

June 29, 2020

BLK/UHVP/2020/JUNE/16

30/06/2020
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Delhi Pollution Control Committee
Dept. of Environment (Govt. of NCT of Delhi),
4th & 5th Floor, ISBT Building
Kashmere Gate
Delhi-110 006.

Dear Sir,

Sub: **Submission of Annual Bio-Medical Waste Report (Form-IV) of Dr. B.L. Kapur Memorial Hospital**

Please find enclosed the annual report (Form IV) for the period January 2019 to December 2019 of Bio-Medical Waste generated at Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005.

Kindly acknowledge.

Thanking you,

Yours sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)


Dr. Sanjay Mehta
Unit Head & Vice President

Dr. Sanjay Mehta
Unit Head & Vice President
Dr. B.L. Kapur Memorial Hospital
Pusa Road, New Delhi-110005

Encls:

- Annexure-1 Form IV for annual report of Bio Medical Waste (Jan 2019 to Dec-2019)
Annexure-2 Copy of waste generated or disposed in kg. per annum (on Monthly average basis)

Accredited by:



BLK Super Speciality Hospital, Pusa Road, New Delhi-110005 (India)
Tel.: 91-11-30403040 Fax: 91-11-25752885 • info@blkhospital.com • www.blkhospital.com
Managed by Radiant Life Care Private Limited



Annex 1

Form IV
(See rule-15)
ANNUAL REPORT

(To be submitted to the prescribed authority on or before **30th June every year** for the period from **January 2019 to December 2019** of the preceding year, by the Occupier of Health Care Facility (HCF) or Common Bio-Medical Waste Treatment Facility (CBWTF)

S.No	Particulars																									
1	Particulars of the Occupier																									
	(i) Name of the authorized person (occupier or operator of facility)	Dr. Sanjay Mehta																								
	(ii) Name of the HCF or CBWTF	Dr.B.T. Kapur Memorial Hospital																								
	(iii) Address For Correspondence	Puna Road, New-Delhi-110005																								
	(iv) Address of Facility	same as above																								
	(v) Tel.No., Fax.No	Ph: 011-3065 3961, F: +91-011-2575 2885																								
	(vi) E-Mail ID	info@btkhospital.com																								
	(vii) URL OF Website	http://www.btkhospital.com/about-us/Ca/Compliance																								
	(viii) GPS Coordinates of HCF OR CBWTF	(State Government or private or semi Govt. or any other) society																								
	(ix) Ownership of the Health Care Facility	(State Government or private or semi Govt. or any other) society																								
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No. DPCC/(11)(5)(264)/C-031/BMW-09/6673 Valid up to 05/10/2022																								
	(xi) Status Of Consents Under Water Act and Air Act	DPCC/BMW/2019/28 Valid upto 2024																								
2	Type of Health Care Facility																									
	(i) Bedded Hospital	Number of beds: 465 (Details and document submitted to DHS)																								
	(ii) Non Bedded Hospital/Clinic/Blood bank or laboratory or Veterinary Hospital or any Other	Not Applicable																								
	(iii) License Number and its Date of Expiry	DGHS/NH/803																								
3	Details of CBWTF																									
	(i) Number healthcare facilities covered by CBWTF	5613																								
	(ii) No. of beds covered by CBWTF	32924																								
	(iii) Installed Treatment and disposable capacity of CBWTF	51,600 Kg per day																								
	(iv) Quantity of biomedical waste treated or disposed by CBWTF	14243 kg/ day																								
4	Quantity of waste generated or disposed in Kg. per annum (on Monthly average basis)	<table border="0"> <tr> <td>Yellow Category</td> <td>: 5153.60 KG/ MONTH</td> </tr> <tr> <td>Red Category</td> <td>: 11182.02KG/ MONTH</td> </tr> <tr> <td>White</td> <td>: 423.11 KG/ MONTH</td> </tr> <tr> <td>Blue Category</td> <td>: 2156.77 KG/ MONTH</td> </tr> <tr> <td>Yellow Cytotoxic Waste</td> <td>: 234.60 KG/ MONTH</td> </tr> <tr> <td>General Solid Waste</td> <td>: 12621.99 KG/ MONTH</td> </tr> </table>	Yellow Category	: 5153.60 KG/ MONTH	Red Category	: 11182.02KG/ MONTH	White	: 423.11 KG/ MONTH	Blue Category	: 2156.77 KG/ MONTH	Yellow Cytotoxic Waste	: 234.60 KG/ MONTH	General Solid Waste	: 12621.99 KG/ MONTH												
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General Solid Waste	: 12621.99 KG/ MONTH																									
5	Details of storage, treatment, transportation, processing and Disposal Facility																									
	(i) Details of the on-site storage facility	<table border="0"> <tr> <td>Size</td> <td>40415 Square meters</td> </tr> <tr> <td>Provision of on-site storage : (Cold Storage or any other Provision)</td> <td>Dedicated Bio-medical waste collection room YES</td> </tr> <tr> <td></td> <td>N/A</td> </tr> </table>	Size	40415 Square meters	Provision of on-site storage : (Cold Storage or any other Provision)	Dedicated Bio-medical waste collection room YES		N/A																		
Size	40415 Square meters																									
Provision of on-site storage : (Cold Storage or any other Provision)	Dedicated Bio-medical waste collection room YES																									
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	(ii) Disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment Equipments</th><th>No. of Units</th><th>Capacity kg/ day</th><th>Quantity Treated or Disposed in Kg Per Annum</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Plasma</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Pyrolysis</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td>2</td><td>95 litres (blood bank) 152 litres (Housekeeping)</td><td>2499.43kg/ per annum</td></tr> <tr> <td>Microwave</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Type of treatment Equipments	No. of Units	Capacity kg/ day	Quantity Treated or Disposed in Kg Per Annum	Incinerators	N/A			Plasma	N/A			Pyrolysis	N/A			Autoclaves	2	95 litres (blood bank) 152 litres (Housekeeping)	2499.43kg/ per annum	Microwave	N/A		
Type of treatment Equipments	No. of Units	Capacity kg/ day	Quantity Treated or Disposed in Kg Per Annum																							
Incinerators	N/A																									
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Autoclaves	2	95 litres (blood bank) 152 litres (Housekeeping)	2499.43kg/ per annum																							
Microwave	N/A																									

