

D.A.PANDU MEMORIAL R.V.DENTAL COLLEGE
DEPT OF PROSTHODONTICS
JULY2021-JUNE2022
CRITERIA 8

1 REPORT ON INFECTION CONTROL AND WASTE MANAGEMENT PROTOCOLS. JULY2021 -JUNE 2022

The Dept of Prosthodontics follows all the standard infection control protocols. The III year, IV year, Interns & PGs are briefed about the basic protocols to be followed for infection control before each posting & periodically.

- The dental chairs are wiped down after each patient with a suitable disinfectant.
- Disposal patient drapes are used
- SOPs for covid are being followed.
- Aerosol procedures are done in separate cubicles, with sufficient ventilation with exhaust fans.
- Following all aerosol procedures, sodium hypochlorite is sprayed on the dental chair and the entire working field.
- The instruments required for a particular procedure are washed & scrubbed clean and then sealed in Sterile pouches and then autoclaved before use.
- A blood spillage kit is maintained.
- Periodic swabs are taken from clinical areas to check & verify infection control protocols being followed.
- Impressions are disinfected with a suitable agent.
- Appropriate lab disinfection procedures are followed.
- The technicians are also briefed about the infections control procedures to be followed.
- Printouts of hand washing technique are displayed in the department.
- Waste segregation is followed according to the instructions provided by the infection control committee of the institution.
- The group D staff are also informed about the waste segregation procedures to be followed.
- Infection control register is maintained and updated on a daily basis.



Principal
D.A.P.M.R.V. Dental College,
J.P. Nagar I Phase,
Bangalore - 560 078.

3. BIOMEDICAL WASTE HANDLING NEW RULES-2016

| S.No. | COLOR CODE AND TYPE OF CONTAINER | TYPE OF WASTE | MIN PERCENTAGE OF WASTE TYPING | HANDLED UNDER THE WASTE MANAGEMENT TYPING | REGISTRATION OF THE CONTAINER |
|-------|----------------------------------|---|--------------------------------|---|-------------------------------|
| 1 | RED (SHARPS WASTE) | INFECTIOUS WASTE, ANATOMICAL WASTE, SHARPS WASTE, PATHOLOGICAL WASTE, CADAVERIC WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN | | | |
| 2 | YELLOW (PATHOLOGICAL WASTE) | PATHOLOGICAL WASTE, PLASMA, SERUM, URINE, CSF, SYNOVIAL FLUID, ASCITES, SPINAL FLUID, OTHER BODY FLUIDS, EXCRETORY PRODUCTS, NON-INFECTIOUS WASTE | | | |
| 3 | WHITE (GENERAL WASTE) | RESIDUAL DRUGS, MEDICAL WASTE, GENERAL WASTE, UNIDENTIFIED HUMAN ORIGIN | | | |
| 4 | BLUE (PHARMACEUTICAL WASTE) | PHARMACEUTICAL WASTE, ANTIMETABOLITES, ANTICANCER DRUGS, CHEMOTHERAPEUTIC DRUGS, RADIOACTIVE WASTE, CYTOTOXIC DRUGS | | | |

AS PER MINISTRY OF ENVIRONMENT AND FORESTS, GOVT OF INDIA, NEW DELHI
CENTRAL STATE POLLUTION CONTROL BOARD & MUNICIPAL CORPORATIONS

APPROVED AND ANNOUNCED BY GOVERNMENT OF INDIA - DATED ON JULY 2016

4. STERILIZATION LOG SHEET

| S.No. | DATE OF STERILIZATION | START TIME | END TIME | TEMPERATURE | WET BULB TEMPERATURE | WATER LEVEL | WASTE QUANTITY | WASTE TYPE | OPERATOR | SUPERVISOR | REGISTRATION NO. |
|-------|-----------------------|------------|----------|-------------|----------------------|-------------|----------------|------------|----------|------------|------------------|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |

APPROVED AND ANNOUNCED BY GOVERNMENT OF INDIA - DATED ON JULY 2016

DEPARTMENT: Pathology

DATE: 12/07/16

1. PLASM CLERGING

| NAME OF CLERGING | | NAME AND DESIGNATION OF THE CLERGING OFFICER | REGISTRATION OF THE STATE POLLUTION CONTROL BOARD |
|------------------|--|--|---|
| 1 | | | |
| 2 | | | |

2. CLEANING OF METAL WASTE

| PERSON RESPONSIBLE FOR CLEANING | OFFICER'S SIGNATURE | REGISTRATION OF THE STATE POLLUTION CONTROL BOARD |
|---------------------------------|---------------------|---|
| | | |

