



**MGM**  
Mahatma Gandhi Mission

## MGM Institute of Health Sciences

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"Nobody can hurt me without my permission"

– Mahatma Gandhi

# MGM NEWS

## SELFIE WITH SAFETY EVERYDAY

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Dr. Chander P. Puri

In recent months, two unrelated incidents that grabbed news headlines had a common unfortunate thread – college students accidentally losing their precious lives in the Arabian sea while taking a selfie. To add to the tragedy, in both the cases, adequate and proactive safety warnings were ignored with a casual approach.

A ten year statistic below highlights how human error, primarily on account of lack of adequate safety measures, is responsible for causing unnatural deaths. What is alarming is that deaths due to this are sixteen times that of deaths due to natural causes.

## REASONS FOR DEATHS

### Accident Deaths From 2004 to 2014

Year	Natural*	Unnatural**	Other#	Total	Rate
2004	18,937	2,58,326	0	2,77,263	25.5
2011	23,690	3,67,194	0	3,90,884	32.3
2012	22,960	3,72,022	0	3,94,982	32.6
2013	22,759	3,77,758	0	4,00,517	32.6
2014	20,201	3,16,828	114,728	4,51,757	36.3
% change in 2014 over 2004	6.7	22.6		62.9	42.4

% change in population in 2014 over 2004  
**14.6%**

### Biggest Killers in Unnatural category in 2014



Traffic\*\*\*  
1,69,107



Drowning  
29,903



Fire  
19,513



Fall  
15,399



Electrocution  
9,606

\*Natural causes include forces of nature

\*\*Unnatural causes include human error

# Other causes include deaths due to poisoning, heart attack etc

\*\*\*Traffic includes road and rail

Rate: per one lakh population

At MGMIHS we are involved in both serving and learning in the field of healthcare. The adjective that often remains hidden but has to be necessarily and actively present before both these verbs, is 'safe'. We have the duty and responsibility towards safe learning and safe health care services. Safety begins at home and in this issue, we focus on the safety of our valued employees, students, volunteers, patients as well as all our immovable assets, equipment and property from all possible hazards. Let's not forget to take a selfie with safety everyday!

# Playing It Safe With Fire

## Igniting Minds On Fire Safety



**Lt. Gen. Dr. Kuldip R. Salgotra**  
*Medical Superintendent*  
*MGM Hospital, Kamothe*

Recently the world witnessed live an extremely unfortunate fire accident in Mumbai that abruptly and rapidly burned down a magnificent stage in the midst of an on-going cultural program associated with the “Make in India” campaign. The cause of the fire will be a matter of investigation but it was most certainly another telling reminder that one cannot risk playing with fire knowingly or unknowingly. Fortunately there was no loss of human life, perhaps due to the existence of a response and evacuation plan to a fire, the speed and efficiency of the firemen, other associated agencies, the co-operation of the general public and a little bit of luck too. Undoubtedly it is important that we all play safe with fire. This article attempts to elaborate on all aspects related to fire and safety so that everyone comprehends and appreciates what 'playing safe with fire' is.

Fire safety certainly becomes everyone's job and responsibility at every workplace. In their own interest, employers should train workers about fire hazards in the workplace and about what to do in a fire emergency.

This plan should outline the assignments of key personnel in the event of a fire and provide an evacuation plan for workers on the site. The organization must establish a well-planned fire prevention program that includes SOPs, fire prevention training, identification and elimination of hazards, enforcement of fire regulations, and adequate fire protection for facilities. This program requires strong command emphasis and support.

### **How MGMIHS Managed a Real Life Fire Incident – A Report**

There was a fire accident in Cathlab entrance on 3<sup>rd</sup> floor of MGM Hospital, Kamothe on 2<sup>nd</sup> October 2015 around 0945 hours.

Cause of fire was sparking from a junction box of central oxygen, compressed air and suction units instillation. This junction box sheltered an electrical line of 220 V as well as supply point of Oxygen and air. Due to sparking, the Oxygen line got heated up and the tubing burst allowing Oxygen under pressure to escape which caught fire. The power supply tripped but sparking and fire spread like a wild fire. This was noticed by one of the house keeping staffs that was performing routine cleaning of the corridor. The lady, who saw, ran out in panic. Being a holiday, Cathlab was not functioning.

Meanwhile there was a blast with high velocity sound. It was heard by Hon'ble Pro Vice Chancellor Dr. S. K. Kaul and Dr. Rajeev Srivastava who were on routine round in Intensive Care Unit of Cardiovascular Thoracic Surgery Department. They both came out on hearing the sound and noticed the fire, but were unaware of the oxygen leak. Dr. Srivastava picked up the nearest fire extinguisher and approached the area along with Dr. Kaul (buddy system) and doused the fire within 2 minutes, in the process two fire extinguishers were used. A possible major damage was averted.

