



## TRAINING REGISTER

TRAINING TOPIC: Proceedure for Incident reporting

TRAINER NAME AND DESIGNATION: Dr. P 10 DIRECTO KLEET DATE: 19/3/24 TIME: 3 404 PM

TRAINER SIGN:

TRAINING DURATION: 1 LACAY .

| SL<br>No. | EMPLOYEE NAME  | CODE   | DESIGNATION  | SIGN  |
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| 2         | Dr. Shama  | 7004   | RMs.   | 1 50-   |
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| T         | Nisha Place  | 1108   | Pharmacist   | 140   |
| 8         | Riju. B  | 8018   | Pharmacis!   | Proces  |
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APPROVED BY/REVIEWED BY

KMCT/REG/03

DATE 01-05-2023

Manassery PO, Mukkam, 673602, Kozhikode, Kerala **4** 0495-229 4664 ⊠ ayurveda@kmct.edu.in @www.kmctayurvedacollege.org















## TRAINING REGISTER

TRAINING TOPIC: Proceedure for lahelling of mudication.

TRAINER NAME AND DESIGNATION: Dr. Savar Mohan DATE: 20/3/24 TIME: 2-3 PM.

TRAINER SIGN: 9 Medical Rught of Fit Combacherran.

TRAINER SIGN: 1 HOUR.

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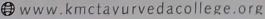
| SL<br>No. | EMPLOYEE NAME        | CODE  | DESIGNATION  | SIGN   |
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| 1.        | Or Agitha Ashor      | TOOT  | RMO  | 一  |
| 2.        | Dr. Shampa.          | 7004. | RMO.   | to   |
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| 5         | Nisha Plose          | 108   | Pharmacist   | NE   |
| 6         | Biju 5.              | 8018  | Pharmaciat   | MINTED   |
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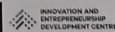
DATE:01-05-2023

Manassery PO, Mukkam, 673602, Kozhikode, Kerala 







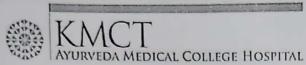












Minutes of the meeting of HIC Committee conducted on 07/02/2024

| KMCT/HC/MNT-03     | e: Conference room  |           |
|--------------------|---|-----------|
| NAME               | DESIGNATION   | SIGNATURE |
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON  | bo.       |
| DR DINESH KUMAR.PM | ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER | Om        |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE   | <b>26</b> |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER  | alaska    |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER   | Agn       |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER   | Mode      |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER   | Se Se     |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER   | 10/       |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER   | 70i       |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER   | 35/       |

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

<u>Points Discussed</u> Following details presented by Secretary

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

PREPARED BY

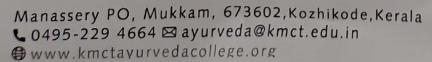
REVIEWED BY DEEPA P QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN















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

| KMCT/HC/MNT-02     | Veni  | ie: Conference room |
|--------------------|---|---------------------|
| NAME               | DESIGNATION   | SIGNATURE           |
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON  | 10                  |
| DR DINESH KUMAR.PM | ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER | Din                 |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE   | 86                  |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER  | oleget-             |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER   | A-60.               |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER   | Out                 |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER   | 8.                  |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER   | 100/                |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER   | 333                 |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER   | 337                 |

## Agenda

- 1. Follow up of last meeting.
- To implement hand hygiene audit.
- To implement needle stick protocol stickers.
- To start mock drills & its periodical evaluation.
- 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  1. Approved list of notifiable disease  2. Approved tank cleaning schedule  3. Blood spill and mercury spill kit  4. Hic Quality indictors | 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<br>November<br>onwards |
| 3.    | Needle stick protocol stickers given& explained.  | Committee approved       | Shiji, ICN         | From this month             |

PREPARED BY

REVIEWED BY DEEPA P

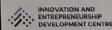
QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN

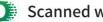
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|    | THE PROPERTY  |                    |            | Oll Morro               |
|----|---|--------------------|------------|-------------------------|
| 4. | Explained the mock drills &practiced with committee members Advised all departments to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

PREPARED BY SHIJI ICN REVIEWED BY DEEPA P
QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN (8)

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

| KMCT/HC/MNT-01     | venu  | Venue; Conference room |  |  |  |
|--------------------|---|------------------------|--|--|--|
| NAME               | DESIGNATION   | SIGNATURE              |  |  |  |
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON  | 10%                    |  |  |  |
| DR DINESH KUMAR.PM | ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER | Dan                    |  |  |  |
| MRS. SHUI          | NURSE INFECTION CONTROL NURSE   | 36                     |  |  |  |
| MRS,NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER  | deura                  |  |  |  |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER   | Ago                    |  |  |  |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER   | Out                    |  |  |  |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER   | 3                      |  |  |  |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER   | 0/                     |  |  |  |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER   | This                   |  |  |  |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER   | 360                    |  |  |  |

- 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.

| SIno | Points discussed   | Actions taken/ suggested      | Responsible person | Time frame                   |
|------|--|-------------------------------|--------------------|------------------------------|
| 1.   | Briefly explained the roles and responsibilities of members by committee secretary                 | NII                           | 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 |

PREPARED BY SHIJI

REVIEWED BY DEEPA P

QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN

Manassery PO, Mukkam, 673602, Kozhikode, Kerala www.kmctayurvedacollege.org















## TRAINING REGISTER

TRAINING TOPIC Proceed we for Incident reporting.

