is considered as 'Master copies' and the photocopies of the master copy for the distribution are considered as 'Controlled copy'.



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1.0 ORGANIZATION OF PATIENT SAFETY

By Patient Safety, Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya, Rugnalaya mean prevention of harm to patients while receiving Health Care. Medical errors not only result in additional costs for hospitalization, litigation, hospital acquired infections, lost income and disability etc. but they also cause erosion of trust, confidence and satisfaction among the public and Health care providers.

The organization has a comprehensive and coordinated Patient Safety program aimed at reducing/eliminating risks to patients, and safety of patients, visitors, providers of care and community.

A. Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College and Hospital has documented patient's safety program which aims towards the safety of patients.

B. The patient's safety program is a continuous process and updated in every year. Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College and Hospital has Safety committee which coordinates all measures towards patient's safety.

SAFETY COMMITTEE

| | |
|------------------------|---------------------------------|
| Dr. S.G. Deshmukh | Principal/M.S. |
| Dr. A.M. Ghotankar | Pharmacovigilance officer |
| Dr. D.J. Amle | H.O.D. Rognidan |
| Dr. B.N. Gadve | H.O.D. Shalya Tantra |
| Dr. Abhang S.P. | Bio Medical Engineer Head |
| Dr. N.R. Nimbalkar | Patient Safety Officer |
| Dr. M.R. Survase | Blood Transfusion Officer |
| Dr. Krushna Hamand | Medical officer |
| Dr. Tushar S. Kulkarni | Deputy Medical Superintendent |
| Dr. Amol Kale | Casualty Representative officer |
| Mr. R.L. Tambe | Engineer |
| Mrs. Sumitra Patil | Matron |
| Mr. Labade Devidas | Facility Manager |
| Mr. Kailas Chikne | Security officer |

Seshma

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar- 431 011 (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379240, 2379241, 2379242, 2379243, 2379244, 2379245, 2379246, 2379247, 2379248, 2379249, 2379250, 2379251, 2379252, 2379253, 2379254, 2379255, 2379256, 2379257, 2379258, 2379259, 2379260, 2379261, 2379262, 2379263, 2379264, 2379265, 2379266, 2379267, 2379268, 2379269, 2379270, 2379271, 2379272, 2379273, 2379274, 2379275, 2379276, 2379277, 2379278, 2379279, 2379280, 2379281, 2379282, 2379283, 2379284, 2379285, 2379286, 2379287, 2379288, 2379289, 2379290, 2379291, 2379292, 2379293, 2379294, 2379295, 2379296, 2379297, 2379298, 2379299, 2379300, 2379301, 2379302, 2379303, 2379304, 2379305, 2379306, 2379307, 2379308, 2379309, 2379310, 2379311, 2379312, 2379313, 2379314, 2379315, 2379316, 2379317, 2379318, 2379319, 2379320, 2379321, 2379322, 2379323, 2379324, 2379325, 2379326, 2379327, 2379328, 2379329, 2379330, 2379331, 2379332, 2379333, 2379334, 2379335, 2379336, 2379337, 2379338, 2379339, 2379340, 2379341, 2379342, 2379343, 2379344, 2379345, 2379346, 2379347, 2379348, 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2380348, 2380349, 2380350, 2380351, 2380352, 2380353, 2380354, 2380355, 2380356, 2380357, 2380358, 2380359, 2380360, 2380361, 2380362, 2380363, 2380364, 2380365, 2380366, 2380367, 2380368, 2380369, 2380370, 2380371, 2380372, 2380373, 2380374, 2380375, 2380376, 2380377, 2380378, 2380379, 2380380, 2380381, 2380382, 2380383, 2380384, 2380385, 2380386, 2380387, 2380388, 2380389, 2380390, 2380391, 2380392, 2380393, 2380394, 2380395, 2380396, 2380397, 2380398, 2380399, 2380400, 2380401, 2380402, 2380403, 2380404, 2380405, 2380406, 2380407, 2380408, 2380409, 2380410, 2380411, 2380412, 2380413, 2380414, 2380415, 2380416, 2380



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CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

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- To conduct hazardous identification and risks analysis.
- To do root cause analysis for process failure, sentinel events and near misses, to take appropriate corrective /preventive actions.
- To develop, implement and monitor the safety plan, policies and procedures.
- To ensure staff are educated on safety through effective training program.

FUNCTIONS OF COMMITTEE

- To identify potential safety and security risks to staff, patients and visitors to conduct an exercise of Hazard Identification and Risk Analysis (HRA) and ensure the necessary steps are taken to eliminate or reduce such hazards and related risks.
- To develop, implement and monitor the Safety Plan and Policies to conduct facility inspection rounds to ensure Safety. These rounds will be conducted twice a year in patient care areas and once a year in non-care patient areas.
- The inspection reports will be documented and corrective/ preventive measures undertaken.
- To conduct safety education program for all staff.
- To develop safety manual and the same will be revised annually by safety committee.

Dr. N.R. Nimbalkar is designated as Patient safety Officer in Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved college and hospital.

2. General protocol for Patient safety

Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College and hospital provides adequate and appropriate personal protective equipment for the employees, soaps and disinfectant at the point of use and adequate inventory is maintained at all time to ensure availability of these. The organization has adequate fund and permits budget in this regard.

Personal protective equipment's includes

- Gloves
- Protective eye wear
- Mask
- Apron
- Gown
- Boots/ shoe covers
- Cap/ hair cover



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The hospital has adequate and appropriate facilities for hand hygiene in all patient care area such as oil hand wash, large wash basin with elbow operated taps, sterile napkin; hand rubs etc. are available to all health care providers. The hospital defines the conditions where isolation, barrier nursing or both isolation and barrier nursing is required. The organization provides barrier nursing facilities such as clothing, mask, gloves etc.

Isolation Protocols

Definition: It is separation of infection person from non-infected persons for the period of communicability under conditions which will prevent the transmission of infection.

When patient comes with any infectious disease/ immune compromised state, the concerned ward staff will inform the ICN and she arranges the room for which isolation is required.

Contact Isolation

- Contact isolation is designed to prevent transmission of highly transmissible or epidemiologically important infections.
- All diseases or conditions included in this category are spread primarily.

Specification for contact Isolation

- Private room is indicated.
 - Masks are indicated for those who come close to the patient.
 - Gowns are indicated soiling is likely.
 - Gloves are indicated for touching infective material.
- Protocols for receiving patient with Dengue and Chikungunya, Leptospirosis, Malaria
 - Receive the patient in isolation room/ward.
 - Inform Infection control Nurse.
 - Confirm report from laboratory.
 - Provide isolation measures with facilities of mosquito, mosquito repellent.
 - Infection Control Nurse will inform to RMO/DMS & Local Governing body.
 - Instruct the relatives to protect themselves and others by keeping the environment free from mosquito.

Drainage/ Secretion Precautions

Body substance Isolation

Drainage/ secretion precautions are designed to prevent infections that are transmitted by direct or indirect contact with purulent material or drainage from an infected body site.



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Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar, Dist. Nashik, MS.

Tel.: (0240) 2379248, 2379264, 2379035 Fax: (0240) 2646222.

Email : principal@csmsayurved.com, principal@csmsayurved.com, Website : www.csmsayurved.com



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Specification for Drainage/ secretion Precautions

1. Masks are not indicated.
2. Gowns are indicated.
3. Gloves are indicated for touching infective material.

Blood body fluid isolation

This type is designed to protect the caregiver from getting infected by the disease.

1. Specification for blood and body fluid isolation:

- a) Private room required only if the person's hygiene is poor.
- b) Use of mask is indicated if the patient is suffering from other infections e.g. Active Tuberculosis, Pneumonia.
- c) Gowns are indicated if spillage with blood and body fluids is likely.
- d) Gloves are indicated for touching blood and body fluids.
- e) Wash hands immediately if potentially contaminated by blood or body fluids.

2. Disease conditions requiring blood and body fluids isolation.

- a) Acquired Immune Deficiency Syndrome (AIDS).
- b) Hepatitis B (HbsAg carrier).
- c) Hepatitis non-A, non-B.

The following points are common for all the types of isolation

- a) Hands must be washed after touching the Patient or potentially contaminated articles and before taking care of any other Patient.
- b) Stick BIO-HAZARD symbol on the contaminated articles before sending to the CSSD.
- c) Discard all infectious wastes-non-plastic in appropriate plastic bag.

Protocol

- 1) Admission to an isolation room.
- 2) Single use Disposable plastic apron should be worn for patient contact.
- 3) The gown/plastic apron and gloves should be removed before leaving the room.
- 4) Single use disposable gloves should be worn for handling contaminated tissue, dressing or linen, soiled gloves.
- 5) Hands must be decontaminated after removing the same.

