ANNOOR DENTAL COLLEGE & HOSPITAL
Muvattupuzha-686673, Ernakulam Dist, Kerala, India
E Mail: annoordentalcollege@rediffmail.com website:www.annoordentalcollege.org
Ph: 0485-2815217, 2815917, 0485-2838000 (30 Lines) Fax: 0485-2815817

INFECTION CONTROL PROTOCOLS DURING CLINICAL TEACHING

SL NO	CONTENT
1.	Central Sterile Supplies Department (CSSD) Registers
2.	Fumigation (Registers
3.	Immunization Register of preceding year
Relevant records/ documents	
1.	CSSD protocol
2.	Provides Personal Protective Equipment (PPE)
3.	Patient safety manual
4.	Fumigation protocol
5.	Immunization policy
6.	Needle stick injury- protocol
7.	Needle stick injury register

Dr. Giju George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673

ANNOOR DENTAL COLLEGE * P.O. Muvattupuzha 686 673 * Perumattom, Pulluppady P.

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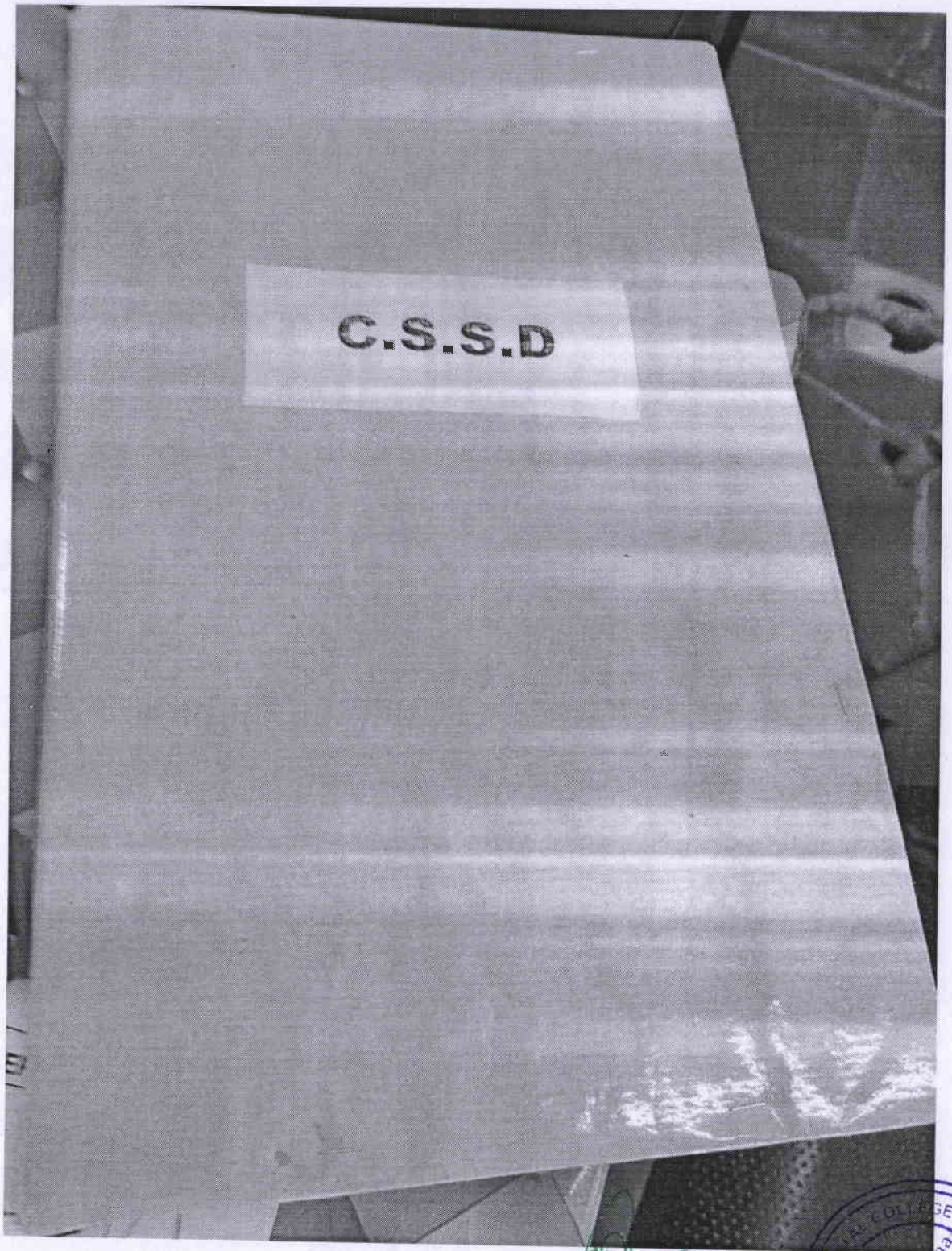

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ANNOOR DENTAL COLLEGE ★ P.O. ★ Muvattupuzha 686 673 ★ Perumattom, Puttuppady

C.S.S.D Reg. - 2018

S.No	Date	Surgery	Conservative	Perio	Community	Comp
1	1/1/18	R	Shelli	Molly	Deeps	Rini
2	2/1/18	R	Renjini	Molly	Deeps	Rini
3	3/1/18	R	Shelly	Molly	Deeps	Rini
4	4/1/18	R	Shelli	Molly	Deeps	Rini
5	5/1/18	R	Shelli	Molly	Deeps	Rini
6	6/1/18	R	Shelli	Molly	Deeps	Rini
7	8/1/18	R	Shelli	Molly	Deeps	Rini
8	9/1/18	R	Shelli	Molly	Deeps	Rini
9	10/1/18	R	Shelli	Molly	Deeps	Rini
10	11/1/18	R	Shelli	Molly	Deeps	Rini
11	12/1/18	R	Shelli	Molly	Deeps	Rini
12	13/1/18	R	Shelli	Molly	Deeps	Rini
13	15/1/18	R	Shelli	Molly	Deeps	Rini
14	16/1/18	R	Shelli	Molly	Deeps	Rini
15	17/1/18	R	Shelli	Molly	Deeps	Rini
16	18/1/18	R	Shelli	Molly	Deeps	Rini
17	19.1.18	R				

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		Surgery	CD	Pedo	Community	Comprehensive
19	22/1/18	S	Sheli	[signature]	Deepa	Rimi
20	23/1/18	S	Sheli	[signature]	Deepa	Rimi
21	24/1/18	S	Sheli	[signature]	Deepa	Rimi
22	25/1/18	S	Sheli	[signature]	Deepa	Rimi
23	26/1/18	S	Sheli	[signature]	Deepa	Rimi
24	27/1/18	S	Sheli	[signature]	Deepa	Rimi
25	29/1/18	S	Sheli	[signature]	Deepa	Rimi
26	30/1/18	S	Sheli	[signature]	Deepa	Rimi
27	31/1/18	S	Sheli	[signature]	Deepa	Rimi
28	1/2/18	S	Sheli	[signature]	Deepa	Rimi
29	2/2/18	S	Sheli	[signature]	Deepa	Rimi
30	3/2/18	S	Sheeta	[signature]	Deepa	Rimi
31	5/2/18	S	Sheli	[signature]	Deepa	Rimi
32	6/2/18	S	Sheli	[signature]	Deepa	Rimi
33	7/2/18	S	Sheli	[signature]	Deepa	Rimi
34	8/2/18	S	Sheli	[signature]	Deepa	Rimi
35	9/2/18	S	Sheli	[signature]	Deepa	Rimi

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	Surgery	CD	Paedo	community	Comprehensive
27/11/19		Shell		Deeps	Raji
28/11/19		Shell		Deeps	Raji
29/11/19		Shell		Deeps	Raji
30/11/19		Shell		Deeps	Raji
2/12/19		Shell		Deeps	Raji
3/12/19		Shell		Deeps	Raji
4/12/19		Shell		Deeps	Raji
5/12/19		Shell		Deeps	Raji
6/12/19		Shell		Deeps	Raji
7/12/19		Shell		Deeps	Raji
9/12/19		Shell		Deeps	Raji
10/12/19		Shell		Deeps	Raji
11/12/19		Shell		Deeps	Raji
12/12/19		Shell		Deeps	Raji
13/12/19		Shell		Deeps	Raji
14/12/19		Shell		Deeps	Raji

ANNOOR DENTAL COLLEGE Muvattupuzha 686 673 Registration

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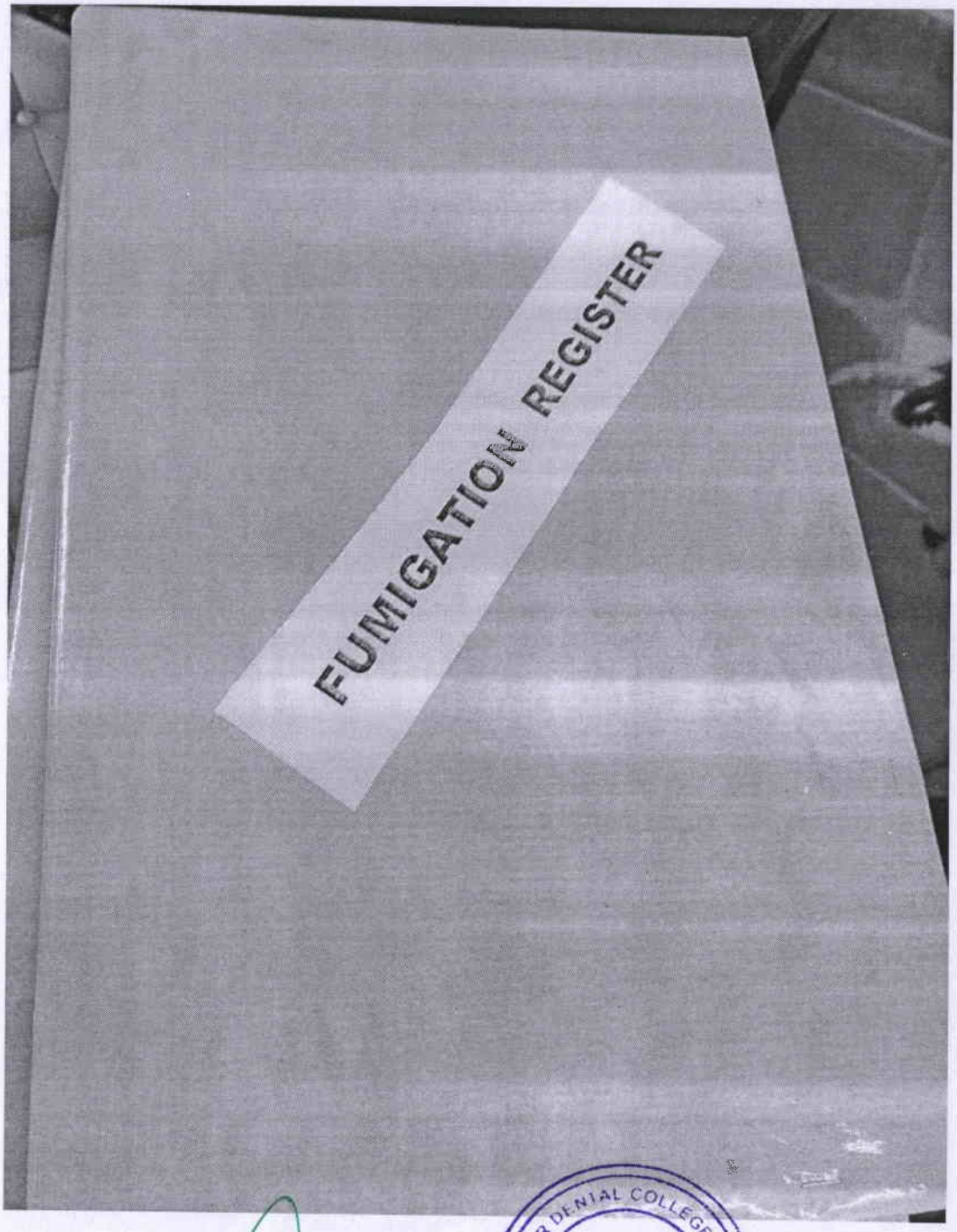

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ANNOOR DENTAL COLLEGE
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686 673
Perumattom, Puthuppady P.O.