However, within minutes the whole Cathlab was filled with thick smoke. Meanwhile, the electrical engineer Mr. Amol reached the scene; he promptly identified the burst Oxygen line and closed the Oxygen source. Meanwhile, Mr. Dinesh Patil from Security had closed the main Oxygen source in the Gas manifold located on the ground floor of the building.

The Fire was brought under control without any loss of life and without much damage to any property. A disaster was prevented because of timely and appropriate action by Dr. Kaul, and Dr. Shrivastav.

### **Decisions and Action Taken**

Soon after the incident, Dr. Salgotra, Medical Superintendent of the Hospital convened an emergency meeting which

was personally chaired by Hon'ble Vice Chancellor Dr. S.N. Kadam. Several other senior faculty members and stakeholders had participated. The participants were apprised of the incidence. The members deliberated on the causes of fire, preventive measures and actions needed in case of fire. The deliberations included the following:

1. The Video of the fire accident was played to create awareness about the magnitude of the fire and probable consequences.
2. Medical Superintendent gave a brief power point presentation on fire classification, prevention, protection, action in case of fire, and responsibility of employees and training requirements.
3. To ensure that the fire alarms, hydrants and sprinklers were always functional.
4. Dean and electrical engineers were assigned the responsibility to introduce more stringent measures to prevent accident due to overloading of electrical circuits and unauthorized use of electrical appliances.
5. Dean to make provision for mini kitchen in the ground floor of each hostel for students. This was with the intention to discourage use of electrical appliances in hostel rooms.
6. To ensure all Oxygen points and electrical points are switched off before locking the department and key to be deposited in reception office. A senior person in concerned department be assigned this responsibility.
7. Housekeeping supervisor of each floor to check and ensure that the keys of all locked rooms are deposited at reception.
8. All HODs, OPD/Department in-charge, floor in-charge and ward sisters advised to ensure that each and every employee of the floor is given orientation to fire SOP and training imparted.
9. All compressed gases, inflammable liquids and other combustible materials to be stored properly as per policy.

### Safety and Health Management System: Six Core Elements

- **Management leadership:** Managers demonstrate their commitment to improved safety and health, communicate this commitment, and document safety and health performance. They make safety and health a top priority, establish goals and objectives, provide adequate resources and support, and set a good example.
- **Employee participation:** Employees, with their distinct knowledge of the workplace, ideally are involved in all aspects of the program. They are encouraged to communicate openly with management and report safety and health concerns.
- **Hazard identification and assessment:** Processes and procedures are in place to continually identify workplace hazards and evaluate risks. There is an initial assessment of hazards and controls and regular reassessments.
- **Hazard prevention and control:** Processes, procedures, and programs are implemented to eliminate or control workplace hazards and achieve safety and health goals and objectives. Progress in implementing controls is tracked.
- **Education and training:** All employees have education or training on hazard recognition and control and their responsibilities under the program.
- **System evaluation and improvement:** Processes are established to monitor the system's performance, verify its implementation, identify deficiencies and opportunities for improvement, and take actions needed to improve the system and overall safety and health performance.

These six elements can be adapted and implemented to fit the needs of workplaces of all different types and sizes, including hospitals (Extracted from article published by Occupational Safety and Health Administration, United States Department of Labor for educational/information purposes only)



# Vice Chancellor's Voice



**Dr. Sudhir N. Kadam**  
*Vice Chancellor*

Asides our annual republic day celebrations that always brings us all together into a united nationalistic spirit, the last date of January dawned with our 4<sup>th</sup> Annual Walkathon with a spirited participation from the young and energetic as well as the old yet enthusiastic.

I take this opportunity to extend my heartiest congratulations to all the participants in both these events.

I keep wondering if we should add the 4<sup>th</sup> of March – the day and week observed for National Safety Campaign by the National Safety Council of India, in our annual calendar and dedicated it to our resolve towards not just providing a safe and secure environment, but building a culture of excellence in safety standards across all our campuses in MGMIHS.

This issue of the MGM NEWS perhaps might serve to be a good beginning towards that journey.

Sincerely,

## The Importance of Being Safe Than Sorry

Safety simply is protection from risk or exposure to harm, danger, injury or other undesirable outcomes. In the 'normal' course of existence, safety is an underlying presumption - be it physical safety, occupational safety, health safety or emotional safety. We do not consciously think about it, and often take it for granted. It is only when it is suddenly or unexpectedly breached that the lack or compromise of safety gets attention, albeit, as a post-mortem - when damage has already been caused. Just as prevention is better than cure from a health standpoint, it is always better to be safe (have safety) than be sorry. It is important to revisit and refocus attention on 'Safety First' within in our MGMIHS campuses.