Reshman

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Tel.: (0240) 2646884

Fax : (0240) 2646884

Email : principal@csmsayurved.com

Website : www.csmsayurved.com





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- 6) Bed/ clothing should be changed daily.
- 7) Linen bags must be sealed at the bed side and removed directly to the utility area or the collection point.
- 8) All instrument used for the patient care must be kept with the patient.
- 9) Use dedicated equipment's. Hand must be washed before and after contact with patient or their environment. Use Chlorhexidine or alcohol-based hand rub.
- 10) All single use items must be disposed of as clinical waste. Clinical waste bags must be sealed before leaving room. All reusable items would be processed in accordance with local disinfection policy.

Pre and post exposure prophylaxis

Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College and hospital provides Hepatitis B vaccination for all staff as a part of pre-exposure prophylaxis.

Managing exposure to potentially infectious body fluid: Categories of exposure

1. Needle stick injuries
2. Non-intact skin exposure
3. Mucosal exposure e.g. splash into eye

Immediate action to be taken

1. Wash in running water.
2. Non-intact skin exposure: Wash for 10 minutes with soap and water. Report to infection control nurse.
3. 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.

NEEDLE STICK INJURY

(Post exposure Prophylaxis)

1. Wash hand in running water with soap.
2. Inform to infection control nurse.
3. If housekeeping staff injured,
 - a. Inform housekeeping supervisor which is responsible to inform infection control nurse.

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Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajnagar.

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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajnagar - 431 011. (M. ०२४०) कंचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646222. Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsms@gmail.com, Website : www.csmsayurved.com



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Steps- Protocol/Manual

1. Check status of the injured staff.
2. Status of the source.
3. Inform the consultant.
4. Inform patient- Check patients' serology

Step-1

1. If patients' serology- HepB+ve / Known case of HepB+ve.
2. Check vaccination status of injured person. If vaccinated - Check HB A3 titer
If not vaccinated - Provide Hepatitis B vaccine.
If patient is positive case - Check HbsAg titer
If HbsAg titer value <10 Provide immunoglobulin within 24 hours.

Step-2

If patient is known case of HIV +ve / Unknown and staff is injured

1. Consult concerned Physician
2. Start Anti retro Viral Therapy (ART) as early as possible.
3. If patient is HCV positive: hand washing in running water with soap.
4. Consult concerned physician.

After Post exposure of Known case of Hepatitis-B, HIV & HCV / Unknown

- Follow up the serology of staff for 3 months, 6 months and 12months.
- Infection control nurse to monitor, follow up and maintain documents.

Freehunch



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3. The organization implements the infection prevention and control program in clinical areas and patient's safety.

Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya & Rugnalaya identified various high-risk areas and procedures, and has policies to prevent infection in these areas. High risk areas of the hospital are identified as

1. Operation theatres
2. Labour room
3. CSSD
4. Panchakarma procedure rooms
5. Casualty
6. Recovery room
7. Kriyakalpa room
8. Dressing room and injection room
9. Ksharsutra room
10. Pathology Lab

Concept of Standard Precautions:

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

Features of Universal precautions:

1. Use of Personal Protective Equipments

- a. Mask protection from air born infections or situation which leads any splash or sprays of blood and body fluid.
- b. Glove-Use glove when we are touching the hand with blood and body fluids, secretions any wound, or any other contaminated items.
- c. Apron-Any chances of splash or contamination on soiling.
- d. Goggles-During positive cases (OT & LR)
- e. Boots-If necessary
- f. Caps are worn whenever indicated.

2.Prevention of injury with sharps:

Sharp injuries commonly occur during use of needles and surgical instruments and after use during disposal.



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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar - 431 011, (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2646222, 2646223, 2379035 Fax : (0240) 2646222.

Email : principal@csmsayurved.org, csmsayurved@gmail.com, Website : www.csmsayurved.com



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Precautions to be observed:

1. Needles should not be recapped, bent or broken by hand.
2. Disposal needles and other sharps should be discarded into puncture resistant containers at the site of procedure.
3. 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.
4. All sharps containers to be discarded when 3/4ths full.

4. Safe Clinical Practices and Hand Hygiene

Hand Washing

Hand washing means vigorous rubbing of hand with soap and water or with any antiseptic agents.

Types

1. Social hand wash
2. Procedure hand wash
3. Surgical hand wash.

Indications for hand Hygiene

- When hands are visibly dirty, contaminated, or soiled, wash with non- antimicrobial or antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

Specific Indications for Hand Hygiene

Before

- a) Patient contact
- b) Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery.

After

- a) Contact with patient's skin
- b) Contact with body fluids or excretions, non-intact skin, wound dressing.
- c) Removing gloves.

Social hand washing (10-15 sec)

Indications

1. Before handling food
2. After visiting toilet
3. Before and after nursing the patient (Bathing and bed making)
4. It can be used in community and public places

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Tel.: (0240) 2379246, 2646464, 2379247 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principal@csmsayurved@gmail.com, Website : www.csmsayurved.com





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Purpose

1. To remove dirt and debris.
2. To decontaminate the hands.
3. To prevent the cross infection.
4. To break the chain of infection.

Most common mode of transmission of pathogens are HANDS.

"Hand washing is the single most important means of preventing the spread of infection" When?

- Before and after duty.
- Before each invasive procedure.
- Before and after using gloves.
- After touching of blood or body fluid.
- Before and after touching patients.
- Before touching invasive devices.
- After toileting, urination.

2. Procedure hand washing or hygiene hand washing (30 sec-1 min)

Indications

1. Before each invasive procedure.
2. Before attending Immuno-compromised patients.
3. Before and between caring for high risk patients.
4. Before and after use of gloves.
5. After touching of blood or body fluids.

Methods of hand washing

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



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Tel.: (0240) 2379248, 2646461, 2646222 (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayurved@gmail.com, Website : www.csmsayurved.com



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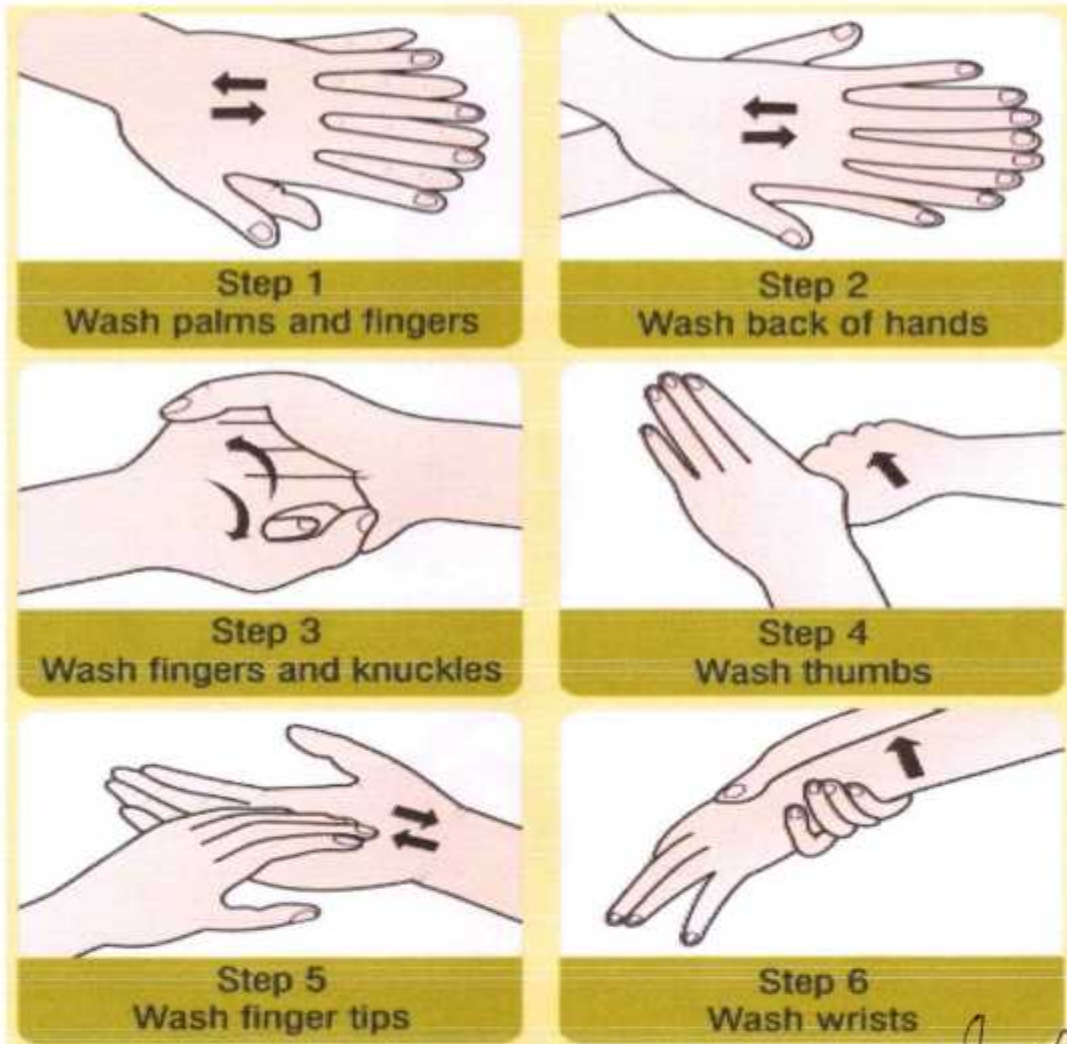
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Steps of procedure hand washing

1. Palm to palm.
2. Right palm over left dorsum and left-over right dorsum
3. Palm to palm finger interlocked.
4. Back of finger to opposing palms with finger interlocked.
5. Rotational rubbing of right thumb clasped in left palm and vice versa.
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
7. Rotational rubbing of right wrist and vice versa. Dry thoroughly.