FUMIGATION REG – 2018
(PERIODONTICS)

Date	Department	Time		Operator sign	Dept Incharge	Remarks
		Start	End			
5/01/2018	Implant and Laser Room	2.00pm	2.30pm			Ok
12/01/2018	Implant and laser	1.15	1.45			Ok
20/01/2018	Implant and laser	3.00	3.30			Ok
26/01/2018	Implant and laser	2.30	3.00			Ok
03/02/18	Implant and laser	3.00	3.30			Ok
09/02/18	Implant and laser	2.00	2.30			Ok
17/02/18	Implant and laser	2.00	2.30			Ok
23/02/18	Implant and laser	3.00	3.30			Ok
02/03/18	Implant and laser	2.30	3.00			Ok
09/03/18	Implant and laser	2.30	3.00			Ok
15/03/18	Implant and laser	2.30	3.00			Ok
23/03/18	Implant and laser	3.00	3.30			Ok
30/03/18	Implant and laser	3.15				Ok
07/04/18	Implant and laser	2.3				Ok
13/04/18	Implant and laser	3.00				Ok
20/04/18	Implant and laser	2.15	2.45			Ok

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Date	Department	Time		operator sign	Incharge sign	Remark
		Start	End			
28/04/18	Implant and laser	2.00	2.30			OK
05/05/18	Implant and laser	3.00	3.30			OK
11/05/18	"	330	4.00			OK
18/05/18	"	2.45	3.15			OK
25/05/18	Implant and laser	3.00	3.30			OK
02/06/18	"	3.30	4.00			OK
09/06/18	Implant and laser "	2.45	3.15			OK
16/06/18	Implant and laser	2.30	300			OK
22/06/18	Implant and laser	3.30	4.00			OK
30/06/18	Implant and laser	3.00	3.30			OK
07/07/18	"	3.00	3.30			OK
13/07/18	"	3.00	3.30			OK
20/07/18	Implant and laser	3.00	3.30			OK
28/07/18	Implant and laser	2.30	3.00			OK
03/08/18	"	2.30	3.00			OK

ANNOOR DENTAL COLLEGE Muvattupuzha 686 673 Perumattom, Puthuppady

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Date	Department	Time		operation sig	Discharge sig	Remarks
		start	end			
26/4/19	Implant & laser	2:30	3.00		N	ok
04/5/19	Implant & laser	4.00	4.30			ok
11/05/19	Implant & laser	2.30	3.00			ok
18/05/19	Implant & laser	3.30	3.30			ok
25/5/19	Implant & laser	3.45	4.15			ok
01/06/19	Implant & laser	4.00	4.30		N	ok
08/06/19	Implant & laser	3.00	3.30		N	ok
15/06/19	Implant & laser	2.30	3.00		N	ok
22/06/19	Implant & laser	3.00	3.30			ok
29/06/19	Implant & laser	3.00	3.30			ok
06/07/19	Implant & laser	3.00	3.30			ok
12/07/19	Implant & laser	3.15	3.45			ok
20/07/19	Implant & laser	3.00	3.30		Sreen	ok
27/17/19	"	2.00	2.30			ok
03/08/19	"	3.45	4.15			ok
10/08/19	Implant & laser	2.45	3.15			ok

ANNOOR DENTAL COLLEGE & HOSPITAL P.O. Pullinpparambu Muvattupuzha 686 673

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Date	Department	TIME Start	TIME End	Operator sig	Discharge sig	Remarks
17/8/19	Implant & laser	3.30	4.00			ok
24/8/19	Implant & laser	4.00	4.30			ok
30/8/19	Implant & laser	2.30	3.00			ok
06/09/19	"	2.45	3.15			ok
13/09/19	Implant & laser	3.00	3.30			ok
21/09/19	"	2.30	3.00			ok
28/09/19	Implant & laser	3.00	3.30			ok
05/10/19	Implant & laser	3.00	3.30			ok
12/10/19	Implant & laser	2.30	3.00			ok
18/10/19	Implant & laser	3.00	3.30			ok
25/10/19	"	3.00	3.30			ok
02/11/19	"	2.25	2.45			ok
08/11/19	"	2.45	3.15			ok
16/11/19	Implant & laser	2.00	2.30			ok
23/11/19	"	2.15	2.45			ok
30/11/19	"	3.00	3.30			ok
06/12/19	Implant & laser	3.00	3.30			ok

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Date	Department	TIME Start	TIME End	operator sig	Anchorage sig	Remarks
03/01/2020	Implant & Lasen	3.15	3.45		N	ok
11/01/20	Implant and lasen	3.00	3.30		N	ok
17/01/20	Implant & lasen	2.30	3.00			ok
25/01/20	Implant & lasen	3.0	3030			ok
31/01/20	Implant & laser	4.00	4.30		Sap	ok
07/02/20	Implant & lasen	2.00	2.30		Sap	ok
15/02/20	Implant and lasen	2.15	2.45		N	ok
22/02/20	Implant & lasen	2.45	3.15		N	ok
29/02/20	"	3.00	3.30		Sap	ok
07/03/20	"	3.30	3.30			ok
11/03/20	Implant & lasen	2.30	3.00		Sap	ok
18/03/20	Implant & lasen	3.00	3.30		Sap	ok
28/03/20	Implant & lasen	3.00	3.30		N	ok
04/04/20	"	4.00	4.30		N	ok
11/4/20	"	2.30	3.00			ok
18/4/20	"	3.00	3.30			ok
25/4/20	"	2.30	3.00			ok

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Date	Department	TIME Start	TIME End	opration Sig	Incharge Sig	Remarks
02/05/20	Implant and laser	3.00	3.30			ok
08/05/20	Implant and laser	2.45	3.15			ok
16/05/20	"	3.30	4.00			ok
23/05/20	"	4.00	4.30			ok
30/5/20	"	2.30	3.00			ok
06/6/20	"	3.00	3.30			ok
12/6/20	"	4.00	4.50			ok
20/6/20	Implant and laser	3.30	4.00			ok
27/6/20	"	3.00	3.30			ok
04/7/20	"	2.30	3.00			ok
10/7/20	"	3.00	3.30			ok
18/7/20	"	3.00	3.30			ok
25/7/20	"	2.30	3.00			ok
31/7/20	"	2.30	3.00			ok
8/8/20	"	2.45	3.15			ok
14/8/20	"	3.00	3.30			ok
21/8/20	"	3.00	3.30			ok

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FUMIGATION REG - 2018

CPEDODONTICS, ENDODONTICS, PROSTHODONTICS, DENTAL VAN

Date	Department	TIME		operator sign	Incharge sign	Remarks
		start	End			
17/01/2018	pedo	3.00	3.30		Molly	ok
24/01/18	prostho	3.00	3.30		Shini	ok
30/01/18	CD	3.00	3.30			ok
07/02/18	pedo	4.00	4.30		Molly	ok
14/02/18	prostho	4.00	4.30		Shini	ok
21/02/18	CD	4.00	4.30		Rajani	ok
07/3/18	pedo	4.00	4.30		Molly	ok
14/03/18	prostho	4.00	4.30		Shini	ok
22/03/18	CD	4.00	4.30		Rajani	ok
04/4/18	pedo	4.00	4.30		Molly	ok
11/4/18	prostho	3.00	3.30		Shini	ok
25/4/18	CD	3.00	3.30		Rajani	ok
10/5/18	pedo	4.00	4.30		Molly	ok
16/5/18	prostho	3.00	3.30		Shini	ok
23/5/18	CD	3.00	3.30		Rajani	ok
07/6	pedo	3.00	3.30		Molly	ok

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20/6/18	prostho	3.15	3.45		Shini	OK
27/6/18	CD	4.00	4.30		Rajani	OK
11/07/18	pedo	4.00	4.30		Molly	OK
12/07/18	prostho	3.45	4.15		Shini	OK
25/7/18	CD	3.00	3.30		Rajani	OK
08/8/18	pedo	3.00	3.30		Molly	OK
15/8/18	prostho	4.00	4.30		Shini	OK
16/8/18	CD	3.30	4.00		Rajani	OK
12/9/18	pedo	3.30	4.00		Molla	OK
19/9/18	prostho	3.30	4.00		Shini	OK
20/9/18	CD	4.00	4.30		Rajani	OK
10/10/18	pedo	2.30	3.00		Molla	OK
17/10/18	prostho	3.00	3.30		Shini	OK
18/10/18	CD	4.00	4.30		Rajani	OK
7/11/18	pedo	4.00	4.30		Molly	OK
14/11/18	prostho	4.00	4.30		Shini	OK

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Date	Department	TIME		operator sign	Incharge sign	Remarks.
		start	End			
17/01/2018	pedo	3.00	3.30		Molly	ok
24/01/18	prosthe	3.00	3.30		Shini	ok
30/01/18	CD	3.00	3.30			ok
07/02/18	pedo	4.00	4.36		Molly	ok
14/02/18	prosthe	4.00	4.30		Shini	ok
21/02/18	CD	4.00	4.30		Rajani	ok
07/3/18	pedo	4.00	4.30		Molly	ok
14/03/18	prosthe	4.00	4.30		Shini	ok
22/03/18	CD	4.00	4.30		Rajani	ok
04/4/18	pedo	4.00	4.30		Molly	ok
11/4/18	prosthe	3.00	3.30		Shini	ok
25/4/18	CD	3.00	3.30		Rajani	ok
10/5/18	pedo	4.00	4.30		Molly	ok
16/5/18	prosthe	3.00	3.30		Shini	ok
23/5/18	CD	3.00	3.30		Rajani	ok
07/6	pedo	3.00	3.30		Molly	ok