The MGMIHS campuses have valued resources in the form of *people* – not just the staff and students of MGMIHS but patients, volunteers and visitors as well; *medical infrastructure* – our equipment and machinery; and lastly our *support infrastructure* – including our land, buildings and assets. MGMIHS is duty bound to deliver services in health care and health education in a safe and secure manner.

In order to be able to imbibe safety every single day and night in our campuses– I would like each one of you to enhance our preparedness on three aspects of safety that are of paramount importance. They are:

**Physical Safety:** This refers to securing safety from physical harm, violence, theft, exposure to hazards or threats as well as providing a secure environment for learning and serving. The responsibility or providing physical safety to every single person inside the MGMIHS campus including doctors, nurses, patients, support staff, students, and visitors is something that everyone amongst us must actively shoulder.

**Occupational Safety and Health:** This is also commonly referred to as occupational health and safety (OHS) or workplace health and safety (WHS) is an area concerned with the safety, health and welfare of people engaged in work. MGMIHS provides adequate safety measures to both our staff as well as patients such as a safe and clean campus environment, sanitized operating theatres and equipment etc. It is also the individuals responsibility not just to be disciplined enough to make full use of safety measures but also be vigilant enough to notice violations by anyone and bring it to the notice of concerned authority.

**Emotional Safety:** This is perhaps the most complex amongst all safety aspects. In psychology, this refers to the existing or achieved emotional state of an individual from interpersonal relationships as well as intrapersonal thoughts. Any breach into this aspect of safety makes the concerned individual vulnerable. It's breach maybe quite invisible to others around that individual. Only a discerning and attentive mind can perhaps sense the subtle symptoms. Emotional safety should not be ignored or put off to a later date. It should be seen and diagnosed just as any other safety or health aspect and measures for its prevention or cure taken.



**Dr. Chander P. Puri**  
*Pro Vice Chancellor*

### **Prevention of Needle Stick Injuries at Hospitals**

Needlesticks and other sharps injuries to healthcare personnel have been associated with transmission of hepatitis B and C viruses and human immuno-deficiency virus, necessitates prevention:

- Identify and analyses needle stick and other sharps-related injuries in the workplace to identify hazards and injury trends.
- Set priorities and strategies for sharps injury prevention by examining risk factors for sharps injuries and successful methods of intervening.
- Ensure proper training of healthcare workers in the safe use and disposal of needles and other sharps. Modify work practices that potentially create sharps injury hazards to make them safer.
- Promote awareness of safety in the work environment.
- Establish proper procedures for reporting all needle stick and other sharps-related injuries.
- Evaluate effectiveness of prevention efforts and provide feedback on prevention effort performance.

It is unfortunate that a large number of people either die or suffer injuries at work place. While the accurate authoritative statistics are not available pertaining to our country, it is estimated that over 40,000 workers die each year at work, and lakhs more fall prey to occupational diseases, it's just collateral damage. Most of the casualties are of workers living at or below the poverty line; most of the deaths are among contract workers rather than those who form the rank and file of organised sector. Out of an estimated 500 million-strong workforce in India, nearly 92% are in unorganised sector, including farming.

In the United States of America (USA), 4,405 fatal work-related injuries were reported during 2013. Lost productivity due to injuries and illnesses costs the employers about US \$60 billion each year; economic costs due to deaths and injuries total US \$ 142.2 billion each year; and US \$ 50.8 billion is spent on wage payments and medical care for injured employees. It is, therefore, not surprising that these exorbitant costs related to compensation make employers to enforce more stringent strategies to prevent work place accidents. The work place injuries have reduced substantially in USA and the aim of reaching '0' is being targeted.

These statistics makes one wonder whether lack of authoritative data about work place injuries in India is intentional. A question being murmured is: Can this apathy be attributed to the ruling elite's class bias which sees workers as a resource to be exploited and expended? After all, victims of workplace injuries are predominantly from economically weaker sections of society, and most are even not offered compensation.

Hospital is one of the most hazardous places to work where medical and paramedical staff is more prone to accidents. Lifting and moving patients, needle sticks, slips, trips, and falls, unpredictable environment sometimes infectious, and the potential patients and their relatives getting agitated and violent are some of the risk factors which can contribute to work place hazards.

Goal of every organization must be to ensure workplace safety, and it can be to a greater extent achieved by increasing awareness about workplace safety, identifying key risks facing employees, ensuring compliance of all safety requirements through periodic audit, and defining the punishment to employer and compensation to effected party. Preventing worker injuries not only helps workers-it also helps patients and will save resources for hospitals.