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Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar, Nashik - 421 011. (महाराष्ट्र, कान्चनवाडी, पेंढण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.))

Tel.: (0240) 2379248, 2646222, 2379035 Fax: (0240) 2646222.

Email : principal@csmsayurved.com, principal@maharajshikshan.com, Website : www.csmsayurved.com



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3. Surgical Hand wash (3-5 min)

1. Prior to all operative procedures.
2. Prior to treatment of all burn cases.
3. Before insertion of all invasive devices (cardiac catheterization, Insertion of all lines especially arterial and central venous catheterization)

Method

1. Hands are washed up to the elbow freely using disinfectant.
2. Scrubbing of fingers, space between fingers and nails, brush used to scrub the nails.
3. Wash hands thoroughly with running water, after wash tap should be closed with elbow.
4. Keep the hand finger upright position.
5. Dry hand with sterile towel.



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Kanchanwadi, Chhatrapati Sambhajinagar,

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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar- 431 012 (M.S.) कोचनवाडी, पालथान रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379249, 2646222

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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Hand Rub

In Chlorhexidine/alcohol 70% hand rubs in all areas.

When?

- Before touching invasive devices.
- After touching the patient.
- Before handling the patient.
- Before preparing any injection.

5. Safe Injection and Infusion Practices. (Transmission based precautions)

A Safe injection, lancet procedure or intravenous device insertion is one that:

- Does not harm the recipient.
- Does not expose the provider to any avoidable risk.
- Does not result in any waste that is dangerous for other people.

Purpose:

The purpose of SAFE is to promote implementation of safe practices associated with the following medical procedures:

- Intradermal, Subcutaneous and intramuscular needle injections.
- Intravenous infusions and injections
- Lancet procedures.

This section describes the following practices that are recommended to ensure the safety of injections and related practices.

- Hand hygiene
- Gloves where appropriate
- Other single-use personal protective equipment

A. Hand hygiene- Perform hand hygiene BEFORE:

- Starting an injection session (i.e. preparing injection and giving injections)
- Coming in direct contact with patients for health-care related procedures.
- Putting on gloves (first make sure hands are dry)

B. Hand Hygiene- Perform hand hygiene AFTER:

- An injection session
- Any direct contact with patients
- Removing gloves



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CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

(Recognized by National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India, New Delhi & Affiliated to Maharashtra University of Health Sciences, Nashik.)



Principal

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar- 431136, Aurangabad, महाराष्ट्र, पेंठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379249, 2379250, 2379251, 2379252, 2379253, 2379254, 2379255, 2379256, 2379257, 2379258, 2379259, 2379260, 2379261, 2379262, 2379263, 2379264, 2379265, 2379266, 2379267, 2379268, 2379269, 2379270, 2379271, 2379272, 2379273, 2379274, 2379275, 2379276, 2379277, 2379278, 2379279, 2379280, 2379281, 2379282, 2379283, 2379284, 2379285, 2379286, 2379287, 2379288, 2379289, 2379290, 2379291, 2379292, 2379293, 2379294, 2379295, 2379296, 2379297, 2379298, 2379299, 2379300, 2379301, 2379302, 2379303, 2379304, 2379305, 2379306, 2379307, 2379308, 2379309, 2379310, 2379311, 2379312, 2379313, 2379314, 2379315, 2379316, 2379317, 2379318, 2379319, 2379320, 2379321, 2379322, 2379323, 2379324, 2379325, 2379326, 2379327, 2379328, 2379329, 2379330, 2379331, 2379332, 2379333, 2379334, 2379335, 2379336, 2379337, 2379338, 2379339, 2379340, 2379341, 2379342, 2379343, 2379344, 2379345, 2379346, 2379347, 2379348, 2379349, 2379350, 2379351, 2379352, 2379353, 2379354, 2379355, 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MUHS College Code : 3401

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| Key Elements | Indications | Precautions |
|---|---|---|
| Hand hygiene (hand washing or alcohol-based hand rub) | <ol style="list-style-type: none"> 1. Hand hygiene before and after contact with every patient in the single most important means of preventing the spread of infection 2. When hands are visibly dirty or contaminated with proteinaceous material, wash them with antibacterial or plain soap and running water, then dry them using single-use paper towels 3. When hands appear clean (i.e. are not visibly soiled), clean them with an alcohol-based hand product for after routine decontamination, then dry them using single use paper towels. | <ol style="list-style-type: none"> 1. DO NOT use alcohol-based hand products when hands visibly soiled are 2. DO NOT use alcohol-based hand products when hands visibly soiled are 3. DO NOT use alcohol-based hand products exposure of non-intact skin to blood or body fluids; in such cases, wash hands with antibacterial or plain soap and running water, then dry them using single-use paper towels. |

C. Staff at Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya & Rugnalaya Kanchanwadi, Chh. Sambhajinagar. Who are in direct contact with patients, wear non-sterile, well-fitting latex or latex free gloves when coming into contact with blood or blood product Indications for gloves use in injection practice are

| Key Elements | Indications | Precautions |
|--------------|---|---|
| Gloves use | <ol style="list-style-type: none"> 1. Wear non-sterile, well-fitting, single use gloves: 2. When there is a likelihood of coming into direct contact with a patient's blood or other potentially infectious materials (e.g. body fluids, moist body substances and saliva [in dental procedures]) mucous membranes and non-intact skin. 3. If the health worker's skin is NOT (e.g. through eczema or cracked or dry skin) | <ol style="list-style-type: none"> 1. When undertaking injections, DO NOT use gloves. 2. For routine intradermal, Subcutaneous and intramuscular injection If the health worker's skin is intact If the patient's skin is intact. 3. Gloves DO NOT provide Protection against needle- stick other or puncture wounds cause by sharp objects. 4. Needles, scalpels and other sharp should be handled with extreme caution. |



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Ayurved Mahavidyalaya & Rugnalaya,
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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar- 431 011. (महाराष्ट्र, पालथान रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.))

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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D Other Single- Use Personal Protective Equipment

- Masks, eye protection and other protective clothing ARE NOT indicated for the injection procedures, unless exposure to blood splashes is expected.
- When using single-use personal protective equipment, dispose of the equipment immediately after use.

E Skin Preparation and Disinfection

To disinfect the skin, use the following steps

1. Apply a 60-70% alcohol-based solution on a single use swab or cotton-wool ball. DO NOT use methanol or methyl-alcohol as these are not safe for human use.
2. Wipe the area from the center of the injection site working outwards, without going over the same area.
3. Apply the solution for 30 seconds then allow it to dry completely.

The management of Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved College & Hospital is ensure that an adequate supply of single-use devices is available, to allow providers to use a new device for each procedure.

Practical Guidance on Use of Injection Devices When suing a sterile single-use device.

- a) Use a new device for each procedure, including for the reconstitution of a unit of medication or vaccine:
- b) Inspect the packaging of the device to ensure that the barrier has not been reached:
- c) Discard the device if the package has been punctured, torn or damage by exposure to moisture, or if the expiry date has passed.



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6. Medication safety

when giving medication:

- NOT use a single loaded syringe to administer medication to several patients (i.e. ensure one needle, one syringe, one patient)
- DO NOT change the needle in order to reuse the syringe.
- DO NOT use the same mixing syringe to reconstitute several vials.
- DO NOT combine leftover medications for later use.

Single dose vials - Whenever possible, use a single-dose vial for each patient, to reduce cross-contamination between patients.