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FUMIGATION REG. OMFS

2018

Date	Starting Time	Ending Time	Signature
1/09/2018	2.45 pm	3.15 pm	[signature]
4/9/18	2.45 pm	3.15 pm	[signature]
8/9/18	2.45 pm	3.15 pm	[signature]
15/9	2.45 pm	3.15 pm	[signature]
22/9	2.45 pm	3.15 pm	[signature]
29/9	2.45 pm	3.15 pm	[signature]
6/10/18	2.45 pm	3.15 pm	[signature]
13/10/18	2.45 pm	3.15 pm	[signature]
20/10/18	2.45 pm	3.15 pm	[signature]
27/10/18	2.45 pm	3.15 pm	[signature]
3/11/18	2.45 pm	3.15 pm	[signature]
10/11/18	2.45 pm	3.15 pm	[signature]
17/11/18	2.45 pm	3.15 pm	[signature]
24/11/18	2.45 pm	3.15 pm	[signature]
1/12/18	2.45 pm	3.15 pm	[signature]
8/12/18	2.45 pm	3.15 pm	[signature]
22/12/18	2.45 pm	3.15 pm	[signature]
29/12/18	2.45 pm	3.15 pm	[signature]

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4

2019 JANUARY

5/1/2019	2.45 pm	3.15 pm	8 hr
12/1/19	2.45 pm	3.15 pm	8 hr
19/1/19	2.45 pm	3.15 pm	8 hr
26/1/19	2.45 pm	3.15 pm	8 hr
2/2/19	2.45 pm	3.15 pm	8 hr
9/2/19	2.45 pm	3.15 pm	8 hr
16/2/19	2.45 pm	3.15 pm	8 hr
23/2/19	2.45 pm	3.15 pm	8 hr
2/3/19	2.45 pm	3.15 pm	8 hr
9/3/19	2.45 pm	3.15 pm	8 hr
16/3/19	2.45 pm	3.15 pm	8 hr
23/3/19	2.45 pm	3.15 pm	8 hr
30/3/19	2.45 pm	3.15 pm	8 hr
6/4/19	2.45 pm	3.15 pm	8 hr
13/4/19	2.45 pm	3.15 pm	8 hr
20/4/19	2.45 pm	3.15 pm	8 hr
27/4/19	2.45 pm	3.15 pm	8 hr
4/5/19	2.45 pm	3.15 pm	8 hr
11/5/19	2.45 pm	3.15 pm	8 hr
18/5/19	2.45 pm	3.15 pm	8 hr
25/5/19	2.45 pm	3.15 pm	8 hr
1/6/19	2.45 pm	3.15 pm	8 hr
8/6/19	2.45 pm	3.15 pm	8 hr
15/6/19	2.45 pm	3.15 pm	8 hr

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29/6/19	2.45 pm	3.15 pm
6/7/19	2.45 pm	3.15 pm
15/7/19	2.45 pm	3.15 pm
20/7/19	2.45 pm	3.15 pm
22/7/19	2.45 pm	3.15 pm
3/8/19	2.45 pm	3.15 pm
10/8/19	2.45 pm	3.15 pm
17/8/19	2.45 pm	3.15 pm
24/8/19	2.45 pm	3.15 pm
31/8/19	2.45 pm	3.15 pm
7/9/19	2.45 pm	3.15 pm
14/9/19	2.45 pm	3.15 pm
21/9/19	2.45 pm	3.15 pm
28/9/19	2.45 pm	3.15 pm
5/10/19	2.45 pm	3.15 pm
12/10/19	2.45 pm	3.15 pm

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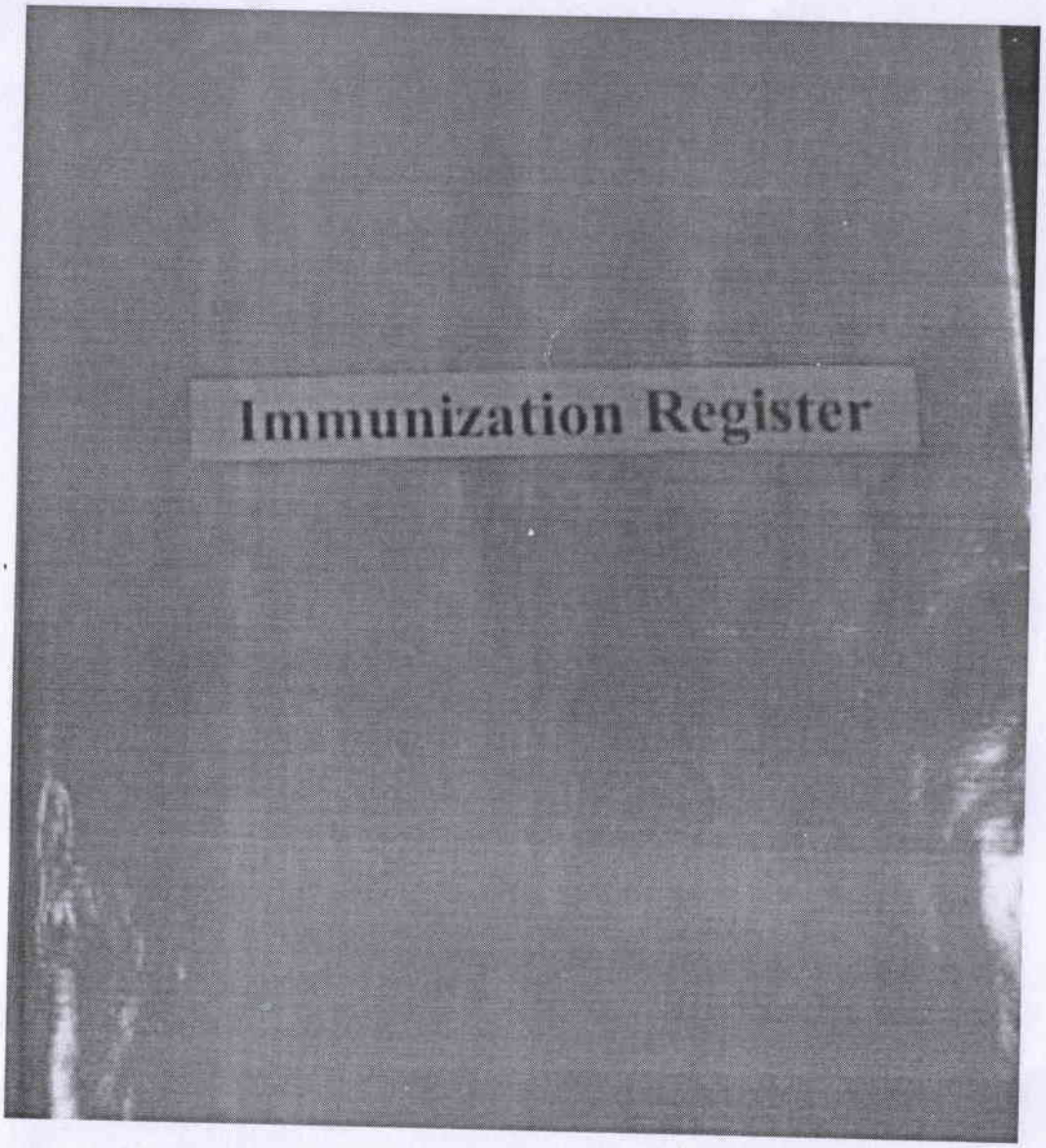

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ANNOOR DENTAL COLLEGE * Perumattom, Pullinpady P.O. * Muvattupuzha 686 673

Immunisation Register

Teaching & Non Teaching Staff

2018 - 2019

Dental Teaching Staff

SL NO	Name	HBV	YEAR OF VACCINATION
1	Dr. Giju George Baby	✓	2015
2	Dr. Sunil Sunny	✓	2008
3	Dr. Byju Paul kurian	✓	2009
4	Dr. Murukan P.A	✓	2010
5	Dr. Rekha K.P	✓	2011
6	Dr. Bindhu P.R	✓	2011
7	Dr. Liza George	✓	2015
8	Dr. Prasanth Dhanapal	✓	2007
9	Dr. Josey Mathew	✓	2015
10.	Dr. Eldhose K.G	✓	2016
11.	Dr. Sanju L	✓	2017
12	Dr. Jose Paul	✓	201
13.	Dr. Johnson Prakash D'Lima	✓	201
14	Dr. Abraham Vinod Korath	✓	200
15	Dr. Benoy Mathew	✓	201
16	Dr. Tharian B.Emmatty	✓	201
17	Dr. Denny Joseph	✓	201
18.	Dr. Senny Thomas	✓	201
19	Dr. Cherian K.P	✓	20
20	Dr. Jyothi K.S	✓	20
21	Dr. Manu Johns	✓	20
22	Dr. Anu A George	✓	20
23	Dr. Priya Thomas	✓	20
24	Dr. Charlie K.M	✓	20
25	Dr. George Jose	✓	2
26	Dr. Bijimole Jose	✓	2
27	Dr. Pooja Latti	✓	2
28	Dr. Vineet Alex Daniel	✓	2
29	Dr. Cinil Mathew	✓	2

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		HBV	YEAR OF VACCINATION
30	Dr. Kumar Kavitha Krishna	✓	2016
31	Dr. Deepak Thomas	✓	2017
32	Dr. Ronin Sebastian	✓	2017
33	Dr. Angel Mary Joseph	✓	2014
34	Dr. Blessy Joseph	✓	2016
35	Dr. Nirupa Thomas	✓	2016
36	Dr. Paul Steaphen	✓	2017
37	Dr. Anuja Anna Cherian	✓	2015
38	Dr. Rahul S. Thalanany	✓	2016
39	Dr. John Joseph A	✓	2016
40	Dr. Asif Ismail	✓	2018
41	Dr. Sangeetha Nair	✓	2016
42	Dr. Hima John	✓	2017
43	Dr. Shilpa C	✓	2015
44	Dr. Lekshmi Venugopal	✓	2015
45	Dr. Sinju Paul	✓	2016
46	Dr. Tom P. Varghese	✓	2017
47	Dr. Anish. N	✓	2016
48	Dr. Binitta Paul	✓	2014
49	Dr. Basil Joy	✓	2014
50	Dr. Jibin Skaria	✓	2018
51	Dr. Dhanya John	✓	2017
52	Dr. Joji Peter	✓	2017
53	Dr. Jiss Mary G.	✓	2018
54	Dr. Mariya Jose philip	✓	2014
55	Dr. Preethy Yesudas	✓	2012
56	Dr. Annumol P. Varghese	✓	2015
57	Dr. Sumary Abraham	✓	2015
58	Dr. Teenu Philip	✓	2016
59	Dr. Muhsina Muhammed	✓	2017
60	Dr. Syed Muhammed Jiffry	✓	2015
61	Dr. Nidhi Mary Thambi	✓	2016
62	Dr. Jismin Joseph	✓	2016