3. MANUAL CLEANING OF INSTRUMENTS

| S.No. | NAME OF INSTRUMENT | CHEMICAL USED FOR CLEANING | TIME OF THE DAY | ATTENDER'S SIGNATURE | REGISTRATION NO. OF THE STATE POLLUTION CONTROL BOARD |
|-------|--------------------|----------------------------|-----------------|----------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

APPROVED AND ANNOUNCED BY GOVERNMENT OF INDIA - DATED ON JULY 2016

3. BIOMEDICAL WASTE HANDLING NEW RULES-2016

| S.No. | COLOR CODE AND TYPE OF CONTAINER | TYPE OF WASTE | MIN PERCENTAGE OF WASTE TYPING | HANDLED UNDER THE WASTE MANAGEMENT TYPING | REGISTRATION OF THE CONTAINER |
|-------|----------------------------------|--|--------------------------------|---|-------------------------------|
| 1 | RED (SHARPS WASTE) | INFECTIOUS WASTE, ANATOMICAL WASTE AND UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, PATHOLOGICAL WASTE, CADAVERIC WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN, SHARPS WASTE, UNIDENTIFIED HUMAN ORIGIN | | | |
| 2 | YELLOW (PATHOLOGICAL WASTE) | PATHOLOGICAL WASTE, PLASMA, SERUM, URINE, CSF, SYNOVIAL FLUID, ASCITES, SPINAL FLUID, OTHER BODY FLUIDS, EXCRETORY PRODUCTS, NON-INFECTIOUS WASTE | | | |
| 3 | WHITE (GENERAL WASTE) | RESIDUAL DRUGS, MEDICAL WASTE, GENERAL WASTE, UNIDENTIFIED HUMAN ORIGIN | | | |
| 4 | BLUE (PHARMACEUTICAL WASTE) | PHARMACEUTICAL WASTE, ANTIMETABOLITES, ANTICANCER DRUGS, CHEMOTHERAPEUTIC DRUGS, RADIOACTIVE WASTE, CYTOTOXIC DRUGS | | | |

AS PER MINISTRY OF ENVIRONMENT AND FORESTS, GOVT OF INDIA, NEW DELHI
CENTRAL STATE POLLUTION CONTROL BOARD & MUNICIPAL CORPORATIONS

APPROVED AND ANNOUNCED BY GOVERNMENT OF INDIA - DATED ON JULY 2016

DEPARTMENT: Dental Clinic DATE: 15/8/23

1. FLOOR CLEANING

TIME OF CLEANING: 12 ROOM: 12 MOBILE NUMBER: SIGNATURE OF THE STAFF INCHARGE:

2. CLEANING - DENTAL CHAIR

CHEMICAL DISINFECTANT USED: Chloroxone ATTENDER'S SIGNATURE: SIGNATURE OF THE STAFF INCHARGE:

3. MANUAL CLEANING OF INSTRUMENTS

| S/N | SET OF INSTRUMENTS | CHEMICAL DISINFECTANT USED (AND MANUFACTURE YEAR) | TIME OF THE DAY | ATTENDER'S SIGNATURE | SIGNATURE OF THE STAFF INCHARGE |
|-----|--------------------|---|-----------------|----------------------|---------------------------------|
| 1 | OP set | <u>Chloroxone</u> | <u>1 pm</u> | <u></u> | <u></u> |
| 2 | UQ set | <u>"</u> | <u>"</u> | <u></u> | <u></u> |
| 3 | RQ set | <u>"</u> | <u>"</u> | <u></u> | <u></u> |
| 4 | | | | | |

PREPARED AND APPROVED BY HOD-RVDC-2017 - Revised on July 2019

4. STERILIZATION LOG SHEET

| S/N | SET OF INSTRUMENTS | TIME | | | TEMP. °C / °F | PRESSURE | TEMP SENSITIVE INDICATOR (SILVER STRIP OR PAPER TERN) | OPERATOR'S SIGNATURE | SIGNATURE OF THE STAFF INCHARGE (HOD) |
|-----|--------------------|-------|------|--------------|---------------|----------|---|----------------------|---------------------------------------|
| | | START | END | CYCLE LENGTH | | | | | |
| 1 | OP set | 8:30 | 9:00 | 1/2 hr | | | Y | <u></u> | <u></u> |
| 2 | UQ set | 8:30 | 9:00 | " | | | Y | <u></u> | <u></u> |
| 3 | RQ set | 9:30 | 9:00 | " | | | Y | <u></u> | <u></u> |
| 4 | | | | | | | | <u></u> | <u></u> |

PREPARED AND APPROVED BY HOD-RVDC-2017 - Revised on July 2019


Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar 1
 Bangalore - 560 078.

STERILIZATION REGISTER.