Multi dose vial - Only use multi dose vial if there is no alternative.

- Open only use multi dose vials if there is no alternative.
- If possible, keep one multi dose vial for each patient, and store it with the patient's name on the vial in a separate treatment or medication room.
- DO NOT store multi dose vials in the open ward, where they could be contaminated with spray or spatter.

Discard a multi dose vial:

- If sterility of content is compromised.
- If the expiry date or time has passed (even if the vial contains antimicrobial preservatives)
- If it has not been properly stored after opening.
- Within 24 hours of opening, or after the time recommended by the manufacturer, if the vial does not contain antimicrobial preservatives.
- If found to be undated, improperly stored, inadvertently contaminated or perceived to be contaminated, regardless of expiry date.

Preparing Injections

Injections should be prepared in a designed clean area where contamination by blood and body fluids is unlikely.

Practical Guidance on Preparing Injections

- These steps must be followed when preparing injections.
- Keep the injection preparation area free of clutter so all surface and be easily cleaned.



[Signature]

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Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar- 431 005, कान्छनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

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Email : principal@csmsayurved.com, principalcsmsayur@gmail.com, Website : www.csmsayurved.com



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- Before starting the injection session, and whenever there is contamination with blood or body fluids, clean the preparation surface with 60-70% alcohol (isopropyl alcohol or ethanol) and allow to dry. Assemble all equipment needed for the injection. sterile single-use needles and syringes: diluent. Reconstitution solution such as sterile water or specific Alcohol swab or cotton wool Sharp container.

Labeling

After reconstitution of a multi dose vial, label the final medication container with

- Date and time of preparation
- Final concentration
- Expiry date and time after reconstitution.

For multi dose medications that DO NOT requires reconstitution, add a label with:

- Date and time of first piercing the vial.

Administering the Injections

Aseptic technique should be followed for all injections.

Practical guidance on administering injections.

General Guidelines

When administering an injection: -

- Check the drug chart or prescription for the medication and the corresponding patients name and dosage
- Perform hand hygiene
- Wipe the top of the vial with 60-70% alcohol using a swab or cotton-wool ball.
- Open the package in front of the patient to reassure them that the syringe and needle have not been used previously.
- Using a sterile syringe and needle, withdraw the medication from the ampule or vial.

Reconstitution

If reconstitution using a sterile, syringe and needle is necessary, withdraw the reconstitution solution from the ampule or vial, insert the needle into the rubber septum in the single or multi dose vial and inject the necessary amount of reconstitution fluid.

- Mix the contents of the vial thoroughly until all visible particles have dissolved.
- After reconstituting the contents of a multi dose vial, remove the needle and syringe and discard them immediately as a single unit into a sharps container.

Reshma

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Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar - 431 011 (M.S.)

Tel.: (0240) 2379244, 2646464, 2379035 : (0240) 2646222.

Email : principal@csmsayurved.com, principal@csmsayurved.com, Website : www.csmsayurved.com





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Delay in administration

- If the dose cannot be administered immediately for any reason, cover the needle with the cap.
- Store the device safely in a dry kidney dish or similar container.

Important points

- DO NOT allow the needle to touch any contaminated surface.
- DO NOT reuse a syringe, even if the needle is changed.
- DO NOT touch the diaphragm after disinfection with the 60-70% alcohol (isopropyl alcohol or ethanol)
- DO NOT enter several multi dose vials with the same needle and syringe.
- DO NOT enter a vial with a needle or syringe used on patient if that vial will be used to withdraw medication again (whether it is for another patient)

Prevention of sharps injuries to health workers

Use of best practices can help to prevent sharps injuries to health workers.

Practical Guidance on Prevention of Sharps Injuries.

To avoid sharps injuries:

1. Ensure that the patient is adequately prepared for the procedure.
2. Do not bend, break, manipulate or manually remove needles before disposal.
3. Avoid recapping needles, but if a needle must be recapped, use a single-handed scoop technique.
4. Discard used sharps and glass ampules immediately after use in the location where they were used, discard them onto a robust sharps container that is leak and puncture resistant.
5. Place the sharps container within arm's reach and proper use of needle cutter is ensured.



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Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar - 431011, (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646400, 2646403 Fax: (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayurved@gmail.com, Website : www.csmsayurved.com

MEDICATION SAFETY

Patient information: Obtaining the patient's pertinent demographic (age, weight) and clinical (allergies, lab results) information that will assist practitioners in selecting the appropriate medications, doses and routes of administration.

Drug information: Providing accurate and usable drug information to all healthcare practitioners involved in the medication-use process reduces the amount of preventable ADEs.

Communication of drug information: Miscommunication between physicians, pharmacists and nurses are a common cause of medication errors. Drug labeling, packaging and nomenclature: Drug names that look-alike or sound-alike, as well as products that have confusing drug labeling and non-distinct drug packaging significantly contribute to medication errors.

High alert medication:

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients.

Using **List of High-Alert Medications in Acute Care Settings** to determine which medications in your organization require special safeguards to reduce the risk of errors and minimize harm. Strategies may include:

- Standardizing the ordering, storage, preparation, and administration of these medications
- Improving access to information about these drugs
- Limiting access to high-alert medications
- Using auxiliary labels and automated alerts
- Employing redundancies



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Aurangabad, Maharashtra, India

CSMSS Dental College Road, Kanchanwadi,

Aurangabad, Maharashtra 431136, India

Lat 19.831611°

Long 75.2884°

21/01/23 10:21 AM GMT +05:30

Seshmukh



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Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar- 431 011. (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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7. Safety 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 infected with epidemiologically important pathogens that can be transmitted by these routes.

8. Safety 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 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.



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Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

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Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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Components

- Gowns are indicated if soiling is likely.
- Gloves are indicated for touching infected material / area.
- Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
- When possible, dedicated the use of non-critical patient-care equipment to a

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.

9. Safety towards Blood Borne Transmission:

Instruction for wards

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

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.

Cleaning Protocol

1. Mopping plan - Clean to unclean area
2. Mopping plan means cleaning done from clean area to unclean area.
3. It gives special information to cleaning staff about priority of cleaning. The order of cleaning is
 - a. General
 - b. Infected



Keshav Kumar

Principal

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2. ENVIRONMENT: -

- Clean the floors with a disinfectant thrice a day.
- Clean with soap solution first and then phenyl special solution 3 times a day.
- Wash the floors with soap & water and disinfecting solution using scrubbing machine once in a week.

Do not carry out any cleaning activities while

1. Sterile supplies are being handled.
2. Sterile procedures are in progress.
 - a. Use a 1% sodium hypochlorite solution to clean environment surfaces if contamination with blood and body fluids occur.
 - b. Use 1% Sodium Hypochlorite solution for 30 min for disinfecting mops used for cleaning blood.



Reshmesh

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar - 431 011. (M. कोचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.))

Tel.: (0240) 2379248, 2646222 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayurved@gmail.com, Website : www.csmsayurved.com



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3. High Risk Areas: -

- Floors are cleaned with prescribed disinfectant three times a day.
- All equipment including monitor are cleaned with prescribed disinfectant spray.
- Some plastic items like ambu bag, O₂mask, Nebulization set are sterilized by formalin gas (generally, ETO sterilization recommended - implement the same)
- Keep a disinfectant hand rub solution in each ward.
- Keep separate stethoscope, BP always ready to use with a standby.
- Damp dust bed frames, railings, I/V stands lockers etc. daily with prescribed disinfectant.
- Floor cleaning done three times in a day with prescribed disinfectant.
- Use disposal plastic sheets/Mackintosh to protect the bed linen.
- Disinfect the patient's unit with the prescribed disinfectant solution after the transfer/discharge/ death.
- Check the expiry date of CSSD item.

4. Ward

- Damp dust the bed frames, railing, I/V stands, lockers etc. daily with prescribed disinfectant. (Name the disinfectant)
- Floor cleaning done three times a day from clean area to unclean area.
- Cover the mattresses and pillow with water proof cover.
- Use disposable plastics sheets or mackintosh to protect the bed linen.
- Disinfect the unit with prescribed disinfectant after the discharge / death of a patient.



Reshmi

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
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10. Safe Surgical Practice

- The team will operate on the correct patient at the correct site.
- The team will use methods known to prevent harm from administration of anaesthetics, while protecting the patient from pain.
- The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.
- The team will recognize and effectively prepare for risk of high blood loss.
- The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk.
- The team will consistently use methods known to minimize the risk for surgical site infection.
- The team will prevent inadvertent retention of instruments or sponges in surgical wounds.
- The team will secure and accurately identify all surgical specimens.
- The team will effectively communicate and exchange critical information for the safe conduct of the operation.
- Hospitals and public health systems will establish routine



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Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar, 431 011. (M.S.)