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		HBV	YEAR OF VACCINATION
63	Dr. Binu Baby	✓	2016
64	Dr. Thara Bhavani	✓	2017
65	Dr. Ammu Jose Paul	✓	2015
66	Dr. Shakir M.K	✓	2014
67	Dr. Subin T. Siby	✓	2015
68	Dr. Surabhi S. Thanickal	✓	2017
69	Dr. Anupama Ashok	✓	2017
70	Dr. Viby M. Viju	✓	2015
71	Dr. Rakhi Pious Francis	✓	2014
72	Ms. Mareena Mathew	✓	2016
73	Ms. Josephin Joseph	✓	2017
74	Ms. Suvarna T.P	✓	2015
75	Ms. Raji Vijayan	✓	2016
76	Mr. Rahmathullah	✓	2014
77	Ms. Remya	✓	2016
78	Ms. Manju K. John	✓	2015
79	Ms. Aneena Eldhose	✓	2015
80	Mr. Arun K. Thomas	✓	2009
81	Dr. Ceby	✓	2011

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S.No	Clinical Assistants Name	HBV	YEAR OF VACCINATION
1	Razia M.P	✓	2015
2	Susan k.V	✓	2013
3	Aneesha C.M	✓	2015
4	Madhu k.V	✓	2016
5	Prathibha Basil	✓	2017
6	Salmath k.A	✓	2016
7	Rincy Aji	✓	2015
8	Helan Elizabeth	✓	2014
9	Tisha Biju	✓	2015
10	Giji Denny	✓	2016
11	Sabitha A.M	✓	2015
12	Shameena k.A	✓	2016
13	Rajani k.S	✓	2016
14	Reena. Mathew	✓	2015
15	Mini Francis	✓	2014
16	Rosily Baby	✓	2015
17	Saritha G.K	✓	2015
18	Nisa Salam	✓	2016
19	Jijumol M.R	✓	2017
20	Shimi Ismail	✓	2017
21	Faseela Anas	✓	2016
22	Cisy Eldhose	✓	2015
23	Ramachandran Nair	✓	2015
24	Nafsiya M.M	✓	2015
25	Molly George	✓	2016
26	Deepa E.S	✓	2015
27	Dany Jolly	✓	2015
28	Panchami T.P	✓	2016
29	Ano Anna John	✓	2015

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2019 - 2020

Dental Teaching Staff

S NO	Name	HBV	YEAR OF VACCINATION
1	Dr. Aleesha Joy	✓	2016
2	Dr. Rahul Udayasankar	✓	2017
3	Dr. Vineet R.V	✓	2016
4	Dr. Ria Susan George	✓	2016
5	Dr. Jenny Susan Roy	✓	2016
6	Dr. Rubeena. A	✓	2015
7	Dr. Surabhi S. Thanickal	✓	2015
8	Dr. Elsa Benny	✓	20
9	Dr. Dennis Johny	✓	2019
10	Dr. Aleena Jose	✓	2016
11	Dr. Aiswarya Gopinath	✓	2017
12	Dr. Nitha Ajas	✓	2017
13	Dr. Jacquilin Mariam Reji	✓	2016
14	Dr. Ashila Ghouse	✓	2017
15	Dr. Sheril Aniyankunju	✓	2016
16	Dr. Ashly M. A	✓	2015
17	Dr. Deepu George Mathew	✓	2015
18	Dr. Sarath Sasidharan	✓	2017
19	Dr. Vidhu Antony	✓	2017

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Clinical Assistants

S.NO	Name	HBV	YEAR OF VACCINATION
1.	Ms. Arya K. Venu	✓	2017
2.	Ms. Fathima Binil	✓	2016
3.	Ms. Jasmin Hashim	✓	2015
4.	Ms. Biji Joy	✓	2016
5.	Ms. Rekha	✓	2016
6.	Ms. Raji Vijayan	✓	2017
7.	Ms. Athira G	✓	2017
8.	Ms. Sumayya Sunil	✓	2016
9.	Ms. Annie Babu	✓	2017
10.	Ms. Shaiby Rao	✓	2016
11	Ms. Sajana Salim	✓	2017
12	Ms. Shiji Gireesh	✓	2017
13	Ms. Reeja Mathew	✓	2015
14	Ms. Reena Johri	✓	2016
15	Ms. Nazeema Noushad	✓	2016

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2020 - 2021

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S.No	Name	HBV	YEAR OF VACCINATION
1.	Dr. Sreenivasan B.S	✓	2017
2	Dr. Pradeep Philip George	✓	2016
3	Dr. Gopikrishnan.S	✓	2016

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CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD)

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

Items Supplied by CSSD

Instrument packs for various procedures

Dressing pad

Dressing packs, cotton and gauze

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).

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

Clean zone: The packaging area is for inspecting, assembling, and packaging clean, but not sterile, material.

Sterile zone: The sterile storage area should be a limited access area. Following the sterilization process, dental and surgical devices must be handled using aseptic technique in order to prevent contamination. Dental and surgical supplies should not be stored under sinks or in other locations where they can become wet. Sterile items that become wet are considered contaminated because moisture brings with it microorganisms from the air and surfaces. Closed or covered cabinets are ideal but open shelving may be used for storage. Any package that has fallen or been dropped on the floor must be inspected for damage to packaging and contents (if the items are breakable). If the package is heat-sealed in impervious plastic and the seal is still intact, the package should be considered not contaminated. If undamaged, items packaged in plastic need not be reprocessed.

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Collection and Distribution of Items

All items should be collected and distributed once in a week, if necessary whenever required.

CSSD items should be transported to the respective departments in a manner so as to ensure that

sterility of the items is maintained

Monitoring Sterilization

There are two ways of monitoring sterilization of CSSD items:

All sterile items can be monitored by using the chemical indicator tape which shows that the item has been adequately sterilized

Moist Heat Sterilization

This is used for steel instruments, latex rubber tubes, gloves, dressing packs, cotton and gauze.

CSSD has electric autoclaves

Recommended Practice Guidelines for All Types of Steam Sterilizers

Device Preparation

Devices should be prepared for sterilization in the following manner:

a. Clean, and remove excess water.
b. Jointed instruments should be in the open or unlocked position.
c. Multipiece or sliding pieces should be disassembled unless otherwise indicated by the device manufacturer.
d. Devices with concave surfaces that retain water should be placed in a manner such that condensate does not collect.
e. Instruments with lumens should be moistened with distilled water immediately prior to sterilization.
f. Heavy items should be arranged so as to not damage lighter more delicate items.
g. Sharp instruments should have tips protected.

Packaging: Packaging materials for steam sterilization should:

a. Be validated for steam sterilization.
b. Contain no toxic ingredients or dyes.
c. Be capable of withstanding high temperatures.
d. Allow air removal from packages and contents.
e. Permit sterile contact with the package contents.

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f. Permit drying of the package and contents.

g. Prevent the entry of microbes, dust, and moisture during storage and handling.

h. Have a proven and tamper-proof seal.

i. Withstand normal handling and resist tearing or puncturing.

Unloading

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

Review the sterilizer printout for the following:

a. Correct sterilization parameters.

b. Cycle time and date.

c. Cycle number matches the lot control label for the load.

d. Verify and initial that the correct cycle parameters have been met.

e. Examine the load items for:

- Any visible signs of moisture.
- Any signs of compromised packaging integrity.

Records of each cycle parameter (that is, temperature, time) should be retained in accordance with the healthcare settings requirements.

Load Cool-Down

Upon removal of the sterilized load the operator should:

a. Visually verify the results of the external chemical indicators.

b. Allow the load to cool to room temperature (the amount of time for cooling depends on the devices that have been sterilized).

c. Ensure cool down occurs in a traffic-free area without strong warm or cool air currents.

Troubleshooting - Wet Pack Problems

Packages are considered wet when moisture in the form of dampness, droplets or puddles is found on or within a package. There are two types of wet packs; those with external wetness and those with internal wetness. Sterility is considered compromised and the package contents considered contaminated when wet packs are found. There are several causes of wet packs. The following is a list of possible causes:

Packages are improperly prepared or loaded incorrectly.

Condensation drips from the sterilizer cart shelf above the item.

- Condensation drips from rigid sterilization containers placed above absorbent packaging.

Condensate blows through the steam lines into the sterilizer chamber.

Instrument or basin sets are too dense or lack absorbent material to wick moisture away.

Linen packs are wrapped too tightly.

Sterilization containers with a low metal-to-plastic ratio.

Quality Assurance

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

Documentation of the sterilization process should include:

Package label:

a. Name of device (when necessary).

b. Initials of technician packaging the device.

c. The date of sterilization.

d. Detailed list of sterilizer load contents

e. Date, time, and results of all tests performed (for example, Chemical Indicator).

f. Sterilizer physical parameters should be verified by the individual responsible for releasing the load prior to load release. Verification should be documented

g. If any indicator fails, the failure should be investigated. Loads may be recalled according to the results of the investigation. All actions associated with an investigation should be documented.

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Personal Hygiene and Personal Protective Equipment

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Personal Hygiene

Clinic Attire

The following guidelines apply to ALL clinic personnel (students, faculty and staff) while involved in patient treatment:

- Dental health care workers are expected to present a clean and neat appearance.
- Long hair must be kept away from the face, and tied back so that it does not get caught in equipment or hang over the patient's face or the instrument tray.
- Beards and mustaches must be covered by a facemask or shield.
- The wearing of jewelry (including wedding bands, bracelets, earrings or wristwatches) is not recommended. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.
- Fingernails must be clean and short (no longer than the fingertips) and smooth so as not to compromise the integrity of the gloves.
- Artificial fingernails are **not** permitted.
- Nail polish must be maintained so that it does not show cracks or chips. The wear of nail polish is not recommended.

> *Hair and nails are known to harbor higher levels of bacteria than skin. Long nails, cracked nail polish, and jewelry are more difficult to clean and harbor bacteria. Artificial nails have a potential for microbial growth in gaps within the adhesive. In addition, some dental materials may damage or discolor jewelry.*

- Cosmetics, lip balm and contact lenses cannot be applied or manipulated in clinical areas.
- Dental healthcare workers who have exudative lesions (including weeping dermatitis) must refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures[1] until the condition resolves.

> *Dental healthcare workers should always take particular care of their hands since gloves may not offer complete protection. Injured or cracked skin, erosions or eczema on hands or arms require additional caution until the lesions are healed.*

Hand Hygiene

Hand hygiene (i.e. hand washing, hand antisepsis or surgical antisepsis) is the most effective method of reducing the risk of the transmission of disease.

Hand Hygiene includes:

- Hand washing with plain soap and water
- Antiseptic hand washing with antimicrobial soap
- Antiseptic hand rub

Hand Hygiene is MANDATORY	Hand Hygiene is RECOMMENDED
• Before putting on gloves • After removing gloves • When hands are visibly soiled • After inadvertent barehanded touching of contaminated surfaces or objects • After completing laboratory activities	• Before beginning patient care • After contact with your own face • After sneezing, coughing, blowing your nose or combing your hair • After using the toilet • Before and after smoking • Before and after eating or handling food • Before and after any invasive procedure • At the completion of any patient care

Recommended Procedure for Hand Hygiene Using

Soap/Antimicrobial Soap and Water

1. Remove all jewelry from hands and arms
2. If necessary, remove visible debris from hands and arms with appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Wet hands and wrists under cool to lukewarm running water.
4. Dispense a small quantity of "residual antiseptic soap" onto the hands.
5. Rub the soap gently onto all areas of the hands and wrists for 15 seconds. Pay particular attention to areas around nails and between fingers.
6. Rinse under cool water.
7. If the sink must be turned off by hand, do so with the paper toweling before discarding it.