		Hydroclave	N/A		
		Shredder	N/A		
		Needle up cutter or Destroyer	N/A		
		Sharp encapsulation or Concrete Pit	N/A		
		Deep burial pits:	N/A		
		Chemical disinfection:	N/A		
		Any other treatment equipment:	N/A		
	(iii) Quantity of recyclable wastes sold to authorized recycler after treatment in Kg per annum	:	Red Category (like plastic, glass etc.) Not Applicable (Disposed to BMW)		
	(iv) No. of vehicles used for collection and transportation of Biomedical waste	:	01(CLOSE BODY VEHICLE FOR COLLECTION FROM BLK)		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	:		Quantity generated	where Disposed
		:	Incineration	N/A	
		:	Ash	N/A	
		:	STP Sludge	Approx.150 Kgs/Month	IN BMW as per the guidelines 2016.
	(vi) Name of the Common Bio-medical Waste Treatment Facility Operator through which waste are disposed of	:	M/s SMS Water Grace BMW Pvt. LTD D.J.B., S.T.P, NILOTHI, NEWDELHI-110 041		
	(vii) List of member HCF not handed over bio medical waste	:	Not Applicable		
6	Do you have BMW Management committee? If yes attach minutes of the meeting held during the reporting period	:	YES included in HICC		
7	Details training conducted on BMW	:	SEGREGATION, DISPOSAL & TRANSPORTATION		
	(i) Number of Trainings conducted on bio medical waste management	:	246		
	(ii) Numbers of personnel trained	:	3453		
	(iii) Numbers of Personnel trained at the time of induction	:	665		
	(iv) Numbers of personnel not undergone any training so far	:	NIL		
	(v) Whether standard manual for training is available?	:	YES		
	(vi) Any other information	:	Not Applicable		
8	Details of accidents occurred during the year	:	Discarding sharps		
	(i) Numbers of accident occurred	:	47		
	(ii) Numbers of the person affected	:	None		
	(iii) Remedial action taken(Pls. attached details if any)	:	Injection T.T after injury and Injection Hep.B & ART started as per the standard protocol.		
	(iv) Any Fatality occurred details	:	Nothing Occurred		
9	Are you meeting the standards of air pollution from the incinerator? How Many times in last Year could not the standards?	:	Not Applicable		
	Details of continuous online emission monitoring systems installed	:	Not Applicable		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	YES (meeting the standards)		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not the standards in a year?	:	YES (meeting the standards)		
12	Any other relevant information	:	(Air pollution control devices attached with the incinerator)		Not Applicable
Certified that the above report is the period from January 2019 to December 2019					
Date: 29.06.2020 Place: New Delhi		Name and Signature of the Head of the Institution Dr. Sanjay Mehta Unit Head & Vice President Dr. B.L. Kapur Memorial Hospital Pusa Road, New Delhi-110005			