Tel.: (0240) 2379248, 2646222, 2379035, 2379036, 2379037, 2379038, 2379039, 2379040, 2379041, 2379042, 2379043, 2379044, 2379045, 2379046, 2379047, 2379048, 2379049, 2379050, 2379051, 2379052, 2379053, 2379054, 2379055, 2379056, 2379057, 2379058, 2379059, 2379060, 2379061, 2379062, 2379063, 2379064, 2379065, 2379066, 2379067, 2379068, 2379069, 2379070, 2379071, 2379072, 2379073, 2379074, 2379075, 2379076, 2379077, 2379078, 2379079, 2379080, 2379081, 2379082, 2379083, 2379084, 2379085, 2379086, 2379087, 2379088, 2379089, 2379090, 2379091, 2379092, 2379093, 2379094, 2379095, 2379096, 2379097, 2379098, 2379099, 2379100, 2379101, 2379102, 2379103, 2379104, 2379105, 2379106, 2379107, 2379108, 2379109, 2379110, 2379111, 2379112, 2379113, 2379114, 2379115, 2379116, 2379117, 2379118, 2379119, 2379120, 2379121, 2379122, 2379123, 2379124, 2379125, 2379126, 2379127, 2379128, 2379129, 2379130, 2379131, 2379132, 2379133, 2379134, 2379135, 2379136, 2379137, 2379138, 2379139, 2379140, 2379141, 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2379364, 2379365, 2379366, 2379367, 2379368, 2379369, 2379370, 2379371, 2379372, 2379373, 2379374, 2379375, 2379376, 2379377, 2379378, 2379379, 2379380, 2379381, 2379382, 2379383, 2379384, 2379385, 2379386, 2379387, 2379388, 2379389, 2379390, 2379391, 2379392, 2379393, 2379394, 2379395, 2379396, 2379397, 2379398, 2379399, 2379400, 2379401, 2379402, 2379403, 2379404, 2379405, 2379406, 2379407, 2379408, 2379409, 2379410, 2379411, 2379412, 2379413, 2379414, 2379415, 2379416, 2379417, 2379418, 2379419, 2379420, 2379421, 2379422, 2379423, 2379424, 2379425, 2379426, 2379427, 2379428, 2379429, 2379430, 2379431, 2379432, 2379433, 2379434, 2379435, 2379436, 2379437, 2379438, 2379439, 2379440, 2379441, 2379442, 2379443, 2379444, 2379445, 2379446, 2379447, 2379448, 2379449, 2379450, 2379451, 2379452, 2379453, 2379454, 2379455, 2379456, 2379457, 2379458, 2379459, 2379460, 2379461, 2379462, 2379463, 2379464, 2379465, 2379466, 2379467, 2379468, 2379469, 2379470, 2379471, 2379472, 2379473, 2379474, 2379475, 2379476, 2379477, 2379478, 2379479, 2379480, 2379481, 2379482, 2379483, 2379484, 2379485, 2379486, 2379487, 2379488, 2379489, 2379490, 2379491, 2379492, 2379493, 2379494, 2379495, 2379496, 2379497, 2379498, 2379499, 2379500, 2379501, 2379502, 2379503, 2379504, 2379505, 2379506, 2379507, 2379508, 2379509, 2379510, 2379511, 2379512, 2379513, 2379514, 2379515, 2379516, 2379517, 2379518, 2379519, 2379520, 2379521, 2379522, 2379523, 2379524, 2379525, 2379526, 2379527, 2379528, 2379529, 2379530, 2379531, 2379532, 2379533, 2379534, 2379535, 2379536, 2379537, 2379538, 2379539, 2379540, 2379541, 2379542, 2379543, 2379544, 2379545, 2379546, 2379547, 2379548, 2379549, 2379550, 2379551, 2379552, 2379553, 2379554, 2379555, 2379556, 2379557, 2379558, 2379559, 2379560, 2379561, 2379562, 2379563, 2379564, 2379565, 2379566, 2379567, 2379568, 2379569, 2379570, 2379571, 2379572, 2379573, 2379574, 2379575, 2379576, 2379577, 2379578, 2379579, 2379580, 2379581, 2379582, 2379583, 2379584, 2379585, 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Estd : 1989
NCISM College Code : AYU0153
MUHS College Code : 3401

NAAC ACCREDITED WITH B++, NABH & ISO 21001:2018 CERTIFIED

छत्रपती शाहू महाराज शिक्षण संस्था संचालित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

(Recognized by National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India, New Delhi & Affiliated to Maharashtra University of Health Sciences, Nashik.)



SURGICAL SAFETY CHECKLIST

| Before induction of anaesthesia | Before skin incision | Before patient leaves operating room |
|---|---|--|
| (with at least nurse and anaesthetist) | (with nurse anaesthetist and surgeon) | (with nurse anaesthetist and surgeon) |
| <p>Has the patient confirmed his/her identity, site, procedure, and consent?</p> <p><input type="radio"/> Yes</p> <p>Is the site marked?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Not applicable</p> <p>Is the anaesthesia machine and medication check complete?</p> <p><input type="radio"/> Yes</p> <p>Is the pulse oximeter on the patient and functioning?</p> <p><input type="radio"/> Yes</p> <p>Does the patient have a Known allergy?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>Difficult airway or aspiration risk?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, and equipment/assistance available</p> <p>Risk ab>500ml blood loss (7ml/kg in children)?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, and two Vs/central access and fluids planned</p> | <p><input type="radio"/> Confirm all team members have introduced themselves by name and role.</p> <p><input type="radio"/> Confirm the patient's name, procedure, and where the incision will be made.</p> <p>Has antibiotic prophylaxis been given within the last 60 minutes?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Not applicable</p> <p>Anticipated Critical Events</p> <p>To Surgeon:</p> <p><input type="radio"/> What are the critical or non-routine steps?</p> <p><input type="radio"/> How long will the case take?</p> <p><input type="radio"/> What is the anticipated blood loss?</p> <p>To Anaesthetist:</p> <p><input type="radio"/> Are there any patient-specific concerns?</p> <p>To Nursing Team:</p> <p><input type="radio"/> Has sterility (including indicator results) been confirmed?</p> <p><input type="radio"/> Are there equipment issues or any concerns?</p> <p>Is essential imaging displayed?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Not applicable</p> | <p>Nurse Verbally Confirms:</p> <p><input type="radio"/> The name of the procedure</p> <p><input type="radio"/> Completion of instrument, sponge and needle counts</p> <p><input type="radio"/> Specimen labelling (read specimen labels aloud, including patient name)</p> <p><input type="radio"/> Whether there are any equipment problems to be addressed</p> <p>To Surgeon, Anaesthetist and Nurse:</p> <p><input type="radio"/> What are the key concerns for recovery and management of this patient?</p> |



Seshman

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar - 431 011, (M.S.) कान्चनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646222, 2379030, 2379031, 2379032, 2379033, 2379034, 2379035, 2379036, 2379037, 2379038, 2379039, 2379040, 2379041, 2379042, 2379043, 2379044, 2379045, 2379046, 2379047, 2379048, 2379049, 2379050, 2379051, 2379052, 2379053, 2379054, 2379055, 2379056, 2379057, 2379058, 2379059, 2379060, 2379061, 2379062, 2379063, 2379064, 2379065, 2379066, 2379067, 2379068, 2379069, 2379070, 2379071, 2379072, 2379073, 2379074, 2379075, 2379076, 2379077, 2379078, 2379079, 2379080, 2379081, 2379082, 2379083, 2379084, 2379085, 2379086, 2379087, 2379088, 2379089, 2379090, 2379091, 2379092, 2379093, 2379094, 2379095, 2379096, 2379097, 2379098, 2379099, 2379100, 2379101, 2379102, 2379103, 2379104, 2379105, 2379106, 2379107, 2379108, 2379109, 2379110, 2379111, 2379112, 2379113, 2379114, 2379115, 2379116, 2379117, 2379118, 2379119, 2379120, 2379121, 2379122, 2379123, 2379124, 2379125, 2379126, 2379127, 2379128, 2379129, 2379130, 2379131, 2379132, 2379133, 2379134, 2379135, 2379136, 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Estd : 1989
NCISM College Code : AYU0153
MUHS College Code : 3481

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छत्रपती शाहू महाराज शिक्षण संस्था संचलित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

(Recognized by National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India, New Delhi & Affiliated to Maharashtra University of Health Sciences, Nashik.)



All Operation theatres are fumigated

- Action time 30 to 45 minutes.
- Mode of use 11.2 gms, 1.6 Dihydroxy + 2.5 Dioxahexane + 5 gms Glutoraldehyde in water (920 ml water and 80 ml of Bacillocid are special solution)
- OT should be kept closed for two hours.