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Using Alcohol-based Hand Sanitizer

This method is only used if there is no visible material on the hands

1. Remove all jewelry from hands and arms.
2. If necessary, remove visible debris from hands and arms with an appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Apply a dollop of hand sanitizer onto the palm of one hand.
4. Rub both hands and spread the sanitizer over all parts of the hands.
5. Continue rubbing gently until the sanitizer is gone.

Hand Hygiene Methods and Applications (Chart)*

Method	Agent	Duration (minimum)	Purpose	Indication*
Routine hand wash	Water and nonantimicrobial soap (e.g. plain soap)	15 seconds	Remove soil and transient microorganisms	• Before and after treating each patient (e.g., before glove placement and after glove removal). • After barehanded touching of inanimate objects likely to be contaminated by blood or saliva. • Before leaving the dental operatory or the dental laboratory. • When visibly soiled. • Before regloving after removing gloves that are for surgical procedures torn, cut, or punctured.
Antiseptic hand wash	Water and antimicrobial soap (e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan)	15 seconds	Remove or destroy transient microorganisms and reduce resident flora	
Antiseptic hand rub	Alcohol-based hand rub	Rub hands until the agent is dry		
Surgical antisepsis	Water and antimicrobial soap (e.g.(e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan) or	2- minutes Follow instructions for surgical hand-scrub product with persistent	Remove or destroy transient microorganisms and reduce resident flora (persistent effect).	Before donning sterile surgeon's gloves for surgical procedure

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	Water and non-antimicrobial soap (e.g. plain soap†) followed by an alcohol-based surgical hand-scrub product with persistent activity	activity			

*CDC, *Guidelines for Infection Control in Dental Health-Care Settings – 2003*, MMWR, Vol. 52, No. RR-17, December 19, 2003.

Personal Protective Equipment (PPE)

Mucosal surfaces of the eyes, mouth, and nose are vulnerable areas for contagious agents spread by splatter and aerosols. Appropriate attire in the clinic serves several purposes: It protects the operator from contamination by aerosols and splatter to skin and mucous membranes and it prevents contamination of the operator's clothes which would carry contamination outside the clinical environment.

WHEN CONTACT WITH BLOOD OR OTHER BODY FLUIDS IS ANTICIPATED all dental healthcare workers must wear appropriate attire to prevent skin and mucous membrane exposure.

Gloves

There are three categories of gloves:

Gloves	Indications	Comments
Patient examination gloves	Patient care, examinations, and other non-surgical procedures involving contact with mucous membranes, and laboratory procedures	Medical device regulated by the Food and Drug Administration (FDA). Non-sterile and sterile single-use disposable.
Surgeon's Gloves	Surgical procedures	Use for one patient and discard appropriately.

Non-medical gloves	Housekeeping procedures (e.g., cleaning and disinfection) Handling contaminated sharps or chemicals **Not for use during patient care**	Not a medical device regulated by the FDA. Commonly referred to as utility, industrial, or general purpose gloves. Should be puncture- or chemical-resistant, depending on the task.Latex gloves do not provide adequate chemical protection. Sanitize hands after use.

*CDC, *Guidelines for Infection Control in Dental Health-Care Settings – 2003*, MMWR, Vol. 52, No. RR-17, December 19, 2003.

- Gloves must be worn for all contact with oral mucous membranes, body fluids, and extracted teeth and other biological specimens and any potentially infectious material.
- New gloves must be worn for each patient.
- Inspect gloves carefully for defects when putting them on. Discard gloves if there is any doubt of their integrity.
- Gloves may not be washed, disinfected, or sterilized.
- If gloves are torn or punctured, they must be replaced immediately.
- Plastic over gloves (food handler's gloves) may be worn over contaminated treatment gloves (over gloving) to prevent contamination of clean objects handled during treatment.
- Hands must always be cleaned and dried before putting on gloves.

If it is necessary to leave the chair side during patient care, contaminated gloves must be removed, hands washed, washed again after returning, and new gloves put on before resuming patient care.

This therefore requires that:

- Gloves not be worn while obtaining materials from the supply areas;
- Gloves that have been used during patient treatment not be worn outside the clinic; and
- Gloves are removed before answering the telephone.
- Gloves must be removed immediately after patient

treatment.

There is no situation in which double gloving is recommended as the effectiveness of wearing two pairs of gloves in preventing disease transmission has not been demonstrated.

Mask

- A surgical mask must be worn during dental procedures in which splattering of blood or saliva is likely.
- Masks must cover both the mouth and the nose.
- Masks must not contact the mouth while being worn.
- Masks must not be slipped down around the chin or neck or up onto the forehead as this may contaminate these other areas.

Protective Eyewear or Face Shield

Either protective eyewear or a chin-length plastic face shield must be worn during dental procedures in which splattering of blood, or saliva is likely.

A face shield does not substitute for a surgical mask.

Protective eyewear must possess side shields. Protective eyewear consists of goggles or glasses with solid side shields. Side shields for glasses are available at the dispensing windows.

Standard eyeglasses do not provide adequate side protection and are not considered "protective eyewear" unless equipped with side shields.

A full face shield may be worn when using the ultrasonic scaler in addition to a face mask.

Gowns

- Fluid resistant gowns must be worn for patient treatment, clean-up, and any procedure where a risk of splash or splatter may occur. Hospital scrubs are not acceptable as outer wear.
- During patient treatment, gowns must completely cover street clothes above the waist and provide neck coverage and go beyond the waste.
- Gowns must be changed at least daily or more often if they are visibly soiled.
- Clinic gowns must not be worn outside the clinic except for visits to the

dispensing/sterilization room or another clinic on the same floor.

The fluid resistant clinic gowns are flammable and care must be taken when working with flame. These gowns are not to be used in the clinic support laboratory.

If blood or other potentially infectious material penetrates a garment, the garment must be removed as soon as feasible. Any contaminated clothing beneath the garment must also be removed. If contaminated clothing cannot be removed without potential contact of the contaminated cloth with the face, the clothing must be removed by cutting it up the back. Contaminated skin must be washed with a disinfectant soap.

Fluid resistant disposable gowns are to be disposed of into the correct receptacle. If the gown is soaked with bodily fluid or if blood has dried and is flaking off, the gown should be disposed of in a red bin. Otherwise gowns may be disposed of in a regular garbage receptacle. Used gowns should never be stored with other personal clothing.

The following are guidelines for the use of gowns:

The disposable clinic gowns are worn:	**The disposable clinic gowns may be worn:**	**The disposable clinic gowns MUST NOT be worn:**
• During all clinical patient care. During set-up and clean-up of the dental unit. • During transport of contaminated instruments, supplies or dental appliances. • During instrument processing.	• When escorting a patient to the clinic's reception desk. When escorting a patient between clinics on the same floor. • When obtaining supplies or equipment during the appointment.	• When entering any office, classroom, seminar room or lecture hall. • When using the washroom facilities. • When going between floors. • While "Hanging out" in the clinic when you do not have a patient. • In non-clinical areas, such as the 4th and 5th floor. • Anywhere that food is located.

In the specialty clinics, gowns are worn whenever there is a risk of splash or splatter of body fluids. The specialty programs maintain their own clinical guidelines.

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Head Covering

A head covering that provides an effective barrier is recommended during any invasive procedure that is likely to result in the splattering of blood or other body fluids.

Religious Head and Facial Covering

Religious head and facial coverings worn during procedures likely to result in the splattering of blood or saliva should be treated the same as the clinic gown; i.e. changed at least daily, or more often if they are visibly soiled. If it is acceptable, the addition or substitution of a surgical cap or other disposable covering during patient treatment is recommended.

Religious head and facial coverings pose no threat to the patient if they are worn in such a way that they do not contact the patient or any part of the environment. Because they will become contaminated during procedures likely to result in the splattering of blood or saliva, religious head and face coverings used during patient treatment do present an infection hazard to the practitioner.

Shoe Coverings

Shoe coverings are used for periodontal and other surgeries. They are removed using a bare hand by placing the hand inside the covering behind the heal, pulling the covering down and forward. Dispose of shoe coverings in a regular waste receptacle.

Radiation protection

- Follows ALARA principle
- Uses E speed film
- Intensifying screen for extra oral films
- Proper collimation and filtration measures
- Use position indicating device
- Film holding devices
- Timer
- Protective barriers
  - Lead apron
  - Thyroid collar
  - Lead gloves
  - Lead barrier
  - Lead Incorporated doors
- Thermo luminiscence dosimeter(TLD)-for radiation monitoring

Lead Aprons

Lead aprons reduce the radiation dose to the reproductive organs from a variety of diagnostic x-ray procedures. Lead aprons are very effective at absorbing diagnostic x rays to the parts of the body shielded by the apron. Their effectiveness is energy dependent but averages around 90–95 percent. Leaded aprons are worn as good radiation safety practice and in keeping with the ALARA (as low as reasonably achievable) concept. Whether or not a lead apron is worn, the allowable exposure to the body is governed by the occupational exposure limits. Leaded aprons are not the only means of shielding the body. There are mobile shields that provide just as much protection from exposure as the leaded aprons. A lead apron does not have to be worn, as long as it is between the user and the radiation source. It would work just as well if it were suspended from the ceiling or draped over a support so the radiologist could stand behind it. Either of these methods would provide the protection available from the apron while sparing the user's shoulder.

Lead aprons are the primary radiation protective garments used by personnel. The radiation protection provided by a lead apron is approximately the same as 0.25- to 1-mm thick lead. An apron with 0.5-mm thickness can attenuate approximately 90% or more of the scatter radiation. Lead glasses with 0.5- or 0.75-mm thickness can reduce more than 95% of scatter radiation. According to studies conducted in Korea, lead aprons, thyroid shields, and lead glasses are worn by approximately 93-100%, 81-100%, and 38-40% of operators, respectively. However, the lens of the eye is the most radiation-sensitive part of the body; therefore, wearing lead glasses is essential. Lead aprons should have at least 0.25-mm lead-equivalent thickness on the back and front.