It is not surprising, at least to me, that the colossal damage to human life and property of MGM Hospital at Kamothe, on 2<sup>nd</sup> October 2015, was averted because of preparedness to handle such emergencies. Even the officers at the highest level at the University were well trained and equipped to douse the fire before it could engulf the Cathlab and its surroundings. In fact, this incidence is a reminder of advantages of stringent implementation of workplace safety standards, to which both employee and employer contribute equally.

# Keeping Safe at Work

## Problems A Plenty

Problems that can happen are not only to do with an injured or sick person. A serious injury can also:

- create financial and emotional problems for families;
- leave workmates traumatised or feeling guilty;
- cause employers to suffer lost production and profit; and
- create emotional and economic costs for the whole community.

## Role of an Employee

As an employee, you have responsibilities for keeping yourself and others safe. You can make your workplace safer by:

- being involved in processes to improve health and safety;
- sticking to correct procedures and using the right equipment;
- wearing protective clothing and equipment;
- helping new employees, trainees and visitors to the workplace understand the right safety practices and why the practices exist; and
- communicating any safety concerns to your employer.
- If you see a hazard in your workplace that you feel hasn't been addressed, you should raise it immediately. You should also be alert for: unsafe premises or equipment; inadequate or misused safety equipment; bad work practices and lack of adequate information about equipment or processes.

## Safety : A Wellbeing Investment

Both employer and employees should help to solve the problem and prevent an accident before they or others are harmed. Everyone benefits when employees and the employer together develop health and safety systems, and ensure that those systems are part of the daily life in the workplace. When that happens, the employer, the employees and the whole community are better off. An investment in safety is an investment in the well-being of the business and its employees.

## What the Health and Safety Mean To You

All jobs have hazards, although some may be taken for granted because they are so familiar, or overlooked in order to “get the job done”. The way to make workplaces safe is to prevent harm by controlling hazards. This is often known as a “safety system”, and both employer and employees need to make the system work. Any accident at workplace, either to an employee or to a visitor, must be recorded by the employer. These records are important to identify patterns of injury or illness so that safety can be improved.

Creating a safe and healthy workplace is a basic part of the relationship between you and your employer. We all have a role to play in making a safe and healthy workplace. Employers and employees need to set goals around health and safety and then work together as a team to achieve them. Health and safety in the workplace should be at the front of everyone's minds. The aim is to do things better in order to achieve a safe and healthy workplace – not just because that's what the law says, but because it's better for everyone.

## Role of employer

- To provide a safe working environment.
- To ensure you are properly trained and supervised to work safely.
- To identify hazards in the workplace, and ensure that those hazards are eliminated, isolated or minimised.
- To eliminate hazards where possible, depending on how much harm it could cause and how difficult and expensive it would be. Where a hazard cannot be eliminated you have the right to know about the hazard and what you need to do (or not do) to work safely.
- To provide employees with information about any hazards and how to protect oneself from them. For example, the employee should be told how to deal with any hazardous chemicals one is using, any effects they could have on you or others, and how to get help if there are problems.
- To ensure that you have, and use the right protective equipment or clothing. You can choose to provide your own protective clothing, but if you make that decision your employer must ensure it is good enough for the job.
- To record and investigate any accidents or “near misses” to you, your fellow employees and visitors to the workplace. When a person suffers serious harm, the Ministry of Business, Innovation and Employment must be advised.
- To constantly manage health and safety and keep systems and processes for informing and involving staff up-to-date. You can contribute to this.

*(Information of Ministry of Business, Innovation & Employment, New Zealand, used for educational purposes only).*



# Fire In The Hospital? Do Not Run!

## International Labor Organization Report: Decent Work-Safe Work, 2005

In India, ILO estimated 40,133 fatal accidents, and 2,61,891 fatal work-related diseases during 2001. Reasons that increase the risk of mortality:

- Lack of training in occupational health safety
- Lack of personal protective gear
- Poor quality of protective equipment
- High workplace pollution
- Inadequate training for handling machinery and chemicals
- Long and odd working hours

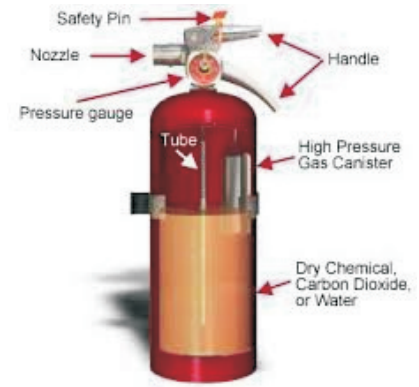
## Root Cause of Fire

Fuel, Heat and Oxygen are the three elements that must be present at the same time to light a fire. Fire will continue to burn until one or more of these elements is removed.