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FORM I

[(See rules 4(o), 5(i) and 15(2))]

ACCIDENT REPORTING

1	Date and time of accident	Nil
2	Type of Accident	Nil
3	Sequence of events leading to accident	Nil
4	Has the Authority been informed immediately	Nil
5	The type of waste involved in accident	Nil
6	Assessment of the effects of the accidents on human and health and the environment	Nil
7	Emergency measures taken	Nil
8	Steps taken to alleviate the effects accidents	Nil
9	Steps taken to prevent the recurrence of such an accident	Nil
10	Does your facility has an Emergency Control policy ? If yes, give details	Nil

Signature :

Name : Mr. Jitender Kumar Sharma

Designation : Senior Manager- Hospitality

Place New Delhi



Annex-1

Annex-2

ANNUAL REPORT FOR BIO-MEDICAL WASTE OF YEAR 2019

Sl.no	No. of Days	Month	Occupancy	Yellow waste Kg.	Yellow waste Kg./ day	Red waste Kg.	Red waste Kg./day	Blue Puncture Proof Container waste Kg.	Blue Puncture Proof container waste Kg./ day	White Puncture Proof Container waste Kg.	White Puncture Proof Container waste Kg./day	Yellow Cytotoxic waste Kg.	Yellow Cytotoxic waste Kg./day	Total KG	Waste per bed (kg)
1	31	January	382	5229.1	168.68	11322.07	365.24	2427.35	78.30	504.09	16.29	277.08	8.94	19760.99	51.73
2	28	February	389	6064.27	216.58	11504.39	410.87	2195.24	78.40	379.84	13.57	205.35	7.33	20849.09	51.00
3	31	March	374	6320.82	203.90	11921.79	384.57	2406.67	77.63	417.05	13.45	237.3	7.65	21303.63	56.96
4	30	April	381	5302.07	176.74	11285.93	376.20	2100.13	70.00	403.14	13.44	193.35	6.45	19284.62	50.62
5	31	May	393	5055.48	163.08	12930.5	417.11	2261.47	72.95	473.08	13.87	220.02	7.42	20907.45	51.20
6	30	June	390	4481.84	149.39	11669.9	389.00	2152.55	71.75	460.21	15.34	221.49	7.38	18985.99	48.68
7	31	July	390	4527.81	146.06	11442.53	369.11	2165.17	69.84	439.61	14.19	248.72	8.02	18824.04	48.27
8	31	August	399	4557.11	147.00	11215.97	361.81	2187.21	70.56	488.56	15.76	249.93	8.06	18698.78	46.86
9	30	September	405	5186.55	172.89	11779.74	392.66	2038.6	67.95	472.1	15.74	277.98	9.27	19755.01	48.78
10	31	October	382	5350.29	172.59	9475.84	305.67	1994.13	64.34	393.8	12.70	261.14	8.42	17475.50	45.75
11	30	November	405	5134.39	171.15	10278.84	342.63	1986.43	66.21	337.32	11.24	279.81	7.66	17966.78	44.36
12	31	December	355	4633.48	149.47	9356.28	301.82	1966.03	63.42	350.55	11.31	184.05	5.94	16490.38	46.45
TOTAL				61843.25	2037.52	134184.18	4416.69	25881.28	851.37	5077.35	166.90	2816.22	92.55	229802.28	
Average/month				387.9	5153.60	11182.02		2156.77		423.11		234.69			
Average/Day					169.79		368.06		70.55		13.91		7.71		48.39
Waste Limit as approved by DPCC- QUANTITY OF BIO MEDICAL WASTE HANDLED, TREATED AND DISPOSED/ DAY- 927 KG/ DAY					249KG/ DAY		361 KG/ DAY		246KG/DAY		71KG/DAY				