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Wraparound-type aprons are designed with 0.25 + 0.25 mm lead-equivalent thickness in the front (0.5 mm total). There are several different designs available, including aprons with front coverage only, aprons that wrap around the body, and a vest and kilt combination. If the back is exposed to the radiation source and the patient during the procedure, wraparound aprons or vests with kilts are suitable. Regardless of the design, it is most important that the garment fits properly at the neckline and armhole. Large gaps could result in the increased exposure of breast tissue, which is especially important for female staff. A large cohort study and survey found an increased prevalence of breast cancer among female radiation technologists. Another study showed a significantly increased risk of breast cancer for female radiologic technologists who were exposed to daily low-dose radiation for several years, which potentially resulted in significant cumulative exposures. A third study reported a 1.9-fold increased prevalence of cancer and a 2.9-fold increased prevalence of breast cancer in female orthopedic surgeons compared with American women of similar ages and races. Thus, aprons of appropriate size and proper fit should be provided to each operator. The long-term use of heavy radiation-protective garments is associated with musculoskeletal problems and fatigue in interventional physicians. Surveys of interventional cardiologists and radiologists indicate evidence of a relationship between the use of lead aprons and spine problems. A standard lead apron weighs approximately 7 kg, which could cause the development of back problems. Conventional lead aprons are heavy, but newer aprons are made of lighter-weight protective materials, including barium, tungsten, tin, and antimony. These aprons are 20-40% lighter than standard lead aprons (-4 kg) and have a lead equivalent weight effect similar to lead aprons. The X-ray transmittance for 70-100 kVp was 0.5-5% when using a 0.5-mm lead apron and 0.6-6.8% when using a lead composite or lead-free apron with 0.5-mm lead equivalent thickness. In addition, the vest and quilt design reduces the burden on the spine, as compared with a one-piece apron, by distributing the weight concentrated on the shoulders and back to the shoulders and hips. The shielding materials inside protective garments may suffer damage after long-term use, such as cracks or holes, which may not be visible. Therefore, it is necessary to regularly inspect aprons and other radiation protective garments every year to determine the

degree of damage. Visual and tactile tests can be performed; in case of doubt, a fluoroscopic image can be taken to find uniformity or holes. A survey on the degree of damage of lead aprons used during pain management in a general hospital operating room showed that the most common site of damage was the waist of the apron (51%), followed by the lower part of the apron . An apron should always be handled carefully and kept hanging when not in use.

As far as reasonably possible, radiation workers such as radiographers, radiological technologists and radiologists should remain in the protected area during exposure. When this is not possible, they should be provided with lead rubber aprons of at least 0.25 mm lead equivalence. If they stand within one meter ofthe X-ray tube or patient when the unit is operated at tube voltages above 100 kV, they should wear protective lead rubber aprons of at least 0.35 mm lead equivalence. Lead rubber aprons are available as single-sided (protects anterior/front part of body) or double-sided (protects back and front of wearer). If a worker wears a single-sided apron then it is important to always face the source of radiation and not to tum away from the source. Note that members of the public, who assist during an examination and therefore have to remain inside the examination room during exposure, must be provided with necessary protection devices such as lead rubber aprons and lead rubber gloves.

Care of lead rubber aprons

• To prevent damage to aprons when not in use always hang them up on a sturdy hanger

• Never fold aprons as this could cause cracks in the lead rubber

• Undertake monthly visual inspections of all protective aprons for cracks, splits, rips, tears, etc.

• Aprons suspected to be damaged can be radiographed if in doubt:

1) Place suspect area of apron on an unexposed loaded cassette and expose to radiation. Using at least 70 kV and 10 - 15 mAs at 100 cm FFD

2) Process film and inspect for signs of fogging and if noted then withdraw defective apron from use

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• Double-sided aprons should be opened fully so that one side at time is checked
• Depending on size and degree of damaged areas, aprons can be repaired. Always re-radiograph a repaired apron to make sure it is suitable for use
• Defective items should not be used.

Thyroid Collars

The thyroid gland should be protected because it is vulnerable to scatter radiation. Thyroid shields are the best way to minimize the risk of thyroid cancer from radiation exposure during procedures. The annual maximum permissible dose recommended to the thyroid is 300 mSv. A thyroid shield can reduce the effective dose by 2.5 times and the total exposure by almost 50%. Therefore, thyroid shields should have at least 0.5-mm lead equivalent thickness for neck and thyroid protection. Thyroid shields provide very effective protection to the thyroid, but they do have limitations from weight and movement. The best way to reduce scattered radiation exposure to the thyroid is by wearing the thyroid shield tightly or by wearing it loosely in combination with a bismuth masking reagent. However, bismuth masking is somewhat expensive. Radiation exposure is a cause of thyroid cancer, and the dose and age of exposure to the thyroid are major risk factors for thyroid cancer. The precise risk of scattered radiation to the thyroid is still unknown. A cumulative Sv per operation has been reported to increase dose of 65 the long-term risk of thyroid cancer. The risk of radiation-induced thyroid cancer is significantly reduced with age, and the risk is less critical at age 40 years and older. However, considering the stochastic effects,

protection of the thyroid gland is essential because it can be highly exposed to scatter radiation if a thyroid shield is not worn. A thyroid shield should also be checked for damage with an annual inspection, like that for aprons.

Protective lead rubber gloves

According to the ICRP Publication 57, lead rubber gloves should be at least 0.35 mm lead equivalence. Gloves should be used to protect workers' hands when placed in close proximity or under the primary beam, for example during a barium study. This also applies to any person who is in close proximity to the X-ray beam, such as a parent holding a baby during an X-ray examination

Care of Lead rubber gloves

- Handle with care to prevent damage
- When not in use, store flat in a safe place within easy reach
- Gloves should be checked monthly for cracks or defective areas. Defective gloves should be withdrawn from use

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Gonad shields

Whenever possible, gonads should be protected from being exposed to ionizing radiation. When gonads are within the primary beam or within 5 cm of it, some shielding should be used if this can be done without obscuring or excluding information needed for diagnosis.

Gonad shields are of three different types

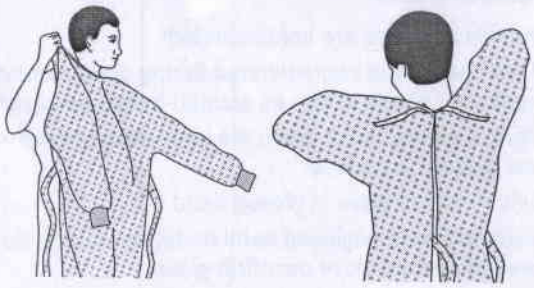
- **Contact shields:** these are fairly inexpensive and easy to use as they are made from pieces of lead sheet or lead rubber. Lead gloves can also be used for gonad shielding
- **Shadow shields:** do not come into contact with the patient as they are radio-opaque shields placed between the X-ray tube and the patient
- **Shaped contact shields**: are available for male patients If a lead rubber apron and lead gloves are beyond repair, parts of these may be cut up and be used as contact gonad shields

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

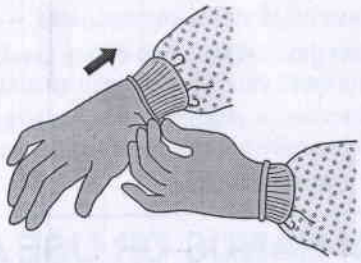
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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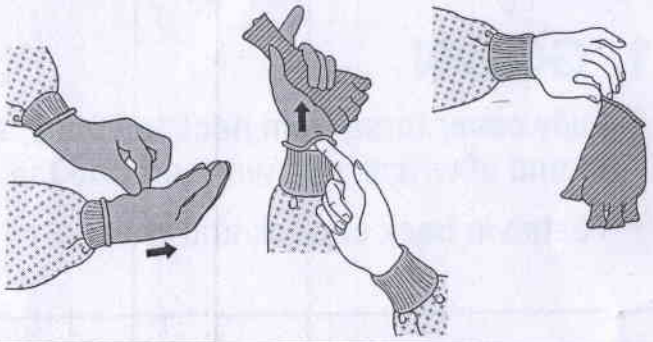
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

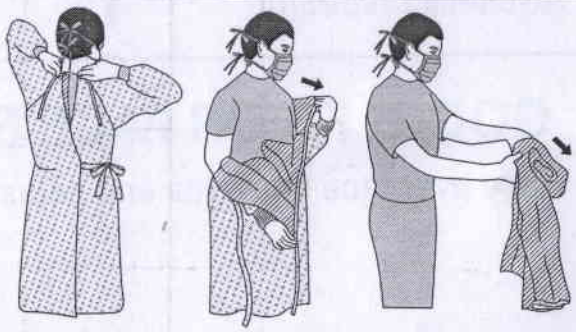


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

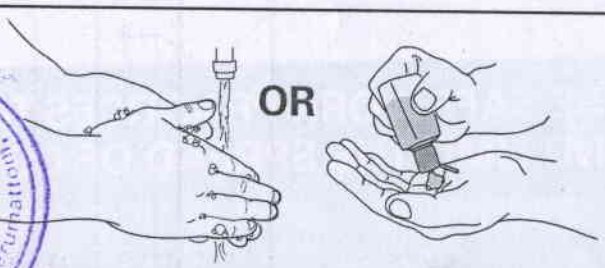
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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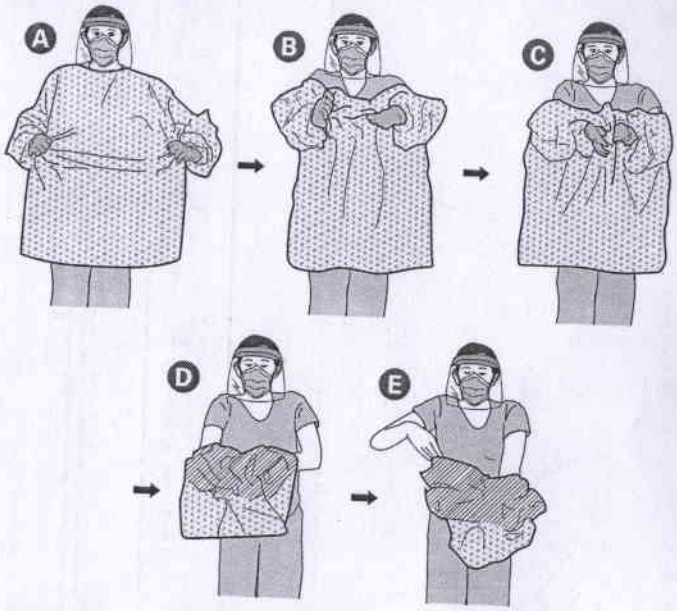
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



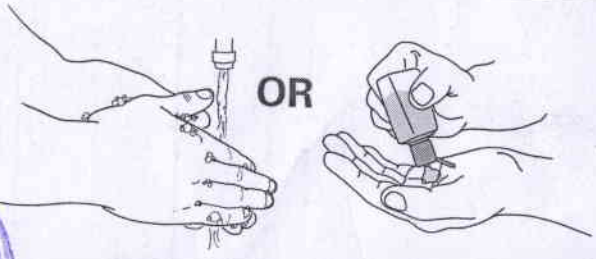
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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Patient Safety Curriculum

What is patient safety?