Disinfection and cleaning of equipments

| Sr. No. | Items | Disinfection/ Cleaning |
|---------|------------------------------|--|
| 1 | B.P. Apparatus & Stethoscope | Clean properly with spirit |
| 2 | B.P. Apparatus -Cuff | Wash thoroughly with Soap and water and dry it properly. Wash and dry the B.P. cuff if used for an infected patient after the discharge. |
| 3 | Digital Thermometer | Clean properly with spirit |
| 4 | Glucometer | Clean properly with spirit |
| 5 | Dressing Trolley | Clean with Bacillocid special solution. Keep the store solutions in their original bottles. Avoid refilling to smaller bottles. |
| 6 | Steel Tray | Wash with soap and water. |
| 7 | Measuring Tape & Torch | Clean Properly with spirit |
| 8 | Nebulizer | Clean Properly with spirit |
| 9 | O2 Flow Meter | Wash with soap and water. |
| 10 | Suctin Apparatus | Empty the bottles in every weeks or SOS. Scrub with soap and water. Disinfect with 1% Sodium Hypochlorite solution. |
| 11 | Infusion Pumps and Monitors | Clean with bacillocid solution |
| 12 | Refrigerator | Defrost and wash with soap and water |
| 13 | Laryngoscope Blades | Detach the blades, wash with soap and water, clean with spirit. |
| 14 | Weighing Machine | Clean with soap and water |
| 15 | Electronic Weighing Machine | Clean with super shine |
| 16 | Telephone | Clean with spirit. |

[Signature]

Principal

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| | | |
|----|--------------------------------|--|
| 17 | Patient Trolley & Wheel Chairs | Clean with soap and water |
| 18 | Steam Inhaler | Wash with soap and water. |
| 19 | IV Stand | Clean with soap and water. |
| 20 | Defibrillator and monitor | 60% to 70% alcohol. |
| 21 | Pulse Oxymeter | Clean with spirit |
| 22 | Airway | Use disposable airways for each patient. Scrub with soap and water daily SOS discard after discharge/ death of the patient. |
| 23 | E.T. Tubes | Use disposable E.T. |
| 24 | Oxygen mask/Nasal Cannula | Use fresh mask. Clean with alcohol SOS. Don't reuse nasal cannula. |
| 25 | Ambu bag & Mask | Detach the parts. Wash with soap and water. Disinfect the Ambu bag with Hypochloride 1% solution for 10 hrs for infectious cases and send to CSSD. |
| 26 | Proctoscope | Clean with spirit Clean with soap and water send to the CSSD for sterilization. |
| 27 | ECG & Transducer Cables | ECG leads & suckers are cleaned with soap & water cables are cleaned with spirit. |
| 28 | Bedpan, Measuring Jar, Commode | Clean properly with soap and water. Immerse in 1% antiseptic solution for 45 mins. |
| 29 | Urinal and Sputum Mug | Clean properly with soap and water. Immerse in 1% antiseptic solution for 45 mins. |

Principal



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Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar, (M.S.) कान्चनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646222, 2379035 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayur@gmail.com, Website : www.csmsayurved.com



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11. HEALTH CARE ASSOCIATED INFECTION (HAI) AND PATIENT'S SAFETY.

There are predominately three types of hospital acquired infections. They can be recorded on the basis of clinical and/ microbiological data.

Urinary Tract Infections

The urinary tract infections may be symptomatic [fever, dysuria, lumbar pain] or asymptomatic. Their recordings depend partly on the microbiological tests performed.

Respiratory Tract Infections

Analyzing the respiratory tract infections through the following:

- Fever
- X-ray findings
- Neutropenia

Post-Operative Infections

Any surgical wound which results in a purulent discharge must be regarded as a Hospital acquired infections whether the bacteria are of endogenous origin is not taken in to the account.

A. The organization takes action to prevent Urinary tract infections

Urethral Catheterization

Personnel

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

Catheters Use

- Urinary catheters should be inserted only when necessary and left in place only as long as medication is indicated.

Hand wash:

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

Catheter Insertion

- Catheters should be inserted using aseptic technique and sterile equipment. Use an appropriate antiseptic solution for periurethral cleaning.



Reshmi

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Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar- 431 001 (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2646222, 2646223, 2646224, 2646225, 2646226, 2646227, 2646228, 2646229, 2646230, 2646231, 2646232, 2646233, 2646234, 2646235, 2646236, 2646237, 2646238, 2646239, 2646240, 2646241, 2646242, 2646243, 2646244, 2646245, 2646246, 2646247, 2646248, 2646249, 2646250, 2646251, 2646252, 2646253, 2646254, 2646255, 2646256, 2646257, 2646258, 2646259, 2646260, 2646261, 2646262, 2646263, 2646264, 2646265, 2646266, 2646267, 2646268, 2646269, 2646270, 2646271, 2646272, 2646273, 2646274, 2646275, 2646276, 2646277, 2646278, 2646279, 2646280, 2646281, 2646282, 2646283, 2646284, 2646285, 2646286, 2646287, 2646288, 2646289, 2646290, 2646291, 2646292, 2646293, 2646294, 2646295, 2646296, 2646297, 2646298, 2646299, 2646300, 2646301, 2646302, 2646303, 2646304, 2646305, 2646306, 2646307, 2646308, 2646309, 2646310, 2646311, 2646312, 2646313, 2646314, 2646315, 2646316, 2646317, 2646318, 2646319, 2646320, 2646321, 2646322, 2646323, 2646324, 2646325, 2646326, 2646327, 2646328, 2646329, 2646330, 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• As small a catheter as possible, consistent with good drainage, should be used to minimize urethral trauma. Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.

B. Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya & Rugnalaya has taken action to prevent intra vascular device infection:

I. Hand washing

Wash hands before every attempted intravascular cannula insertion. Antimicrobial hand washing soaps are desirable, and are preferred before attempted insertion of intravenous catheters.

II. Preparation of skin

Povidine-iodine or 70% alcohol may be used for cleaning the skin. Insertion sites should be scrubbed with a generous amount of antiseptic. Beginning at the center of the insertion site, use a circular motion and move outward. Antiseptic should have a contact time of at least 30 seconds prior to catheter insertion.

III. 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.

IV. 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 administration set
- Flushing IV lines

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

Replacement of IV catheters:

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



Dr. Anurag

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajnagar.

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajnagar- 431 011 (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2374444, 2646464, 2374035 Fax : (0240) 2646222.

Email : principal@csmsayurved.com, principal@ayurved@gmail.com, Website : www.csmsayurved.com



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Catheters related Information:

At the time of catheter removal, the site is examined for the presence of swelling, erythema, increased tenderness and palpable venous thrombosis. Any antimicrobial ointment or blood present on the skin around the catheters is first removed with alcohol. The catheter is withdrawn properly, the externalized portion being kept directed upward and away from the skin surface.

The way with the extension is used only when multiple simultaneous infusion is required.

C. The Hospital takes action to prevent surgical site infections.

Surgical wounds

- Surgical wounds after an elective surgery are inspected on the third post- operative day, or earlier.
- All personnel doing dressings should wash their hands before the procedure. Ideally, a two-member technique is followed. One to open to do the dressing.
- If two health care workers are not available, then take off the dressing, wash hands again and again before applying a new dressing.
- A clean, dry wound may be left open without any dressing after inspection.
- 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 dressing.
- If any Surgical site infection occur
- Special studies will be conducted as needed. These may include
- The investigation of infectious material is sent for culture.
- Injection abscess.

12. HEALTH CARE WORKER SAFETY.

- All health care workers get vaccinated (hepatitis b and inj. T.T.) according to proper schedule of government.
- Annual health check-up is done for all the staff in HCO.
- Regular training programs are arranged by HCO for all the staff like hospital infection prevention training, hand washing techniques etc.



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13. Fire safety:

Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya regularly taking fire safety training for HCO workers. Mock drills for security, firmen and other paramedical staff also been conducted frequently.