please note :-

Authorization under BMW Management rules 2016 and the guidelines was received and implemented from 02nd Nov 2017 and is valid till 09th October 2022.

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ANNUAL REPORT FOR GENERAL WASTE OF YEAR 2019 (JANUARY TO DECEMBER 2019)

Sl.no	No. of Days	Month	General waste Kg.	General waste Kg./day
1	31	January	10212.29	330.08
2	28	February	9912.46	354.37
3	31	March	9956.26	321.31
4	30	April	2578.5	85.95
5	31	May	10130.97	326.80
6	30	June	6790.66	226.35
7	31	July	10963.46	353.66
8	31	August	14718.74	474.80
9	30	September	17479.3	582.64
10	31	October	16091.05	519.07
11	30	November	16634.84	554.49
12	31	December	17565.19	566.62
TOTAL			153483.87	4878.66
Average/month			12621.99	
Average/Day				414.72

Minutes of Infection Control meeting 25/01/2019)

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purni Barmar	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Not Attended
6	Dr. Dharna	Member	Not Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr. U. Vaiecha	Member	Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Vivek Gupta	Member	Attended
13	Dr. Sanjay Duranl	Member	Attended
14	Dr. Rachna	Invited member	Attended
15	Sis Rosamma	Member	Attended
16	Mr. Ramesh	Member	Attended
17	Mr. Arun Kumar - ICN	Member	Attended
18	Ms Nisha James - ICN	Member	Attended
19	Ms Kanika	Member	Not Attended
20	Sis Promila	Member	Attended
21	Dr. Indu Bala	Member	Attended
22	Sis Preeti	Member	Attended
23	Dr. Akash		Attended

Agenda of the Meeting :		
1	Pending points- Last Meeting	




2	HAI- Nov - Dec 2018					
3	Audit report of Cleaning and disinfection process					
S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken
A.	Pending points of last MOM	NA	NA	NA	NA	All closed
B.	Minutes of present meeting					
1	HAI	Dr Purabi presented the Healthcare associated infection data for Nov and Dec 2018. The rates for CLABSI for Nov and Dec has been 2.38 and 2.75 respectively. VAP has been recorded as 4.17 and 4.33 for Nov and Dec respectively. CAUTI has been recorded at 2.18 and 2.02.	To have close monitoring of care bundles.	ICT	NA	Under monitoring
2	Needle stick injury	Dr Purabi presented the NSI data for Nov and Dec 2018	Incidence of NSI were 0.08 % , 0.10% in Nov and Dec respectively.	ICT	NA	Under monitoring
3	Hand hygiene	Dr Purabi presented the hand hygiene data for Sept and Oct 2018. Hand hygien compliance has decreased across all the ICUs/ wards, especially SICU, BMT	Re-training of staff on hand hygiene need.	ICT/ Nursing IC	15th Feb 2019	

4	The audit report of 'Cleaning and disinfection process was shared with the members.'	The audit findings were already informed to all concerned staff and in a meeting with Sis Rosamma, Dr Durani, Mr Rajiv and Sis Nisha	The proposal to build a area for instrument cleaning is not approved by higher management. As per hospital policy, all instruments after sparging with enzyme cleaner should be sent to CSSD without any sort of cleaning in OT premises. Dr Durani to convey to Cardiac team and to be strictly implemented.	Dr Durani/ ICT	28th Jan 2019	Under monitoring
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Minutes of Infection Control meeting 15/03/2019

