









# KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.



## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 07/02/2024

KMCT/HC/MNT-03

Venue: Conference room

| NAME               | DESIGNATION                                                                            | SIGNATURE |
|--------------------|----------------------------------------------------------------------------------------|-----------|
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON                                                             |           |
| DR DINESH KUMAR.PM | ACCREDITATION COORDINATOR PROFESSOR,<br>DEPARTMENT OF DRAVYAGUNA & COMMITTEE<br>MEMBER |           |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE                                                          |           |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER                                                       |           |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER                                                                |           |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER                                                  |           |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER                                                        |           |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER                                                  |           |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER                                                            |           |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER                                                            |           |

### Agenda

1. Follow up of last meeting.
2. To implement food handlers audit.
3. To implement Kitchen rounds.
4. Temperature & humidity monitoring of Lab & OT

### Points Discussed

Following details presented by Secretary.

| Sl no | Points discussed                                                         | Actions taken/ suggested | Responsible person             | Time frame              |
|-------|--------------------------------------------------------------------------|--------------------------|--------------------------------|-------------------------|
| 1.    | Water culture & swab cultures are in progress                            | Committee approved       | Shiji, ICN                     | On going                |
| 2.    | Briefly explained points including under food handlers audit.            | NA                       | Shiji, ICN                     | From November onwards   |
| 3.    | Quality Coordinator suggested Kitchen rounds should be done by ICO & ICN | NA                       | Dr. Shamna Mohan<br>Shiji, ICN | From this month onwards |
| 4.    | Temperature & humidity monitoring of Lab & OT submitted.                 | Committee approved       | Shiji, ICN                     | From this month onwards |

PREPARED BY

SHIJI  
ICN

REVIEWED BY

DEEPA P  
QUALITY COORDINATOR

APPROVED BY

SHAMNA MOHAN  
ICO

Manassery PO, Mukkam, 673602, Kozhikode, Kerala

☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in

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## AYURVEDA MEDICAL COLLEGE

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# KMCT

## AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 05/01/2024

KMCT/HIC/MNT-02

Venue: Conference room

| NAME               | DESIGNATION                                                                      | SIGNATURE |
|--------------------|----------------------------------------------------------------------------------|-----------|
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON                                                       |           |
| DR DINESH KUMAR.PM | ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER |           |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE                                                    |           |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER                                                 |           |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER                                                          |           |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER                                            |           |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER                                                  |           |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER                                            |           |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER                                                      |           |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER                                                      |           |

### Agenda

1. Follow up of last meeting.
2. To implement hand hygiene audit.
3. To implement needle stick protocol stickers.
4. To start mock drills & its periodical evaluation.
5. To check vaccination status of staffs.

### Points Discussed

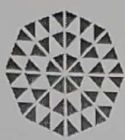
Following details presented by Secretary.

| Sl no | Points discussed                                                                                                                                                                         | Actions taken/ suggested | Responsible person | Time frame            |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------|
| 1.    | The following papers were submitted<br>1. Approved list of notifiable disease<br>2. Approved tank cleaning schedule<br>3. Blood spill and mercury spill kit<br>4. Hic Quality indicators | Committee approved       | Shiji, ICN         |                       |
| 2.    | Briefly explained the moments of hand hygiene & steps of hand washing by committee secretary. Advised all departments to do so                                                           | Committee Approved       | Shiji, ICN         | From November onwards |
| 3.    | Needle stick protocol stickers given & explained.                                                                                                                                        | Committee approved       | Shiji, ICN         | From this month       |

PREPARED BY  
SHIJI   
ICN

REVIEWED BY   
DEEPA P  
QUALITY COORDINATOR

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ICO



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|    |                                                                                                                               |                    |            | onwards                 |
|----|-------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-------------------------|
| 4. | Explained the mock drills & practiced with committee members<br>Advised all departments to do so under the supervision of ICN | Committee approved | Shiji, ICN | From this month onwards |
| 5. | Vaccination status of staffs submitted.                                                                                       | Committee approved | Shiji, ICN |                         |

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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 04/12/2023

KMCT/HC/MNT-01

Venue: Conference room

| NAME               | DESIGNATION                                                                            | SIGNATURE |
|--------------------|----------------------------------------------------------------------------------------|-----------|
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON                                                             |           |
| DR DINESH KUMAR.PM | ACCREDITATION COORDINATOR PROFESSOR,<br>DEPARTMENT OF DRAVYAGUNA & COMMITTEE<br>MEMBER |           |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE                                                          |           |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER                                                       |           |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER                                                                |           |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER                                                  |           |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER                                                        |           |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER                                                  |           |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER                                                            |           |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER                                                            |           |

### Agenda

1. To give a brief to committee members about HIC committee policy and the role of members
2. Approval of culture schedule
3. Approval of cleaning schedule department wise

### Points Discussed

Following details presented by Secretary.