Dr. Anurag

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar- 431011, Maharashtra, India. कॉपनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379000 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principal@ayurvedmahavidyalaya@gmail.com, Website : www.csmsayurved.com



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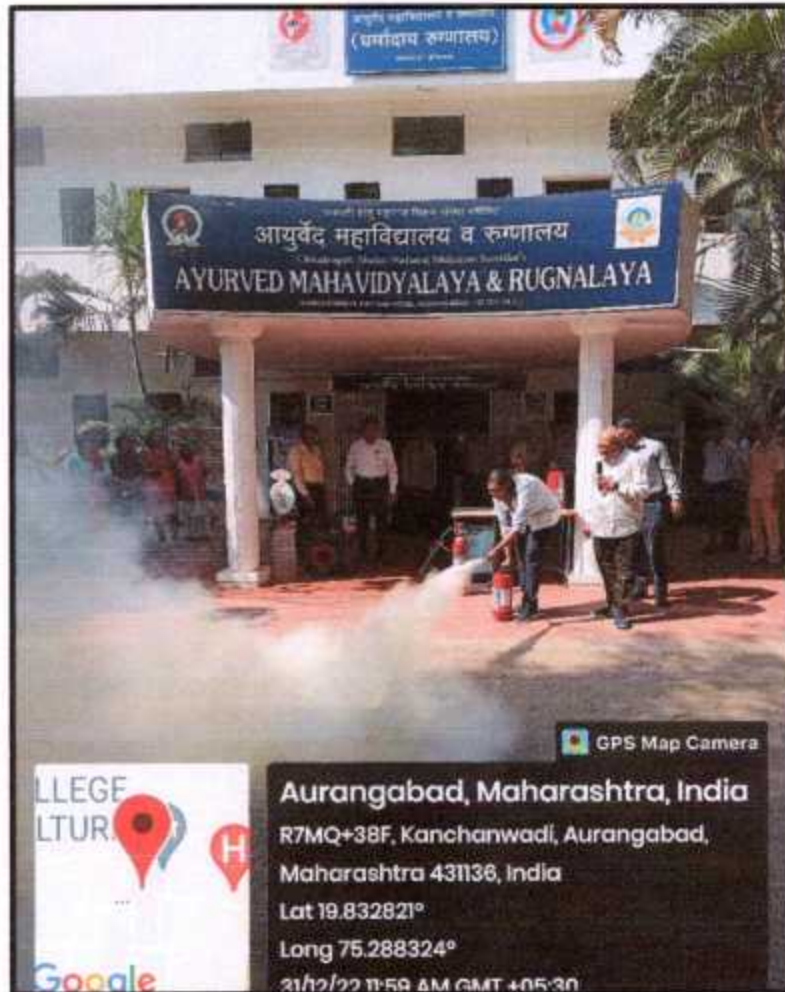
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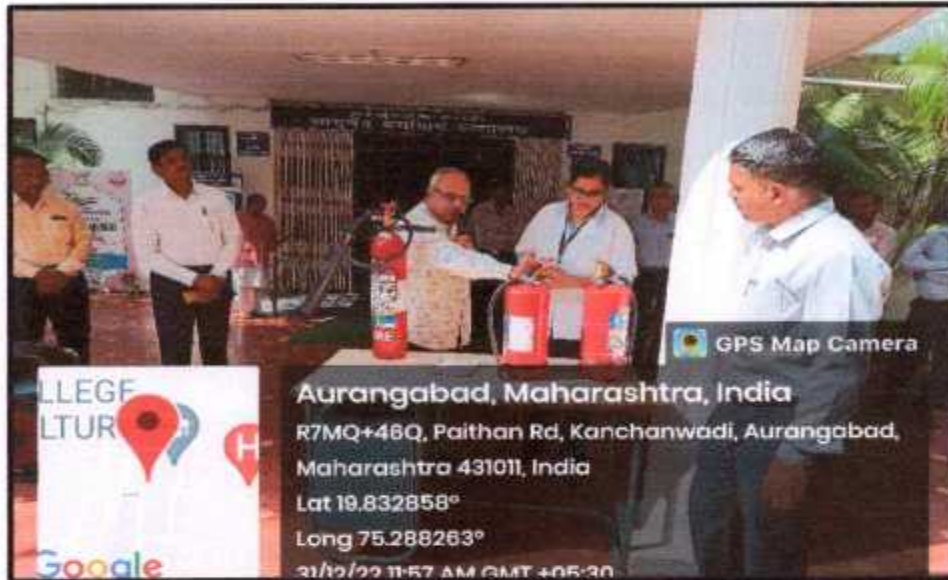
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We have fire exit plan for evacuation of patients in case of fire emergency.



Prashant

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

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Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar- 431 011. (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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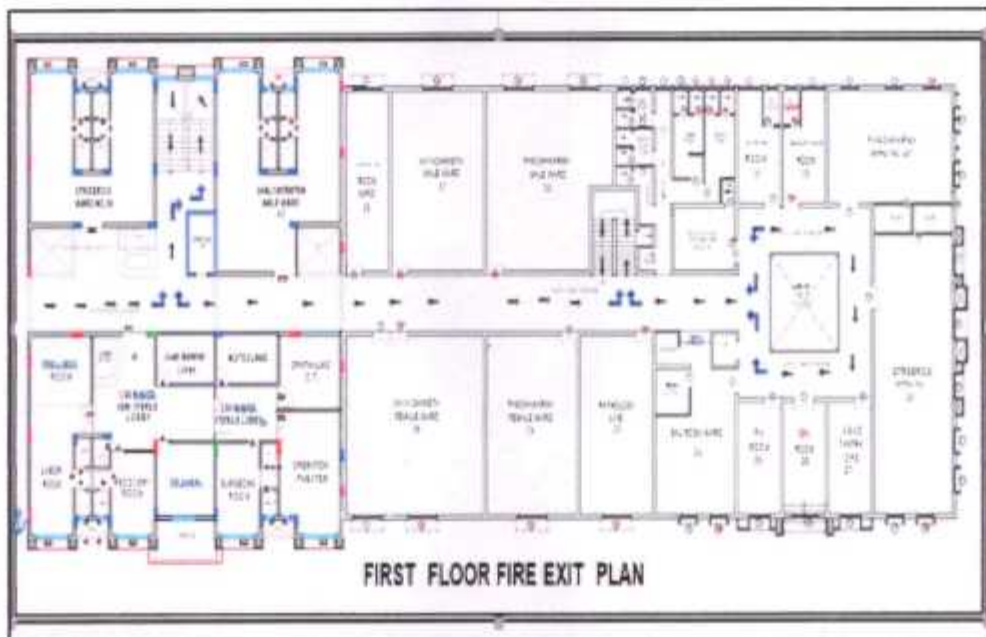
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Kanchanwadi

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar - 431 099 (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayu@gmail.com, Website : www.csmsayurved.com



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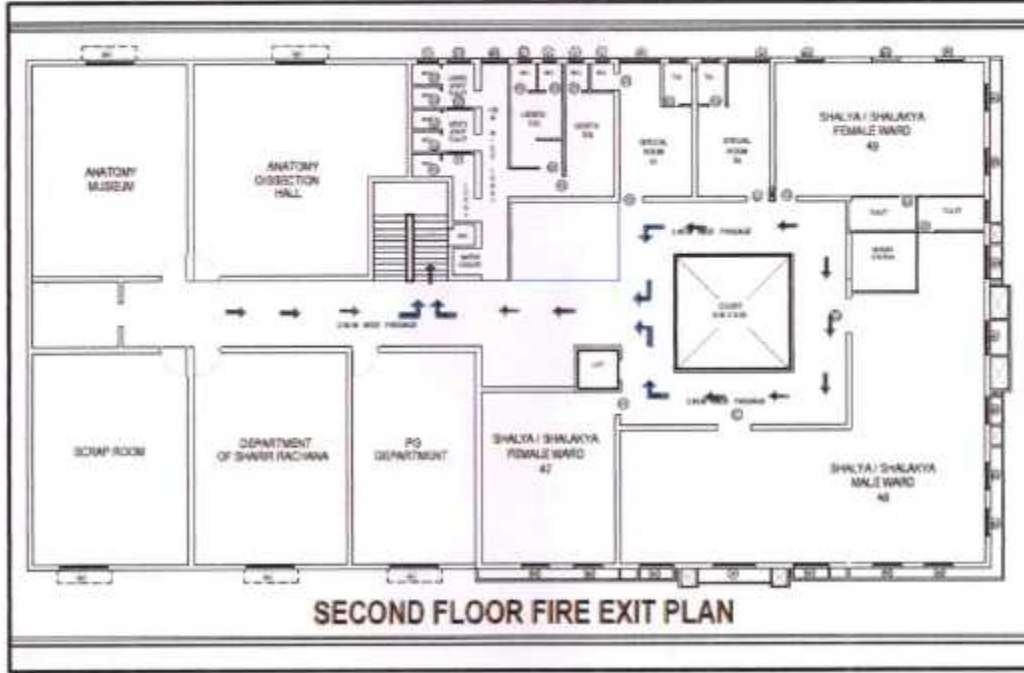
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14. Regular post Control in OPD/ IPD area:



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Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.**

Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar, Aurangabad - 431136, (M.S.) कांचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०९९ (एम.एस.)