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Not Attended
6	Dr. Dharna	Member	Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr U Valecha	Member	Not Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Vivek Gupta	Member	Attended
13	Dr. Sanjay Durani	Member	Attended
14	Dr. Rachna	Invited member	Attended
15	Sis Rosamma	Member	Attended
16	Mr Ramesh	Member	Not Attended
17	Mr. Arun Kumar - ICN	Member	Attended
18	Ms Nisha James - ICN	Member	Attended
19	Ms Kanika	Member	Not Attended
20	Sis Promila	Member	Attended
21	Dr Indu Bala	Member	Attended
22	Sis Preeti	Member	Attended
23	Mr Siby	Invited member	Attended
24	Mr Rajeev	Invited member	Attended
Agenda of the Meeting :			
1	Pending points- Last Meeting		





2	HAI- Jan - Feb 2019					
3	Hand hygiene displays					
4	Report on Mock drill - communicable disease.					
S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken
A.	Pending points of last MOM	NA	NA	NA	NA	All closed
B.	Minutes of present meeting					
1	HAI	Dr Purabi presented the Healthcare associated infection data for Jan and Feb 2019. The HAI rates for VAP(5.53) in th emonth of Feb. CLABSI rates is 3.16 for Feb 2019 and 2.90 for CAUTI which is again beyond internal benchmark. There was low complianc ein Care bundles, hand hygiene, inadequate staff and housekeeping services which may have resulted in the increased rates.	These findings were already discussed with Dr Duran, Sis Rosamma, Ms Kanika/ Mr Rajeev and Dr Pande. Re-training programs with practical classes are being held for all nursing staff. Housekeeping staff were trained and counselled on cleaning processes. It was also decided to hold a training program for all new doctors in MICU on hand hygiene and other basic infection control practices.	Sis Rosamma/ MS Kanika/ Dr Duran/ Dr Pande/ ICT	31st March 2019	Under monitoring
2	Needle stick injury	Dr Purabi presented the NSI data for Jan and Feb 2019.	Incidence of NSI were 0.13 %, 0.09% in Jan and Feb respectively.	ICT	NA	Under monitoring



3	Hand hygiene	Dr Purabi presented the hand hygiene data for Jan and Feb 2019. Hand hygiene compliance has decreased across all the ICUs, especially MICU	Re-training of staff on hand hygiene need.	ICT / Nursing IC	31st March 2019	Under monitoring
4	Hand hygiene displays	Some awareness posters on hand hygiene was proposed to be put up in ICU areas earlier. The matter has been already forwarded to marketing team.	To follow up with marketing.	ICT / Dr Durani	31st March 2019	



(Handwritten signature)

5	Report of mock drill on communicable disease.	The mock drill for communicable disease was done on 12th March 2019. A dummy patient with confirmed H1N1 received at ER. Patient was shifted from ER entry by GDA staff. EMO did triaging of the patient and sent the patient to Red Zone. Patient was attended by the Nursing staff and Doctors. After doing the medical intervention at ER the patient was shifted to room no 435. Patient was received by the nursing staff in ward. After observation the key points the mock drill was called off. The audit findings were informed to all concerned staff. Three observations were made- On eof the doctors did not wear mask properly and was non complinat on hand hygiene. Two ply masks were available instead of the 3 ply masks. Ward nurse did not mention the door need to be kept closed while patient is in side the room.	ICT team had already informed Purchase about the 2 ply mask. To which purchase dept decided to recall the product and replace with 3 ply mask. Training of the doctor on hand hygiene and correct way to wear mask is needed. And nursing staff would be retrained on infection control practices involving H1 N1 patients.	ICT/ Quality team	31st March 2019	
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Minutes of Infection Control meeting 13/05/2019)

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Not Attended
6	Dr. Dharma	Member	Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr. U. Vailecha	Member	Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Vivek Gupta	Member	Attended
13	Dr. Sanjay Durani	Member	Attended
14	Sis Rosamma	Member	Not Attended
15	Mr. Ramesh	Member	Not Attended
16	Mr. Arun Kumar - ICN	Member	Attended
17	Ms Nisha James - ICN	Member	Attended
18	Ms Kanika	Member	Attended
19	Sis Promila	Member	Attended
20	Dr. Indu Bala	Member	Not Attended
21	Dr. Navin	Member	Attended
22	Sis Preeti	Member	Attended
23	Ms Mamoni	Member	Attended
Agenda of the Meeting :			