DEPARTMENT: Period

DATE: 2/8/2021

1. FLOOR CLEANING

| TIME OF CLEANING | | HOUSE KEEPING INCHARGE SIGNATURE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMB |
|------------------|-------------------------------------|----------------------------------|---|
| MORNING | NOON | | |
| 8.45 | <input checked="" type="checkbox"/> | <i>[Signature]</i> | <i>[Signature]</i> |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-----------------------------|-------------------------------------|-------------------------------|--|
| Bacillool | yes | <i>[Signature]</i> | <i>[Signature]</i> |

3. MANUAL CLEANING OF INSTRUMENTS

| SI.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|--------|---------------------|---|-----------------|--------------------|--|
| 1 | Mirror Probes | KodSolca | 9.30 | <i>[Signature]</i> | <i>[Signature]</i> |
| 2 | Scaling instruments | 12.15 | 12.15 | <i>[Signature]</i> | |
| 3 | Scaling instruments | <i>[Signature]</i> | 3.15 | <i>[Signature]</i> | |
| 4 | | | | | |

PREPARED AND APPROVED BY HICC-RVDC-2017 - Revised on July 2019

4. STERILIZATION LOG SHEET

| SI.No | SET OF INSTRUMENTS | TIME | | | TEMP: C / °F | PRESSURE | TEMP.SENSITIVE INDICATOR (COLOUR CHANGE OBSERVED) (Y/N) | OPERATORS SIGNATURE | SIG T INC |
|-------|------------------------------------|-------|-------|--------------|--------------|----------|---|---------------------|--------------------|
| | | START | END | CYCLE LENGTH | | | | | |
| 1 | Mirror Probes surgical instruments | 9.00 | 9.40 | 12ic | | 20 | Y | <i>[Signature]</i> | <i>[Signature]</i> |
| 2 | Scaling instruments | 9.40 | 10.20 | 12ic | | 20 | Y | <i>[Signature]</i> | |
| 3 | Scaling instruments. | 12.30 | 1.30 | 12ic | | 20 | Y | <i>[Signature]</i> | |
| 4 | | | | | | | | | |

[Signature]
Principal
College

D. J. ...
Bangalore - 560 078.

[Signature]

DEPARTMENT: Periodontics

DATE: 11/8/21

1. FLOOR CLEANING

| TIME OF CLEANING | | HOUSE KEEPING INCHARGE SIGNATURE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|------------------|------|----------------------------------|--|
| MORNING | NOON | | |
| 8.30 | ✓ | <i>[Signature]</i> | <i>[Signature]</i> |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-----------------------------|-------------------------------------|-------------------------------|--|
| Bacillio | Yes | <i>[Signature]</i> | <i>[Signature]</i> |

3. MANUAL CLEANING OF INSTRUMENTS

| SI.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE /HICC MEMBER. |
|--------|---------------------|---|-----------------|-------------------|---|
| 1 | Mirror probes | Kodsolex | 8.30 | ✓ | <i>[Signature]</i> |
| 2 | Scaling instruments | <i>[Signature]</i> | 3.45 | ✓ | <i>[Signature]</i> |
| 3 | | | | | |
| 4 | | | | | |

PREPARED AND APPROVED BY HICC-RVDC-2017 - Revised on July 2019

4. STERILIZATION LOG SHEET

| SET OF INSTRUMENTS | TIME | | | TEMP. C/°F | PRESSURE | TEMP.SENSITIVE INDICATOR (COLOUR CHANGE OBSERVED) (Y/N) | OPERATORS SIGNATURE | SIGNATURE OF THE STAFF INCHARGE MEMBER |
|-------------------------------|-------|-------|--------------|------------|----------|---|---------------------|--|
| | START | END | CYCLE LENGTH | | | | | |
| Mirror Probes | 9:00 | 9:40 | | 121°c | 20 | Y | ✓ | <i>[Signature]</i> |
| Scaling Surgical inst | 12:00 | 12:30 | | 121°c | 20 | Y | <i>[Signature]</i> | <i>[Signature]</i> |
| Scaling Surgical instruments. | | | | | | | | |
| | | | | | | | | |

[Handwritten notes and stamps]
 Bangalore - 560 078.