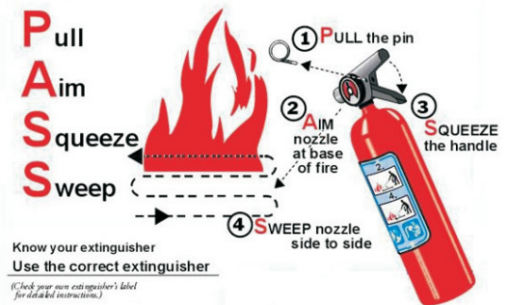
## Using a Fire Extinguisher

Any person who is designated or intends to use a fire extinguisher must be trained in its use.

- Pull the ring / safety pin. Hold the cylinder upright.
- Aim the Nozzle at the base of fire. Stand back about 8-10" away from source of fire.
- Squeeze the handle / lever and hold it.
- Sweep the nozzle side to side.



To operate an extinguisher:



## Wipe Every Tear From Every Eye

Administration	Department In-Charge	Fire Safety Officer
<p>Monthly Fire Safety Rounds to ensure safety and to identify the fire hazards/risks by:</p> <ul style="list-style-type: none"> <li>• Medical Superintendent</li> <li>• Director Nursing</li> <li>• Chief Security Officer</li> <li>• Fire Safety Officer</li> <li>• Electrical Engineer</li> <li>• Biomedical Engineer</li> <li>• House Keeping In-charge</li> <li>• Respective Floor Managers</li> </ul>	<p>Ensure that all Oxygen points, ACs and all electrical points are switched off when a department is closed and the keys are deposited at the reception desk</p>	<p>Periodic inspection of fire extinguishers</p> <ul style="list-style-type: none"> <li>• Check for Pressure, Pin Damage</li> </ul> <p>Periodic maintenance of Fire Safety Installations</p> <ul style="list-style-type: none"> <li>• Clean</li> <li>• Replace</li> <li>• Recharge</li> <li>• Test</li> <li>• Remove</li> </ul> <p>Electrical Engineer</p> <ul style="list-style-type: none"> <li>• Regular checking and maintenance of all electrical installations.</li> <li>• Check for overloading, naked wires, loose wires, damaged plugs etc.</li> <li>• Repair and replacement</li> </ul>

## Identifying Fire Hazards

Non-Electrical	Electrical
<ul style="list-style-type: none"> <li>• Scrap, waste materials, dust, trash.</li> <li>• Ordinary combustible materials, like paper, wood, and products made from these.</li> <li>• Oily rags or materials soaked in oil can spontaneously combust if placed in areas where the air does</li> </ul>	<ul style="list-style-type: none"> <li>✓ Extension cords and multiple plug adapters may only be used for temporary operations.</li> <li>✓ Overloaded circuits, damaged wiring, and defective switches and outlets can all lead to electrical fires.</li> <li>✓ Placing space heaters near, or in contact with, combustible materials poses a fire hazard.</li> <li>✓ Damaged wiring on portable fans pose fire risk.</li> </ul>

not circulate. • Renovations and maintenance. • Careless smoking.	✓ Machines not lubricated properly can overheat and start a fire. ✓ Electrical problems and equipment defects can lead to a fire. ✓ Improper storage of combustible materials. Example: Oxygen cylinders, anaesthetic gases, diesel, petrol, etc.
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### Minimizing Fire Hazards

<i><b>DO's</b></i>	<i><b>DON'Ts</b></i>
Use authority approved type of plugs and extension cords. Total appliances current consumption should not exceed the approved rating of one socket outlet	Overload electrical outlet with too many plugs
Have all fire exits and escape passageways free from obstruction	Obstruct fire exit and escape passageways
Comply with NO SMOKING rules	Allow smoking in the campus
All fire door shall be kept closed at all times	Wedge the fire door open
All goods are to be kept in their appropriate storage area	Use Electrical or Mechanical Riser compartments as storage areas
Ensure all electrical cables are well insulated and maintained	Use frayed electrical cables
Unwanted items shall be removed and disposed in the authorized dumping site	Let unwanted items accumulate in your work area

### Fire Prevention Strategy

#### Good Housekeeping

- The accumulation of combustible materials (such as cardboard boxes, magazines, and paper products) is prohibited
- Combustible material must not be stored any closer than three feet from a heating appliance or electrical light
- Properly dispose of items no longer in use
- Store materials at least one foot from the ceiling in rooms that have sprinkler systems
- Store materials at least two feet from the ceiling in rooms that do not have sprinkler systems
- Exceptions are allowed for attached wall shelving not located directly under a sprinkler head