Safety Culture

It is the product of individual and group values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment to, and the style and proficiency of an organization's health and safety management. It compels us to share our experiences and data, both good and bad, with our colleagues so that everyone can learn from them. Providing a firm organization goal, mission and culture along with cores of leadership, teamwork, provision of evidence-based care, communication, learning, patient-centered. Making an institutional culture of patient safety through strategic planning, learning from errors, commitment to leadership, documenting and improving patient safety, encouraging and practicing teamwork, spotting potential hazards and using systems for reporting and analyzing adverse events and measuring improvement

Patient safety is a relatively new discipline, the main objectives of which are to facilitate the avoidance of preventable adverse events (accidents, errors and complications) associated with health care (in this case, dentistry) and to limit the impact of inevitable adverse events. Although investigations into aspects of patient safety generate a particular type of knowledge pertaining to accidents and complications associated with the use of materials, general procedures and clinical facilities, this discipline can be defined as a cross-sectional area that can benefit from established knowledge in other fields. Most of this shared knowledge refers to the complications inherent in the practice of the various areas of medicine and dentistry. However, patient safety is multifactorial and very complex; it includes many key elements and has various facets and cannot be simply defined as the provision of safe health care or the protection of patients from harm by health care providers. Although both the patient and the practitioner are inherently involved in patient

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safety, there are also economic, fiscal, social, cultural and organisational aspects that must be taken into account.

It is apparent that almost all health organisations undertake studies and implement measures to improve patient safety. The World Health Organisation (WHO) has embarked on an initiative that aims to bring a culture of patient safety to all levels of the global health arena through the various strategies encompassed by the World Alliance for Patient Safety. Similarly, the Organisation for Safety, Asepsis and Prevention (OSAP) has launched considerable efforts in this field.

The path to patient safety is long and will never reach a final destination. Therefore, the objectives must be reasonable, and the measures taken to achieve them effective. Possibly the most reasonable initial steps are:

- **Educating staff regarding the patient safety culture**: we must show our team our commitment to a culture of patient safety, explain its importance, and act as a team. A culture of patient safety cannot be imposed; it must be shared, and at this point appropriate team-based patient safety education is crucial. A patient safety culture defines an attitude that should be shared by all members of the dental team. All auxiliaries, hygienists and dental practitioners should undertake training, assimilate the culture and share experiences. However, the team leader has an essential role in directing activities and motivating the rest of the team.
- **Understanding our current situation**: we need to know our current situation before taking any measures. How can we do this? We can gain an idea of our current situation by taking some simple steps: we can recall and analyse any adverse events we have previously encountered; we can check the correctness of 20 medical records chosen at random; we can review our protocols for cleaning and sterilising non-disposable instruments, and we can review our protocols for action in a life-threatening emergency
- **Devising protocols to make manoeuvres and activities potentially less dangerous**: we can devise protocols for the detection of patients with allergies and for the management of particular patients, such as those who are physically or mentally disabled. An easy measure against the occurrence of surgical adverse events would involve completing a checklist prior to performing any oral surgery treatment.

- **Establishing 'safety instructions'**: these represent the 'red lines' over which we should not step in everyday practice. In the event that we do (probably for an exceptional reason), we must justify this overstepping in the clinical record. Examples of such instructions would be: do not perform a root canal treatment without using a rubber dam; never re-use containers designed for single use only; never prescribe any drug without consulting the patient's clinical record and without directly asking the patient about allergies or other health problems, and never take an X-ray in a woman of childbearing age without protection and without asking about possible pregnancy
- **Sharing experiences in patient safety with our colleagues:** a fundamental feature of a culture of patient safety is the sharing of experiences. We should offer our colleagues the opportunity to learn from our mistakes. This should be accepted as an ethical duty. To do this, the most appropriate way would be to report adverse events that have already been analysed in a de-identified manner.

These simple steps allow us to set out on the path to patient safety with the objective of improving the quality and safety of oral health care and preventing the occurrence of most clinical and legal problems. Increased awareness of and familiarity with issues related to patient safety on the part of all dental practitioners and staff are naturally crucial and can be achieved through the provision of materials and documents that aim to improve patient safety and the quality of oral health care and to reduce the incidence of adverse events and errors.

Policy statement

To promote patient safety,

1. Patient safety instruction in dental curricula to promote safe, patient-centered care.
2. Professional continuing education by all licensed dental professionals to maintain familiarity with current regulations, technology, and clinical practices.

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3. Compliance and recognition of the importance of infection control policies, procedures, and practices in dental health care settings in order to prevent disease transmission from patient to care provider, from care provider to patient, and from patient to patient.
4. Routine inspection of physical facility in regards to patient safety. This includes development and periodic review of office emergency and fire safety protocols and routine inspection and maintenance of clinical equipment.
5. Recognition that informed consent by the parent is essential in the delivery of health care and effective relationship/communication practices can help avoid problems and adverse events. The parent should under-stand and be actively engaged in the planned treatment.
6. Accuracy of patient identification with the use of at least two patient identifiers, such as name and date of birth, when providing care, treatment, or services.
7. An accurate and complete patient chart that can be interpreted by a knowledgeable third party. Standardizing abbreviations, acronyms, and symbols throughout the record is recommended.
8. An accurate, comprehensive, and up-to-date medical/ dental history including medications and allergy list to ensure patient safety during each visit. Ongoing com-munication with health care providers, both medical and dental, who manage the child's health helps ensure comprehensive, coordinated care of each patient.
9. A pause or time outs with dental team members present before invasive procedure(s) to confirm the patient, planned procedure(s), and tooth/surgical site(s) are correct.
10. Appropriate staffing and supervision of patients treated in the dental office.
11. Adherence to AAPD recommendations on behavior guidance, especially as they pertain to use of advanced behavior guidance techniques (i.e., protective stabili-zation, sedation, general anesthesia).
12. Standardization and consistency of processes within the practice. A policies and procedures manual, with ongoing review and revision, could help increase em-ployee awareness and decrease the likelihood of un-toward events. Dentists should emphasize procedural protocols that protect the patient's airway (e.g., rubber dam isolation), guard against unintended retained foreign objects (e.g., surgical counts; observation of

placement/removal of throat packs, retraction cords, cotton pellets, and orthodontic separators), and mini-mize opportunity for iatrogenic injury during delivery of care (e.g., protective eyewear).

13. Minimizing exposure to nitrous oxide by maintaining the lowest practical levels in the dental environment. This includes routine inspection and maintenance of nitrous oxide delivery equipment as well as adherence to clinical recommendations for patient selection and delivery of inhalation agents.
14. Minimizing radiation exposure through adherence to as low as reasonably achievable principle, equipment inspection and maintenance, and patient selection criteria.
15. All facilities performing sedation for diagnostic and therapeutic procedures to maintain records that track adverse events. Such events then can be examined for assessment of risk reduction and improvement in patient safety.
16. Dentists who utilize in- office anesthesia providers take all necessary measures to minimize risk to patients. Prior to delivery of sedation/general anesthesia, appropriate documentation shall address rationale for sedation/ general anesthesia, informed consent, instructions to parent, dietary precautions, preoperative health evaluation, and any prescriptions along with the instructions given for their use. Rescue equipment should have regular safety and function testing and medications should not be expired. The dentist and anesthesia providers must communicate during treatment to share concerns about the airway or other details of patient safety.
17. Ongoing quality improvement strategies and routine assessment of risk, adverse events, and near misses. A plan for improvement in patient safety and satisfaction is imperative for such strategies.
18. Comprehensive review and documentation of indication for medication order/administration. This includes a review of current medications, allergies, drug inter-actions, and correct calculation of dosage.
19. Promoting a culture where staff members are empowered and encouraged to speak up or intervene in matters of patient safety.

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Patient Safety in Dentistry

One effective way of prevent damage to patients in dentistry is reporting the adverse events so they can be investigated. The following are five basic procedures that will ensure dental patient safety.

1. **Healthcare Systems to Prioritize Patient Safety**

Patient safety in any branch of medicine has to start with the healthcare system as a whole. Medical practitioners should make the safety of patients a goal as they go about their business. They need to be keen on medical procedures so as to prevent any injuries. Members of a dental team should also make it their responsibility to report errors and accidents and discuss it amongst themselves when they hold staff meetings.

2. **Dentists to Focus on Clinical Records**

The importance of clinical records cannot be overemphasized. A dentist ought to check the patient's medical history before treatment. It is also important that clinical records showing allergies, pathologies and medication be updated regularly. All these measures aim at helping the dentist to treat the patient without making any unnecessary errors.

3. **Avoid Reuse of Tools and Packaging Material Meant for Treatment Only**

One of the main causes of errors in dentistry is the reuse of containers to package other materials. It brings about a lot of confusion as the dental care providers may end up giving the wrong treatment. If a particular material is to be disposed after use, dentists should ensure that it is done. If reused, these disposable materials may spread infections among patients. Containers should not be reused because they have fewer preservatives and could infect the areas where they kept.

4. **Be Cautious When Prescribing Medication**

Giving the wrong prescription in dentistry is something that occurs often. Medical experts in this field, however, can take measures to ensure cases like this are eliminated. One way is letting the patient know about the prescription. Give the details: when to take, number of injections, duration and tell the patient the importance of following the doctor's advice. The dentist should also look at the patient's medical history before making any prescriptions. Keenness on the doses given is also crucial. Talking to their patients and recording their reaction to medication is also equally vital.

5. **Readiness for Emergencies**

Emergency cases in dentistry are few but when they happen when the dental team is not prepared. It can be a painful experience for the patient. The goal here is for members of the dental team to be ready with treatment, and know their roles once they are informed that they need to attend to an emergency situation. During this situation, dentists should keep close to the patients and accompany them in the event that they are transferred to another medical facility.

Many of the adverse events happening in dental care are as a result of a few mistakes. These basic procedures will help significantly reduce their occurrence.

Applying safety measures like:

1. Educating staff regarding patient safety culture
2. Understanding our current situation
   a. Recall and analyze adverse events encountered
   b. Check correctness of 20 medical records chosen at random
   c. Review our protocols for cleaning and sterilizing non-disposable instruments
   d. Review our protocols for action in a life-threatening emergency.
3. Devising protocols to make maneuvers and activities in potentially less dangerous criterias
4. Establishing "Safety Instructions" (red lines)
   a. Do not perform Root Canal Treatment (RCT) without rubber dam
   b. Never re-use containers designed for single-use only

Never prescribe any drug without consulting patient clinical record and without directly asking the patient about allergies or other health problems

5. Never take X-ray in a woman of child-bearing age without protection and without asking possible pregnancy
6. Sharing experiences in patient safety with our colleagues.

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Errors in Clinical Documents, Information, and Referral of Patients

1. Histories which lack essential data (clinical and allergic background and updated information about medication)

2. Use of abbreviations (or bad handwriting) that lead to confusion on the part of other professionals at the same center using the same history

3. Failure to provide adequate information to the patient about the procedure, its potential risks or recommendations that must be followed to avoid complications

4. Inaccuracies in patient referrals to other professionals that may lead them to make mistakes.

Prescribing Errors

1. Errors in the indication for the drug (in relation to the type of drug, dose or duration of treatment)

2. Allergic reactions that occur because of a lack of adequate medical records

3. Drug interactions that occurs because the prescribing practitioner lacks the relevant pharmacological knowledge or fails to update the list of drugs taken by the patient

4. Wrong dose of the drug (especially common in children and in patients with alterations in the metabolism or elimination of drugs)

5. Duplication of drugs (especially common with anti-inflammatories) because of a lack of coordination among the various professional prescribing for the same patient.