| Sl no | Points discussed                                                                                   | Actions taken/ suggested      | Responsible person | Time frame                   |
|-------|----------------------------------------------------------------------------------------------------|-------------------------------|--------------------|------------------------------|
| 1.    | Briefly explained the roles and responsibilities of members by committee secretary                 | Nil                           | Nil                | Nil                          |
| 2.    | Culture schedule submitted                                                                         | Committee approved            | Shiji, ICN         | From this month onwards      |
| 3.    | Cleaning schedule submitted                                                                        | Committee approved            | Shiji, ICN         | From this month onwards      |
| 4.    | DR Dinesh Kumar.PM suggested prepare the following and submit report in next meeting for approval. | Responsibility given to Shiji | Shiji, ICN         | To submit it in next meeting |

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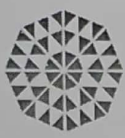
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## AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 07/02/2024

KMCT/HIC/MNT-03

Venue: Conference room

| NAME               | DESIGNATION                                                                      | SIGNATURE |
|--------------------|----------------------------------------------------------------------------------|-----------|
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON                                                       |           |
| DR DINESH KUMAR.PM | ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER |           |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE                                                    |           |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER                                                 |           |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER                                                          |           |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER                                            |           |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER                                                  |           |
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## AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IIC Committee conducted on 05/01/2024

KMCT/HIC/INT-02

Venue: Conference room

| NAME               | DESIGNATION                                                                      | SIGNATURE |
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| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON                                                       |           |
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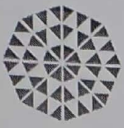
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KMCT/HC/MNT-01

Venue: Conference room

| NAME               | DESIGNATION                                                                      | SIGNATURE |
|--------------------|----------------------------------------------------------------------------------|-----------|
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#### AYURVEDA MEDICAL COLLEGE HOSPITAL

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|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | <ol style="list-style-type: none"> <li>1. Approved list of notifiable disease</li> <li>2. Approved tank cleaning schedule</li> <li>3. Blood spill and mercury spill kit</li> <li>4. Pest control MoU</li> <li>5. Hic Quality indicators</li> </ol> |  |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

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## TRAINING REGISTER

TRAINING TOPIC: *Code Blue.*

TRAINER NAME AND DESIGNATION: *Dr N. S. S. B. T. K.*

DATE: *18/3/24*. TIME: *2:30 PM*.

TRAINER SIGN: *[Signature]*

TRAINING DURATION: *1 hour*

| Sl No. | EMPLOYEE NAME       | EMPLOYEE CODE | DESIGNATION           | SIGN           |
|--------|---------------------|---------------|-----------------------|----------------|
| 1      | <i>Nisha P Jose</i> | <i>8011</i>   | <i>Pharmacist</i>     | <i>NB</i>      |
| 2      | <i>Smrithi P</i>    | <i>8011</i>   | <i>Therapist</i>      | <i>Smrithi</i> |
| 3      | <i>Sheeja Binu</i>  | <i>8028</i>   | <i>Therapist</i>      | <i>Sheeja</i>  |
| 4      | <i>Shruti V</i>     | <i>8020</i>   | <i>Ayurveda nurse</i> | <i>Shruti</i>  |
| 5      | <i>Dealy V A</i>    | <i>7015</i>   | <i>Receptionist</i>   | <i>Dealy</i>   |
| 6      | <i>Dipesh K</i>     | <i>7022</i>   | <i>Therapist</i>      | <i>D</i>       |
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*[Signature]*

APPROVED BY/REVIEWED BY

KMCT/REG/03

REV:00

DATE:01-05-2023

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## AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: *Hand washing technique*

TRAINER NAME AND DESIGNATION: *Shiji ICN*

DATE: *1-12-23* TIME: *12:00 pm*

TRAINER SIGN: *[Signature]*

TRAINING DURATION: *50 mins*

| SL No. | EMPLOYEE NAME      | EMPLOYEE CODE | DESIGNATION                | SIGN               |
|--------|--------------------|---------------|----------------------------|--------------------|
| 1      | <i>Sarany V</i>    |               | <i>Therapist</i>           | <i>[Signature]</i> |
| 2      | <i>Sheela Biju</i> |               | <i>HR Staff</i>            | <i>[Signature]</i> |
| 3      | <i>Priyanka TP</i> |               | <i>Lab technician</i>      | <i>[Signature]</i> |
| 4      | <i>Neelam V</i>    |               | <i>Lab technician</i>      | <i>[Signature]</i> |
| 5      | <i>Soumya P</i>    |               | <i>Therapist</i>           | <i>[Signature]</i> |
| 6      | <i>Cruphika</i>    |               | <i>Therapist/Assistant</i> | <i>[Signature]</i> |
| 6      | <i>Neelima</i>     |               | <i>Lab technician</i>      | <i>[Signature]</i> |
| 7      | <i>Devi Shya</i>   |               |                            |                    |

APPROVED BY/REVIEWED BY *[Signature]*

KMCT/REG/03

REV:00

DATE:01-05-2023



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