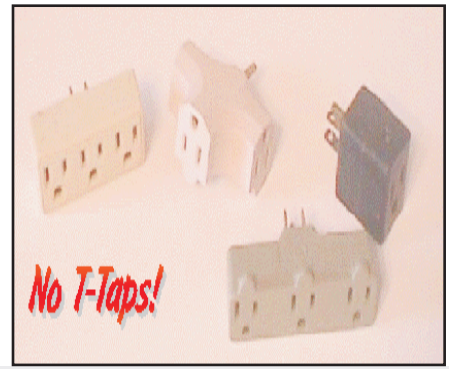
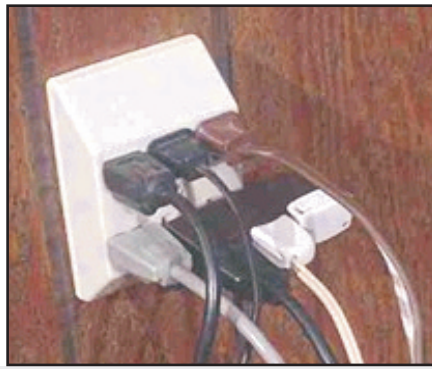
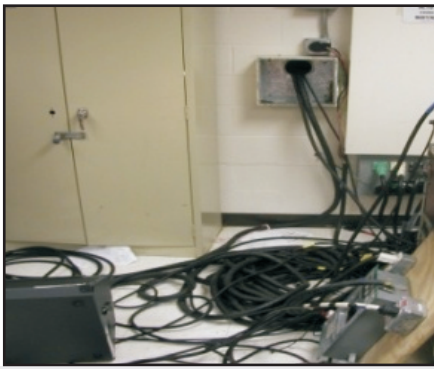
#### Fire-Resistant Barriers

- All building materials used in renovation and building projects must meet the state fire code requirements for fire-resistance
- All work must be performed in accordance with the building code requirements
- All renovation projects must comply with fire protection policy.

#### Electrical

- Inspect all wiring, switches and plugs for damage.
- Repair must be performed by an “Electrical Qualified Person”.
- All outlets, junction boxes, and electrical panels must have proper covers.
- Junction boxes and breaker/disconnects in electrical circuit panels are required to be properly labelled.
- Use of unapproved electric cords or equipment in wet or damp locations may result in a short circuit.
- Do not overload motors or circuits, which can easily become a source of ignition.
- Report any problems with lighting fixtures or heating elements to Electrical Engineer immediately.
- Improper use of extension cords is prohibited.
- Multiple plug adapters are prohibited





## Emergency Numbers to Report In Case of Fire at MGM Medical College & Hospital, Navi Mumbai

Reception:	2743 7900, 2743 7901.
Reception will inform the following numbers. However, you may also inform:	
• Fire Safety Officer:	2743 7032, 9892908004
• Security Supervisor on duty/Main Gate:	27437975
• Medical Superintendent:	27437907, 9702297447
• Chief Security Officer:	9930949023
• Director Nursing:	9594477111
• Electrical Engineer:	9702083916
• Nursing Supervisor:	27437970
• Chief Medical Officer:	27437911
• Housekeeping Supervisor:	8424048872

# Fire Safety: Areawise Responsibility

## MGM Hospital

Area	Person to be Contacted	Phone
Basement of Hospital	Mr. Sreeraj Rajan Mr. Vimal V	9769503069 9833662102
General Stores	Mrs. Mangal Patil	8693833733
Ground Floor : Radiology Department	Dr. Satish Nawre Mr. Suresh Kumar	9921502233 9594565837
EMS/Casualty/Isolation Ward	Dr. D B Bhusare Ms. Ratna Gadhave	9892098230 9594964883
Administrative Department	Mr. Jogdand	8424033445
Blood Bank	Dr. Seema Gupta	9819131787
Central Lab	Dr. Ujwala Maheshwari	8689832233
First Floor : Ward	Dr. Kalyanshetti Dr. Kundan Gedam Ms. Preeti Mathew	9322506197 9930844963 9819279364
OPD Complex	Dr. Suman Rao Dr. N Abidi	9870400135 9321022842
Second Floor	Dr. N Abidi Dr. Alfven Viera	9321022842 9820219670