TRAINER NAME AND DESIGNATION: D. P & DIRECT KEEP DATE: 19/3/24 TIME: 3 404 PM

TRAINER SIGN:

TRAINING DURATION: 1 LOCAT .

| SL<br>No. | EMPLOYEE NAME  | CODE   | DESIGNATION  | SIGN   |
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| 1.        | Dr. proseja  | 4012   | pmo.   | Chr leave  |
| 2         | Dr. Shuna  | 2004   | RME  | 500  |
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| 4.        | Mrs. Prosectha   | 8021   | Marse  | 1 12   |
| 5.        | Shore v  | 80:0   | N/u-30   | 1 4  |
| 3466      | Swapna-le  | 8008   | paricharika  | /c03   |
| 7         | Nisha Plase  | 1108   | Pharmacist   | 100  |
| 8         | Ayu. B   | 80/8   | Phaymacist   | Coper  |
| 9         | Ntefhu-V   | 1004   | LataTechnicias   | deth   |
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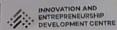
KMCT/REG/03

DATE 01-05-2023

Manassery PO, Mukkam, 673602,Kozhikode,Kerala • 0495-229 4664 ⊠ ayurveda@kmct.edu.in















### TRAINING REGISTER

TRAINING TOPIC: Proceedure for lahelling of mudication.

TRAINER NAME AND DESIGNATION: DY SOYCH MOLICE DO 13/3/3/4 TIME: 2-3 PM.

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| SL<br>No. | EMPLOYEE NAME                           | EMPLOYEE | DESIGNATION | SIGN   |
|-----------|---|----------|-------------|--|
| 1.        | Dr. Anjitha Ashor                       | TOOT     | RMO         | fred-  |
| 2.        | Dr. Shampa.                             | 7004     | RMO.        | 12.  |
| 3.        | Shire V<br>Nisha P 10 x                 | =1012    | PMO         | The Breeze   |
| 4.        | Shorev                                  | 8020     | Nonsa       | 46   |
| 5         | Nisha Plox                              | 108      | Pharmacist  | VAD  |
| 67        | Biju B. Bing Kumer 1                    | 8018     | Threepist   | Myston   |
|           | Bing Kumer, al                          | 7000     | Therapist   | 000  |
| 8         | 50000J-P                                | 8037b    | chesaput    | 243  |
| 9         | Scorat P<br>Sheela Binu<br>Kenga        | 80.03    | Therapist-  | Eneck .  |
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APPROVED BY/REVIEWED BY

DATE:01-05-2023

Manassery PO, Mukkam, 673602, Kozhikode, Kerala **L** 0495-229 4664 ⊠ ayurveda@kmct.edu.in www.kmctayurvedacollege.org















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

| Vent  | ue: Conference room  |
|---|--|
| DESIGNATION   | SIGNATURE  |
| ICO, COMMITTEE CHAIRPERSON  | bo:  |
| ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER | Om   |
| NURSE INFECTION CONTROL NURSE   | <b>26</b>  |
| LAB TECHNICIAN, COMMITTEE MEMBER  | alse   |
| X RAY, COMMITTEE MEMBER   | Akm  |
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|   | 100  |
| THERAPIST, COMMITTEE MEMBER   | ) <del>(</del>   |
|   | DESIGNATION  ICO, COMMITTEE CHAIRPERSON  ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER  NURSE INFECTION CONTROL NURSE  LAB TECHNICIAN, COMMITTEE MEMBER  X RAY, COMMITTEE MEMBER  RECEPTION IN CHARGE, COMMITTEE MEMBER  HOUSE KEEPING, COMMITTEE MEMBER  QUALITY COORDINATOR, COMMITTEE MEMBER  THERAPIST, COMMITTEE MEMBER |

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

## Points Discussed

Following details presented by Secretary.