1	Pending points- last Meeting					
2	HAI- Mar - Apr 2019					
S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken
A.	Pending points of last MCOM	NA	NA	NA	NA	Hand hygiene signage - With marketing process. Rest all closed.
B.	Minutes of present meeting					
1	HAI	Dr Purabi presented the Healthcare associated Infection data for Mar and Apr 2019. The HAI rates for VAP has decreased to 2.82 in March and 1.73 in April. CLABSI rates is 2.37 and 2.35 for March and April respectively. CAUTI is 2.04 and 1.76 for March and April 2019. All HAI rates are within the internal benchmark.	It was also discussed to organise a training session on Care bundles for central lines.	ICT	31st May 2019	Open
2	Needle stick Injury	Dr Purabi presented the NSI data for Mar and Apr 2019.	Incidence of NSI were 0.06 %, 0.09% in Mar and Apr respectively.	ICT	NA	Under monitoring
3	Hand hygiene	Dr Purabi presented the hand hygiene data for Mar and Apr 2019. Hand hygien compliance has improved in areas like MICU.	Hand hygiene trainings to be further organised.	ICT/ Nursing IC	NA	Under monitoring



Minutes of Infection Control meeting 13/07/2019

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barmar	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Not Attended
6	Dr. Dharm	Member	Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr. U. Vaiecha	Member	Not Attended
11	Dr. Gurbachan Singh	Member	Not Attended
12	Dr. Vivek Gupta	Member	Not Attended
13	Dr. Sanjay Durani	Member	Attended
14	Sis Rosamma	Member	Not Attended
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16	Mr. Arun Kumar - ICN	Member	Attended
17	Ms Nisha James - ICN	Member	Attended
18	Ms Kanika	Member	Attended
19	Sis Pronila	Member	Attended
20	Dr. Indu Bala	Member	Attended
21	Dr. Navin	Member	Attended
22	Sis Preeti	Member	Attended
23	Sis Anu	Invited member	Attended
Agenda of the Meeting :			
1	Pending points- Last Meeting		
2	HA- May - June 2019		
3	Analysis of NSI		



S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken
A.	Pending points of last MOM	NA	NA	NA	NA	All points were closed
B.	Minutes of present meeting					
1	HAI	Dr Purabi presented the Healthcare associated infection data for May and June 2019. The HAI rates for VAP was 3.10 in May and 4.7 in April. VAE was 3.10 in May and Zero in June. CLABSI rates is 2.26 and 2.95 for May and June respectively. CAUTI is 2.11 and 2.04 for May and June 2019 respectively. All HAI rates are within the internal benchmark.	NA	ICT	NA	Under monitoring
2	Needle stick injury	Dr Purabi presented the NSI data for May and June 2019. Incidence of NSI were 0.12%, 0.14% in May and June respectively. The NSI data was analysed from Jan to June 2019 and presented to the HICC members. It was seen that mainly four areas were of concern - 3rd floor, ER, OT and ICU. The main mode of injury was due to improper segregation of sharps followed by Procedure related, splash, and IV cannulation. Nurses (40.90%) was affected followed by HK/ GDA (27.27%)	It was decided to prioritize these four areas for training. All the Nursing in charges will be made responsible for proper sharp segregation in their respective areas.	ICT/Dr Durani/ Sis Anu/	31st July 2019	Under monitoring



3	Biomedical waste disposal	The audit report of BMW disposal was presented. Compliance to Segregation was 91.63% in May and 93.22%. Compliance to Disposal was 92.82% and 88.64 % in May and June respectively. Compliance to storage was 94.22 % and 94.82% in May and June respectively. Compliance to Transportation was 97.68% in May and 95.6% in June 2019.	NA	NA	NA	Under monitoring
4	Hand hygiene	Dr Purabi presented the hand hygiene data for May and June 2019.	Hand hygiene trainings to be further organised.	ICT/ Nursing IC	NA	Under monitoring
5	Shoe covers	Dr RK Singal initiated the discussion that shoe covers should be stopped in ICU areas as most of the times these are dirty.	It was discussed that options to use disposable shoe covers will be looked into. Dr Durani will do a price comparison of the present system and the proposed disposal one. At the same time, Dr Rajesh Pande has agreed to do a 10-15 days trial without shoe covers in MICU	ICT/ Dr Durani/ Ms Kanika	10th August 2019	Open
6	Haem-onco patients in 5th floor	Policy to cohort Haem-onco patients in 5th floor	It was discussed that apolicy to cohort all Haem-Onco, Med Onco patients in 5th floor. And to creat a pool of trained nurses to handle those patients.	Dr Durani/ Sis Rosamma/ ICT	10th August 2019	Open