OPD Complex	Dr. Rajeev Srivastava	9702896084
Third Floor	Dr. V D Chavan	9867511704
ICU Complex	Dr. Praffula Samant	9321010663
	Ms. Reema Mathew	9869177307
OT & CSSD	Dr. Olvyna D'souza	9967013240
	Mr. G S Singh	8198241301
PICU & Dialysis Complex	Dr. Jitendra Ghavane	9870106094
Special Ward	Ms. Ponchitra	9167694489
	Ms. Kavitha Reddy	8108104705
Fourth Floor	Dr. Rakesh Ghildiyal	9820230538
	Dr. Bhagyashree	9870086611
	Dr. U N Deshpande	9820543876
	Ms. Vhinnamma Kurion	8108600126
Fifth Floor	Dr. Jayshree Ghanekar	9821373182
	Ms. Bharti Veer	9702940747
Sixth Floor	Dr. Sandeep Rai	9324435249
	Dr. Alok Banerjee	9869119290
	Dr. P V Potdar	9969037258

### Department of Nursing

- Director, Nursing: 9869582830
- Fire Safety Officer: 2743 7032, 9892908004
- Security Supervisor on duty/Main Gate: 27437975
- Chief Security Officer: 9930949023
- The Fire Safety Officer will inspect the site and call fire station if required. Fire Station: 101

### Department of Physiotherapy

- Director, Physiotherapy: 9920048476
- Fire Safety Officer: 2743 7032, 9892908004
- Security Supervisor on duty/Main Gate: 27437975
- Chief Security Officer: 9930949023

### Department of Biomedical Sciences

- Director: 9322880252
- Fire Safety Officer: 2743 7032, 9892908004
- Security Supervisor on duty/Main Gate: 27437975
- Chief Security Officer: 9930949023

### Medical College

- Dean: 9820873404
- Fire Safety Officer: 2743 7032, 9892908004
- Security Supervisor on duty/Main Gate: 27437975
- Chief Security Officer: 9930949023

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# Organ Transplantation



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**Present Scenario Of Organ Transplant**  
Currently around 5,000 kidneys, 1000 livers and around 15 hearts are transplanted annually. There is a poor Organ Donation Rate - 0.26 per million in India, compared to some of the better performing countries such as America's 26, Spain's 35.3, and Croatia's 36.5 per million respectively. With a 1 per million-donation rate, India would have 1,100 organ donors or 2,200 kidneys, 1,000 hearts, 1,100 Livers, 1,100 Pancreas and 2,200 Eyes. This should take care of almost all current demands for organs. At a 2 per million-donation rate there would be 2,200 organ donors and the above figures would double. Then there would be no necessity to undertake living kidney donations. Almost 1.5 lakh people in India need a kidney; however, only 3000 of them receive one. Only 1 out of 30 people who need a kidney receive one. 90% of people in the waiting list die without getting an organ. Also, there is a need of roughly 50,000 hearts and 50,000 livers for transplantation each year.

## The Gift of Life!

What if you could live eight different lives after you die! An organ transplant represents a new life for a person, a palpable sense of hope extracted from the depths of sorrow and grief in the case of a dead donor. It can be hard to think about what's going to happen to your body after you die, let alone donating your organs and tissues. But being an organ donor is a generous and worthwhile decision that can be a lifesaver. Each year, hundreds of people die while waiting for an organ transplant. There is a shortage of organs, and the gap between the number of organs donated and the number of people waiting for a transplant is getting larger. Transplants, as an option, have successful outcomes, and the number of people needing a transplant is expected to rise steeply due to an ageing population and an increase in organ failure.

Organ donation is the harvesting of an individual's organs after he or she dies for the purpose of transplanting them into another person. The person who gives the organs is called a donor while a person who receives the organ is called a recipient. India's first organ transplant was conducted in the 1970s (It was a kidney transplant). Since then the number of transplants done annually has been gradually rising.

In many western countries an adult is asked to make a choice if he/she wants to be a donor. In India, this final choice is left to the family. In case of brain death of a person carrying a donor card, the family still needs to approve the donation of organs. Family consent is essential. The Transplantation of Human Organs Act states that it is mandatory that the next of kin (parents, spouse, etc.) should agree to donate the organs of a brain dead family member.

Key Reasons for Shortage of Organ donors in India has been ignorance and Lack of Knowledge about Organ Donation. There is a major lack of awareness about organ donation in India, and recent polls and surveys reveal that many people would come forth with their wish to donate if they receive more information. A major reason for the shortage of organs is that many people have not recorded their wish about organ donation or discussed it with their families, which is of paramount importance and can be done in a very simple way.

In the early years of cadaver donation in India, it was thought that cultural, religious and social beliefs and lack of public awareness, prevented families from giving consent. However, it was soon obvious that there were other factors impeding donation and that the consent rate would go up significantly if institutions made efforts to approach family members of donors. Hence the less number of Cadaveric transplants were not because of lack of awareness and refusal by families to donate, but because of absence of institutional mechanisms to approach the families of brain dead individuals. It has been the same story as in eye, liver and even blood donation, which has a much longer history in India.