| SI no | Points discussed   | Actions taken/ suggested | Date: 31                      |                              |
|-------|--|--------------------------|-------------------------------|------------------------------|
| 1.    | Water culture & swab cultures are in progress                                  | Committee approved       | Responsible person Shiji, ICN | Time frame                   |
| 2.    | Briefly explained points including under food handlers audit.                  | NA .                     |                               | On going<br>From<br>November |
| 3.    | Quality Coordinator suggested<br>Kitchen rounds should be done by<br>ICO & ICN | NA                       | Dr. Shamna Mohan              | onwards From this month      |
| 4.    | Temperature & humidity monitoring of Lab & OT submitted.                       |                          | Shiji, ICN                    | onwards From this            |
| -     |  | Committee approved       | Shiji, ICN                    | month                        |

PREPARED BY

REVIEWED BY DEEPA P QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN

Manassery PO, Mukkam, 673602, Kozhikode, Kerala ⊕ www.kmctayurvedacollege.org













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

| NAME               |   | ue: Conference room |
|--------------------|---|---------------------|
| DR. SHAMNA MOHAN   | DESIGNATION   | SIGNATURE           |
|                    | ICO, COMMITTEE CHAIRPERSON  | 10                  |
| DR DINESH KUMAR,PM | ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER | Jun                 |
| MRS. SHIJI         | NURSE INFECTION CONTROL NURSE   | 86                  |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER  | aluff-              |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER   | A-60.               |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER   | aust                |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER   | 8                   |
| MRS. DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER   | 100/                |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER   | JB.                 |
| ARS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER   | 3                   |

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

### Points Discussed

Following details presented by Secretary.

| Slno | Points discussed  | Actions taken/ suggested | Responsible person | Time frame                  |
|------|---|--------------------------|--------------------|-----------------------------|
| 1.   | The following papers were submitted  1. Approved list of notifiable disease  2. Approved tank cleaning schedule  3. Blood spill and mercury spill kit  4. Hic Quality indictors | Committee approved       | Shiji, ICN         | Time name                   |
| 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<br>November<br>onwards |
| 3.   | Needle stick protocol stickers given& explained.  | Committee approved       | Shiji, ICN         | From this                   |

PREPARED BY

REVIEWED BY DEEPA P

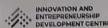
QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN ICO

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

PREPARED BY

REVIEWED BY W DEEPA P QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN

Manassery PO, Mukkam, 673602, Kozhikode, Kerala **L** 0495-229 4664 ⊠ ayurveda@kmct.edu.in ⊕ www.kmctayurvedacollege.org















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

| KMCT/HC/MNT-01     | Venue   | is Conference room |
|--------------------|---|--------------------|
| NAME               | DESIGNATION   | SIGNATURE          |
| DR. SHAMNA MOHAN   | ICO, COMMITTEE CHAIRPERSON  | ko/.               |
| DR DINESH KUMAR,PM | ACCREDIATATION COORDINATOR PROFESSOR,<br>DEPARTMENT OF DRAVYAGUNA & COMMITTEE<br>MEMBER | Dun                |
| MRS, SHIJI         | NURSE INFECTION CONTROL NURSE   | 86                 |
| MRS.NEETHU         | LAB TECHNICIAN, COMMITTEE MEMBER  | duelle             |
| MISS. AYANA        | X RAY, COMMITTEE MEMBER   | Agol               |
| MRS. DERLY         | RECEPTION IN CHARGE, COMMITTEE MEMBER   | Out                |
| MRS. SAJITHA       | HOUSE KEEPING, COMMITTEE MEMBER   | 3                  |
| MRS, DEEPA         | QUALITY COORDINATOR, COMMITTEE MEMBER   | 0/                 |
| MR. BINU KUMAR     | THERAPIST, COMMITTEE MEMBER   | Jas                |
| MRS. ANJU KRISHNNA | THERAPIST, COMMITTEE MEMBER   | 360                |
|                    |   |                    |

### 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.

| Slno | Points discussed   | Actions taken/ suggested      | Responsible person | Time frame                         |
|------|--|-------------------------------|--------------------|------------------------------------|
| 1.   | Briefly explained the roles and responsibilities of members by committee secretary                 | NII                           | 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<br>in next<br>meeting |

PREPARED BY SHIJI ICN

REVIEWED BY DEEPA P QUALITY COORDINATOR APPROVED BY SHAMNA MOHAN

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| 1. | Approved  | list | of | notifiable |
|----|-----------|------|----|------------|
|    | disease   |      |    |            |
| 13 | PARTITION |      |    |            |

- Approved tank cleaning schedule
- 3. Blood spill and mercury spill kit
- Pest control MoU
- Hic Quality indictors

PREPARED BY SHIJI ICN

REVIEWED BY DEEPA P QUALITY COORDINATOR

APPROVED BY SHAMNA MOHAN

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# TRAINING REGISTER

TRAINING TOPIC: Spill margement

TRAINER NAME AND DESIGNATION: Shiji 1CM

DATE: 10-12-23 TIME: 12-55 PM

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TRAINING DURATION: 75 mil

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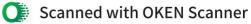
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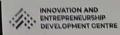


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| 2.       | Dr. Anzilla Ashok                     | 7007              | Rmo  | Arry   |
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| 4        | Dr. sallysja. N.7.                    | 7610              | RMO  | Charle.  |
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| 9        | Diperh                                | 7022              | Therapist  | -9   |
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| il       | Sheeja Binu                           | 8023              | Thexa Pist X- Ray Technician.  | Ortode .   |
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## TRAINING REGISTER

TRAININGTOPICE Code Blue.