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Adverse Event

Unexpected result of a health care treatment which leads to prolonging treatment, some type of morbidity, mortality or simply any harm which the patient should not have suffered. It is a broad concept which includes errors, accidents, delays in providing care, negligence, etc., but not the complications inherent to the patient's disorder or disease itself.

Surgical Events

1. Errors in treatment planning (sometimes associated with lack of adequate clinical records previous to treatment)
2. Errors in the type of procedure performed (motivated by incorrect patient identification or inadequate clinical history)
3. Errors in the area of intervention (Wrong-site surgery) that occur as a result of forgetfulness or the inappropriate interpretation of records by the professional
4. Errors in pre-operative prophylaxis in medically compromised patients
5. Errors in the monitoring and control of operated patients (no post-operative instruction sheet or lack of post-surgical control)
6. Post-surgical infections (detected late or inadequately treated).

Accidents

1. The patient falls (due to poorly organized furniture, architectural barriers, slippery floors, etc.)
2. Heavy or sharp instruments or apparatus fall on the patient
3. The patient suffers accidental cuts and burns
4. The patient ingests/inhales small dental material
5. The patient suffers eye damage.

Negligence

Error which is difficult to justify due to a lack of knowledge or basic skills, failure to take minimum precautions, carelessness, etc.

Near miss

Event which nearly causes harm to the patient and which is avoided by luck or due to action at the last moment. One example would be prescribing an antibiotic derived from penicillin

to an allergic patient, because this information does not appear in his or her clinical record, and gaining knowledge of that allergy because the patient informs us of it when we provide him or her with the prescription. Various studies have found that many more such incidents (near miss) occur than do actual adverse events. In the specific case of prescribing pharmaceuticals, it is estimated that approximately seven times more near misses occur than adverse events

Goals of Patient Safety

1. Correctly identify the patients
2. Effective communication
3. Safety alert for High-alert medicines
4. Eliminate errors like wrong-side, wrong-patient, wrong procedure surgeries
5. Reduce the health-care acquired diseases
6. Reduce risk of patient hurt against equipment, falls.

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ANNOOR DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi, Affiliated to Kerala University of Health Sciences and Recognised by Govt of India)
Muvattupuzha-686673, Ernakulam Dist, Kerala, India
E Mail: annoordentalcollege@rediffmail.com website:www.annoordentalcollege.org
Ph: 0485-2815217, 2815917, 0485-2838000 (30 Lines) Fax: 0485-2815817

FUMIGATION PROTOCOL

Cleaning and Fumigation

- Daily cleaning should be carried out after the operating sessions are over.
- All the surfaces should be cleaned with detergent and water and may be wiped over with a phenol if any spills with blood / body fluid are present.
- All the walls must be wiped down to hand height every day.
- The floors should be scrubbed with warm water and detergent and dried. No disinfectant is necessary.
- The O.T. table and other non clinical equipments must be wiped to remove all visible dirt and left to dry.
- Weakly cleaning of all the areas inside the operating theatre complex should be done thoroughly with warm water and detergent and dried.
- The storage shelves must be emptied and wiped over, allowed to dry and restacked.

Procedure for fumigation

The windows should be sealed and formaldehyde should be generated either by boiling a solution of formalin 40% or by adding it to potassium permanganate, in a metal vessel on the floor, since heat is also generated. The door is then closed and sealed. For a 10 x 10 x 10 ft room - 150 gm potassium permanganate and 280 ml of formalin are used.

Fumigation should be performed in the evening prior to the week end holiday

In case of procedures with infective cases the fumigation is performed soon after the completion of procedure.

CONTROL MEASURES TO REDUCE RISK

- The procedure must only be carried out by suitably trained and authorised personnel.
- Sufficient warning signs must be displayed to ensure there is no inadvertent exposure to vapour. Where possible rooms should be locked to prevent entry.

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- Exposure to liquid formaldehyde during preparation should be kept to a minimum.
- When priming fumigation kettles the exact amount of formaldehyde should be dispensed into a small plastic universal container within a fume cupboard
- The controls should be operable from outside.
- Use only proprietary fumigation kettles.
- Suitable respiratory protective equipment [full-face respirator] must be available for use in the event of emergency/inadvertent release.

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IMMUNIZATION POLICY

(A) Policy Statement

Annoor Dental College faculties and students reduce the personal risk of infection and reduce the spread of vaccine preventable infection by receiving appropriate vaccine.

(B) Purpose of Policy

The purpose of this policy is to outline the immunization required by faculty and students at Annoor Dental College and Hospital Campus.

(C) Scope

This policy, unless otherwise noted, applies to the staff of Annoor Dental College and hospital that comes into contact with patients, including dental staff, House surgeons and students.

(C) Responsibility

1. Assures up-to-date health records for every student.
2. Provides vaccination for at-risk employees.
3. Reports any job-related infection to the Department
4. Reports infection hazards to the appropriate department.
5. Assures that communicable diseases in students and staff are reported to the Department
6. Assures the adequacy of policies through regular review and revision
7. Develop policies as needed

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(D) Procedure

1. Will investigate job-related infections and exposures to communicable diseases.
2. Will advise appropriate action, including prophylaxis, after exposure of staff and students to communicable diseases.
3. Immunization

Hepatitis B Vaccine:

(i) Students will be evaluated during first year admission process to determine their vaccination status.

(ii) Staff will be evaluated on hire with completion of initial health history to evaluate their vaccination and requirements.

(iii) The vaccine is available after new staff orientation.

(iv) Staff who is incompletely vaccinated should receive additional doses to complete the vaccine series.

(v) New employee with reasonable risk of exposure must show proof of completion Hepatitis vaccine series.

(vi) Hepatitis B vaccine is available to all staff, students and house surgeons with occupational exposure to blood or other potentially infectious materials working in clinical area.

- List of students, teachers and hospital staff, who received such immunization during the preceding academic year

All students are admitted to the course only after immunization Hepatitis B

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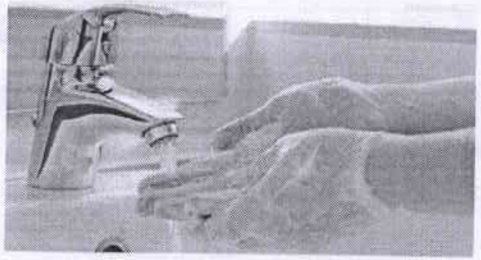
PROTOCOL TO BE FOLLOWED AFTER NEEDLE STICK INJURY

1. CLEAN IT

Wash the contaminated area with water and soap



- NEVER USE ANTISEPTICS
- DON'T SQUEEZE
- DON'T KEEP THE INJURED SITE IN THE MOUTH

2. REPORT IT

Incident should be reported to the HOD/in-charge and enter it in the register

3. TREAT IT

Find out the patient HIV, HBV & HCV status and receive appropriate treatment with in 72 Hrs

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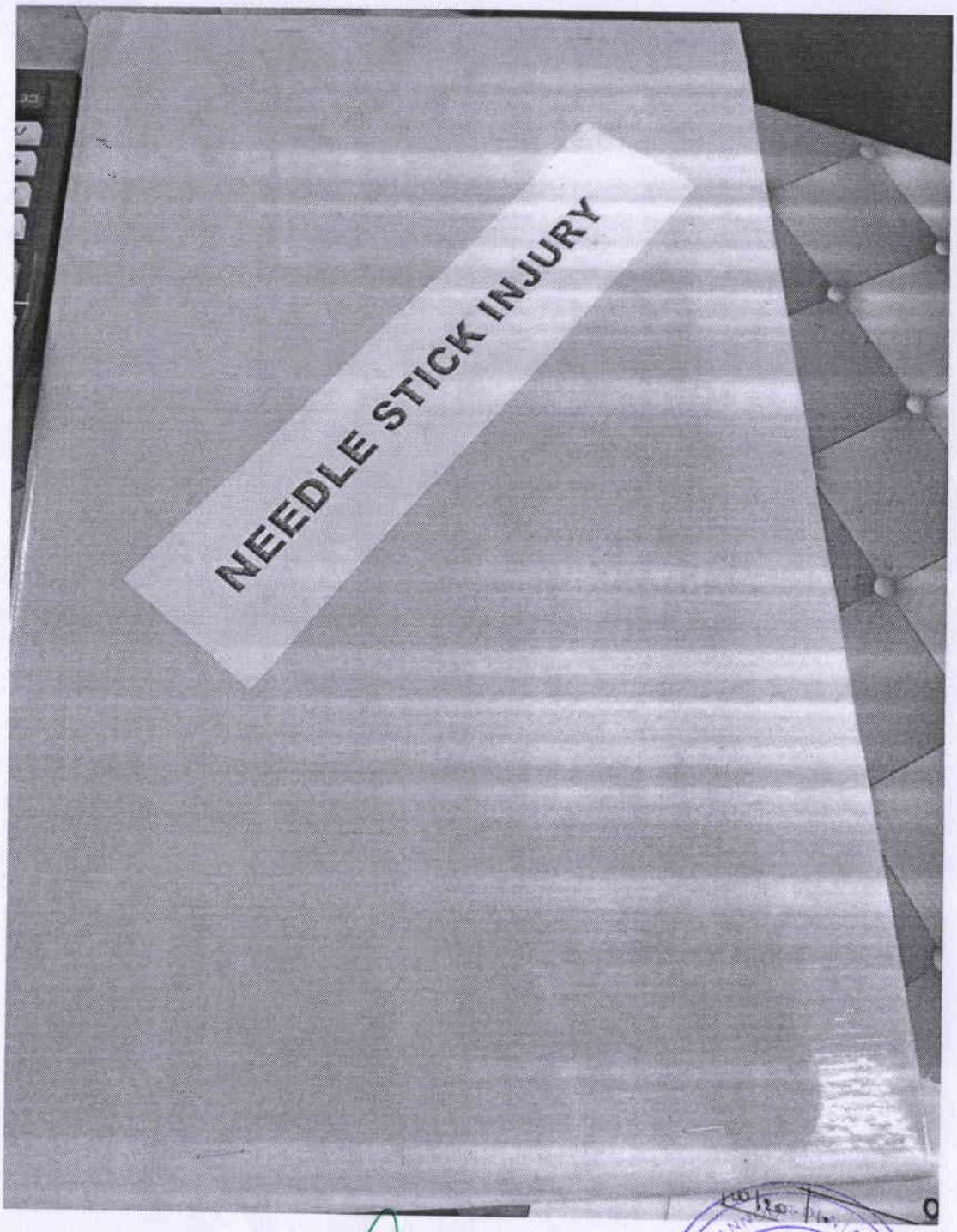

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NEEDLE STICK INJURY Reg: For the year - 2

YEAR - 2018 -

Date	Name of the Doctor/staff	Name of the patient

No needle sticks injuries were reported

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Dept of Oral & Maxillofacial Su
Muvattupuzha

Date	Name of the Doctor/staff	Name of the Patient

No needle stick injuries were reported during the period.

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