[Signature]

DEPARTMENT: Care of Endo

DATE: 07/08/2021

1. FLOOR CLEANING

| TIME OF CLEANING | HOUSE KEEPING INCHARGE SIGNATURE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|------------------|----------------------------------|--|
| MORNING | | |
| NOON | | |
| Yes | Yes | <i>[Signature]</i> |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-----------------------------|-------------------------------------|-------------------------------|--|
| | | <i>Nageswari/Kala/Beleli</i> | <i>[Signature]</i> |
| | Yes | | |

3. MANUAL CLEANING OF INSTRUMENTS

| Sl.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE /HICC MEMBER. |
|--------|----------------------|---|-----------------|-------------------|---|
| 1 | 1 set of instruments | Chlorhexide | 8:30am | Nageswari | <i>[Signature]</i> |
| 2 | " | " | 11:00 am | Kala | <i>[Signature]</i> |
| 3 | " | " | 12:30pm | Kala | <i>[Signature]</i> |
| 4 | " | " | 2:50pm | Beleli | <i>[Signature]</i> |

Principal
Dr. B.S. Keshava Prasad, mds
 Professor & Head
 Department of Conservative Dentistry & Endodontics
 DAPM R.V. Dental College
 Bangalore - 560 078
 J.P. Nagar, 1st Phase, Bengaluru-78

PREPARED AND APPROVED BY HICC-RVDC-2017 - Revised on July 2019

DEPARTMENT: P.H.D

DATE: 21/04/22

1. FLOOR CLEANING

| TIME OF CLEANING | | HOUSE KEEPING INCHARGE SIGNATURE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|------------------|-------------------------------------|----------------------------------|--|
| MORNING | | | |
| NOON | <input checked="" type="checkbox"/> | | |
| Yes | | | |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-----------------------------|-------------------------------------|-------------------------------|--|
| <u>Bacilol P Colin</u> | | <u>Pas</u> | <u>[Signature]</u> |

3. MANUAL CLEANING OF INSTRUMENTS

| Sl.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE /HICC MEMBER. |
|--------|-----------------------------|---|-----------------|-------------------|---|
| 1 | <u>Mouth Mirror P Probb</u> | <u>Konsoler 10 Minutes</u> | <u>11:30 AM</u> | <u>Pas</u> | <u>[Signature]</u> |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

[Signature]

DEPARTMENT: Oral Surgery

DATE: 17/11/22

1. FLOOR CLEANING

| TIME OF CLEANING | NOON | HOUSE KEEPING INCHARGE SIGNATURE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|------------------|----------|----------------------------------|--|
| MORNING | | | |
| 8.30 am | <u>L</u> | <u>Puffa</u> | <u>[Signature]</u> |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-------------------------------|-------------------------------------|-------------------------------|--|
| <u>Hypo Chloride Solution</u> | <u>Yes</u> | <u>[Signature]</u> | <u>[Signature]</u> |

3. MANUAL CLEANING OF INSTRUMENTS

| Sl.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE /HICC MEMBER. |
|--------|-----------------------------------|---|-----------------|--------------------|---|
| 1 | <u>Mouth Mirrors & Probes</u> | <u>Glucalhyde</u> | | <u>[Signature]</u> | <u>[Signature]</u> |
| 2 | <u>Rubbery</u> | <u>Solution 10m.</u> | | <u>[Signature]</u> | <u>[Signature]</u> |
| 3 | | | | | |
| 4 | | | | | |

PREPARED AND APPROVED BY HICC-RVDC-2017 - Revised on July 2019

DR. SUNIL VASUDEV

Professor & H.O.D

Dept. of Oral & Maxillofacial Surgery & Implantology
D.A. Pandu Memorial R.V. Dental College & Hospital
CA-37, 24th Main, J.P. Nagar, 1st Phase, Bangalore - 560 076
Tel : 080 - 22445754 Ext : 27

[Signature]
Principal

Bangalore - 560 076

DEPARTMENT: Orthodontics

TIME OF CLEANING

DATE: 21/6/21

1. FLOOR CLEANING

| MORNING | NOON | HOUSE KEEPING INCHARGE SIGNATURE | STAFF SIGNATURE OF THE MEMBER. INCHARGE / HICC MEMBER. |
|---------|------|----------------------------------|--|
| 8:15 | | SHIVA | |

2. CLEANING - DENTAL CHAIR

| CHEMICAL /DISINFECTANT USED | CLEANED AFTER EACH PATIENT (YES/NO) | ATTENDER INCHARGE (SIGNATURE) | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|-----------------------------|-------------------------------------|-------------------------------|--|
| Basilol + cold cellol | Yes | | |

3. MANUAL CLEANING OF INSTRUMENTS

| Sl.No. | SET OF INSTRUMENTS | CHEMICAL / DISINFECTANT USED AND IMMERSION TIME | TIME OF THE DAY | ATTENDER INCHARGE | SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER. |
|--------|---|---|-----------------|-------------------|--|
| 1 | occlusal mirror, chest retractor, impression tray | Glucobond 2.45%, 30min | 9:00 | | |
| 2 | 11 | 11 | 11:00 | | |
| 3 | 11 | 11 | 2:25 | | |

D:\STAFF\... 500 0785