TRAINER NAME AND DESIGNATION: LA NADCEB TIL

DATE: 18/3/24, TIME: 2.3 PM.

TRAINER SIGN:

TRAINING DURATION: 1 hour .

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| 3                                       | Sheeja Binu  | 80.00  | TD oda PIST  | They   |
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| 5_                                      | Deelyva  | 7015   | Receptionist   | (Deigo   |
| 6-                                      | Sheela Binu Shift e W Desly VM Diposh 6  | 7.072  | Phermacist Therapist Myurrath Nurse Receptionist Therapist   | D-   |
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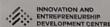
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DATE:01-05-2023

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# TRAINING REGISTER

TRAINING TOPIC: Code Red

TRAINER NAME AND DESIGNATION: Krighan Lautty DATE: 20-11-23TIME: 1:00 PM

TRAINER SIGN:

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TRAINING DURATION: 1:30 km inb

| SL<br>No. | EMPLOYEE NAME                         | EMPLOYEE CODE  | DESIGNATION  | SIGN          |
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| 4         | Drishya. Thankamani Bijki Shiji Nisha |  | 106  | North         |
| -5        | Thankamani                            |  | rul Buce per   | North<br>Thus |
| 3         | Bida                                  |  | Mhribanist   | Order         |
| 7         | Shiji                                 |  | NCLYSC.  | 0             |
| 8         | Nisha                                 |  | pharmasist   | NIEL          |
| 10        |                                       |  | Sweeper  | (Ps           |
| 11        |                                       |  | Therapist.   | Praselle      |
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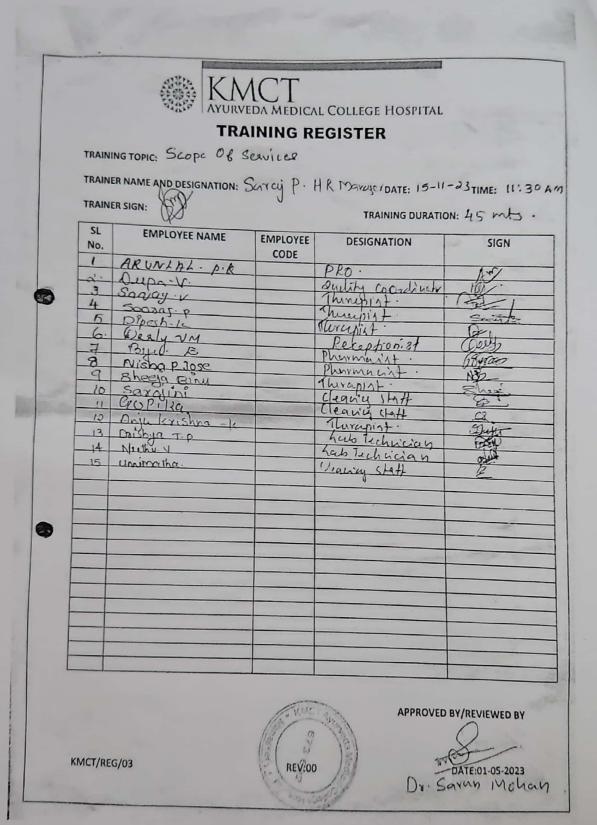








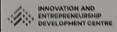




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# TRAINING REGISTER

TRAINING TOPIC: Hand was try tech night

TRAINER NAME AND DESIGNATION: Shiji ICN

DATE: 1-12-23 TIME: 12 0 pm

TRAINER SIGN:

TRAINING DURATION: 50 mints

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## TRAINING REGISTER

TRAINING TOPIC: Dis plnay poly and accurre haralis

TRAINER NAME AND DESIGNATION: Suijp HR may a DATE: 18-11-23 TIME: LO: 30 Am

TRAINER SIGN:

TRAINING DURATION: 55 mints

| SL<br>No. | EMPLOYEE NAME   | EMPLOYEE CODE | DESIGNATION                            | SIGN     |
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| 3         | Deishora  |               | Lab technicion                         | Arma     |
| 4         | Arun  |               | PRO<br>Lab Technician                  | Azio     |
| 7         | Necloy  |               | Lab Technician                         | Neets    |
| 6         | Sanjay  |               | Thelapist-                             | Sanian   |
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