Thus with the help of better awareness and addressing the key issues regarding organ donation we can certainly improve this state of deficit. The Organ transplant project which has been recently launched at the MGM Institute of Health Sciences, Navi Mumbai is another major leap in this direction. We congratulate the efforts of the Organ Transplant team including the Hospital management, Specialist doctors and all others involved in this noble endeavour and wish them the very best for all success towards making MGM Institute of Health Sciences a major center for Organ transplant in the city of Mumbai

# Self Medication: Issues & Challenges



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## Risks of Self Medication

- Wrong diagnosis and taking wrong medicine.
- Correct diagnosis, still taking either wrong medicine or wrong dosage.
- Drug interaction due to wrong combination of drugs.
- Addiction to some drugs.
- Fatal allergic reactions to drugs.
- Developing resistance to some antibiotics due to inadequate dosage or duration of medication.

There is a fundamental difference between medical prescribing and self-medication. A qualified doctor is well trained about the symptoms and their causes, so he basically concentrates on symptoms as well as its causes. It would be difficult for an unqualified prescriber to investigate the basic causes. Essentiality must be given to the causes and secondly to the symptoms. Advertisement on television, newspapers and other pharmaceutical publications has increased the rate of self-medication. Self-education may treat the symptoms but not its causes. It may cause complexities if some internal disease is growing inside. It may be concluded that self-medication or prescribing of an unqualified doctor can induce severe effects on human body.

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## Self Medication: Risks Outweigh the Benefits

Self-medication is the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms. This includes acquiring medicines without an authorized prescription, resubmitting old prescriptions to purchase medicines, sharing medicines with relatives or members of one's social circle or using leftover medicines stored at home. Self-medication with prescription drugs is a problem where pharmacies dispense medicines over-the-counter, as do informal drug shops and small groceries. Leftover medicines in homes are re-used or given to neighbours or relatives. More than 50% of antibiotics worldwide are purchased privately without a prescription. In developing countries it's a greater concern as the use of antibiotics without medical guidance is largely facilitated by inadequate regulation of the distribution and sale of prescription drugs. Self-treatment can mask the signs and symptoms of fatal diseases and make it difficult for a doctor to correctly diagnose and treat later. Its consequences include wastage of resources, increased resistance of Pathogens; health hazards such as adverse reactions, drug interactions and prolonged suffering.

Many reasons are behind people's decisions to self-medicate today. For some people it's just a lack of time to go to see a doctor. It is known that seeing a doctor is often time consuming and there are situations where for an ailment which you consider as minor, a major list of tests get prescribed for you by the doctor. This always comes with a lot of financial commitment which brings me to the next reason why people pop pills. Adequate health care these days is costly and thus, people will much rather opt for the less expensive over-the-counter (OTC) remedies. Otherwise, it's the prescriptions from a previous illness people use and often considered that the symptoms look the same. Finding the cure to your ailment has become easy and everything is available on the internet. Whatever the case is, it doesn't make self-medicating proper. They say "he who self-medicates has a fool for a doctor" is true. The risks far outweigh the benefits. For one, you may have misdiagnosed the problem and are taking the wrong medication or correctly diagnosed it, but are still taking the wrong thing or at a wrong dosage. Besides these, there is the issue of drug interactions which arise from taking the wrong combination of drugs and again, some home remedies can solve one issue while creating or aggravating another (for instance, some medications for cold, can raise blood pressure).

The inherent dangers in self-medicating are numerous and can be fatal, if not now, then in the long run. Thus includes Habituation that generally refers to a psychological dependence on the continued use of a drug to maintain a sense of well-being, which can result in drug addiction. Many folks have become addicted to prescription drugs such as cough syrups, anti-allergy drugs, antacids, pain relievers or tonics and as such, find themselves unable to do without these medications. Allergic reactions that may be severe or even fatal can occur. Antibiotics like Penicillin or Sulpha drugs can cause very severe reactions. Irrational drug combinations are available in the market. Nobody tells the full truth about the products they sell and this goes for medicines as well. Some of them may be dangerous especially if taken with alcohol or other substances. Even food supplements and tonics can sometimes be harmful. Under-dosage may not cure the symptom. Over-dosage can produce collateral damage to heart, kidneys or other organs. Indiscriminate use of antibiotics through wrong dosage

or inadequate duration may lead to resistance or sudden allergic reactions. As a result, when there is need for an antibiotic, it may be ineffective. It is encouraging that stricter 'drug control' is being gradually clamped country-wide.