Tel.: (0240) 2379248, 2646482, 2646483, 2646484, 2646485, 2646486, 2646487, 2646488, 2646489, 2646490, 2646491, 2646492, 2646493, 2646494, 2646495, 2646496, 2646497, 2646498, 2646499, 2646500, 2646501, 2646502, 2646503, 2646504, 2646505, 2646506, 2646507, 2646508, 2646509, 2646510, 2646511, 2646512, 2646513, 2646514, 2646515, 2646516, 2646517, 2646518, 2646519, 2646520, 2646521, 2646522, 2646523, 2646524, 2646525, 2646526, 2646527, 2646528, 2646529, 2646530, 2646531, 2646532, 2646533, 2646534, 2646535, 2646536, 2646537, 2646538, 2646539, 2646540, 2646541, 2646542, 2646543, 2646544, 2646545, 2646546, 2646547, 2646548, 2646549, 2646550, 2646551, 2646552, 2646553, 2646554, 2646555, 2646556, 2646557, 2646558, 2646559, 2646560, 2646561, 2646562, 2646563, 2646564, 2646565, 2646566, 2646567, 2646568, 2646569, 2646570, 2646571, 2646572, 2646573, 2646574, 2646575, 2646576, 2646577, 2646578, 2646579, 2646580, 2646581, 2646582, 2646583, 2646584, 2646585, 2646586, 2646587, 2646588, 2646589, 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15. Water RO Plant Patient safety:



In Hospital Campus, we have installed commercial R.O. water plant of capacity 400 to 450 liters per Hr. to ensure the adequate supply of drinking water to patients, staff and visitors. The periodic maintenance and daily maintenance to the plant is done frequently. Replacement and repairs are done as and when required. The Annual Maintenance contract also done for every year.

16. CARE AND POLICY FOR VULNERABLE PATIENTS:

Vulnerable patients are those patients who, for any reason, are not able to protect or take care of himself/herself, against exploitation or harm. Such patients are prone to various risks within the hospital, such as fall, injury, neglect, abuse, medical errors and acquiring of infections. Within the hospital the all vulnerable elderly and children will be given all-necessary care needed with consideration.

[Signature]

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar - 431 011, महाराष्ट्र, कंचनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०११ (एम.एस.)

Tel.: (0240) 2379248, 2646222 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayurved@gmail.com, Website : www.csmsayurved.com



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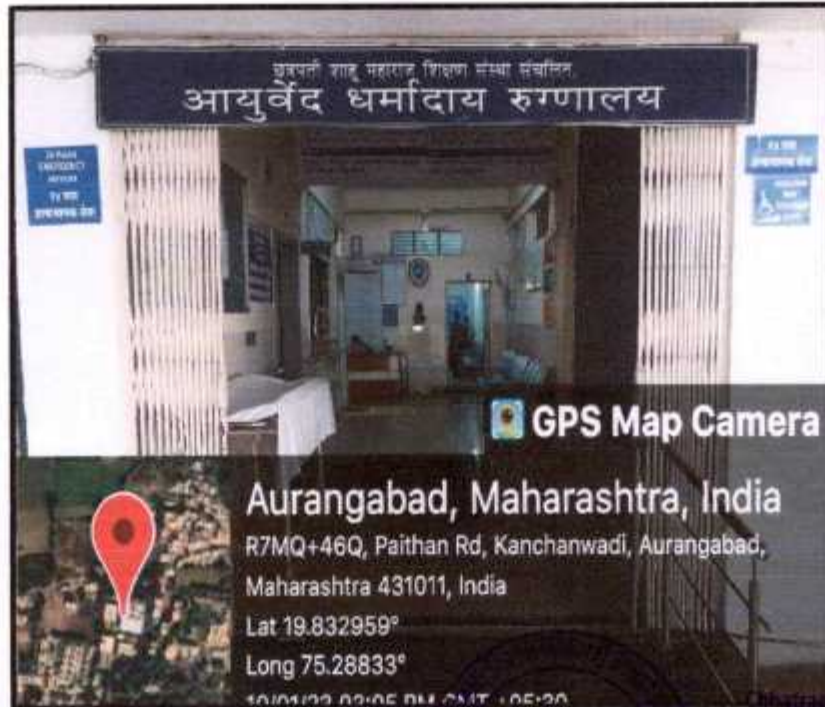
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Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.

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Address : Kanchanwadi, Paithan Road, Chhatrapati Sambhajinagar- 431 011. (Near Chhatrapati Sambhajinagar, Paithan Road, Chhatrapati Sambhajinagar - 431 099 (एम.एस.))

Tel.: (0240) 2379248, 2646464, 2379035 Fax : (0240) 2646222

Email : principal@csmsayurved.com, principalcsmsayur@gmail.com, Website : www.csmsayurved.com



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Dr. Umesh

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajinagar.



Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajinagar, Aurangabad - 431136 (M.S.) कान्चनवाडी, पैठण रोड, छत्रपती संभाजीनगर - ४३१ ०९९ (एम.एस.)

Tel.: (0240) 2379248, 2646464, 2646222. Fax: (0240) 2646222.

Email : principal@csmsayurved.com, principalcsmsayurved@gmail.com, Website : www.csmsayurved.com



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Freshmills

Principal

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya,
Kanchanwadi, Chhatrapati Sambhajanagar.

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Address : Kanchanwadi, Palthan Road, Chhatrapati Sambhajanagar- 431136, Aurangabad, Maharashtra - 431011 (एम.एस.)

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Email : principal@csmsayurved.com, principalcsmsayur@gmail.com, Website : www.csmsayurved.com



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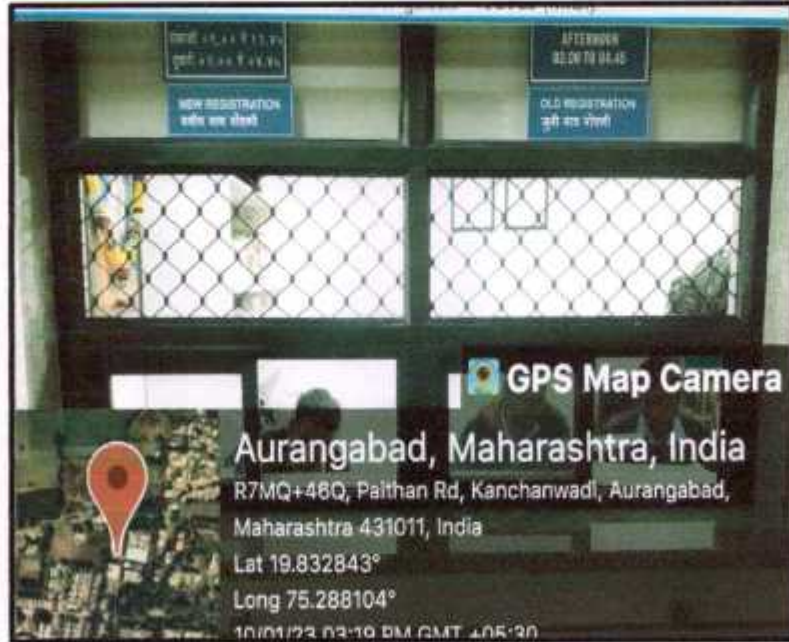
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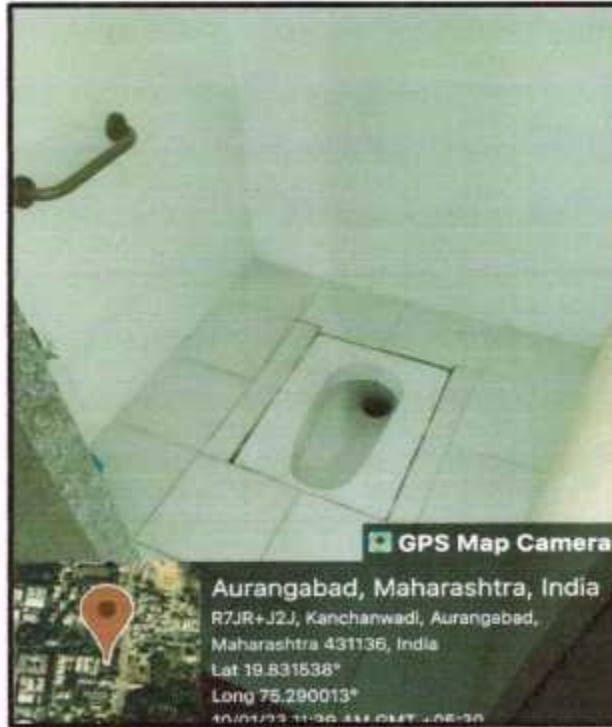
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