Minutes of Infection Control meeting 27/09/2019)

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barmar	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Not Attended
6	Dr. Dharma	Member	Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr. U Vaibha	Member	Not Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Vivek Gupta	Member	Attended
13	Dr. Sanjay Durrani	Member	Not Attended
14	Dr. Ankur	Invited member	Attended
15	Dr. Pankaj	Invited member	Attended
16	Dr. Shahid	Invited member	Attended
17	Dr. Sameer	Invited member	Attended
18	Dr. Nikhil	Member	Attended
19	Sis Rosamma	Member	Not Attended
20	Mr. Ramesh	Member	Attended
21	Mr. Arun Kumar - ICN	Member	Not Attended
22	Ms Nisha James - ICN	Member	Attended
23	Ms Kanika	Member	Attended
24	Sis Premila	Member	Attended
25	Dr. Indu Bala	Member	Attended
26	Dr. Navin	Member	Not Attended
27	Sis Preeti	Member	Attended




28	Sis Anu	Invited member	Attended				
Agenda of the Meeting :							
1	Pending points- Last Meeting						
2	HAI- July - Aug 2019						
3	Antibiogram 2018-2019						
S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken	
A.	Pending points of last MOM	NA	NA	NA	NA	All points were closed	
8.	Minutes of present meeting						
1	HAI	Dr Purabi presented the Healthcare associated infection data for July and Aug 2019. The HAI rates for VAP was 2.08 in Aug. and 1.54 in Aug. VAE was 2.08 in July and 4.67 in Aug. CLABSI rates is 2.67 and 3.11 for July and Aug respectively. CAUTI is 1.54 and 1.23 for July and Aug 2019 respectively. All HAI rates are within the internal benchmark.	NA	ICI	NA	Under monitoring	
2	Needle stick injury	Dr Purabi presented the NSI data for July and Aug 2019. Incidence of NSI were 0.08 % , 0.09% in July and Aug respectively.	NA	ICI	NA	Under monitoring	



Minutes of Infection Control meeting 02/12/2019

S.N.	Attended by		
1	Dr. Rk Singhal	Chair person	Attended
2	Dr. Purabi Barmar	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Sanjay Mehta	Member	Not Attended
5	Dr. Ajay Kaul	Member	Attended
6	Dr. Dharna	Member	Attended
7	Dr. Jasjit Bhasin	Member	Not Attended
8	Dr. Amit Agarwall	Member	Not attended
9	Dr. Sunil Prakash	Member	Not attended
10	Dr. U. Vaiecha	Member	Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Rachna	Invited Member	Attended
13	Dr. Vivek Gupta	Member	Attended
14	Dr. Sanjay Duranl	Member	Attended
15	Dr. Dhrender	Member	Attended
16	Dr. Nikhil	Invited Member	Attended
17	Sis Rosamma	Member	Attended
18	Mr. Ramesh	Member	Attended
19	Mr. Arun Kumar - ICN	Member	Attended
20	Ms Nisha James - ICN	Member	Attended
21	Mr. Rajeev	Invited Member	Attended
22	Sis Promila	Member	Attended
23	Dr. Indu Bala	Member	Attended
24	Dr. Navin	Member	Not Attended
25	Sis Preeti	Member	Attended
Agenda of the Meeting :			



1	Pending points- Last Meeting					
2	HAI- Sept - Oct 2019					
3	RO water In Endoscopy					
S.N.		DISCUSSION	DECISION	RESPONSIBILITY	TIME LINE	Action taken
A.	Concern over usage of lesser known brands of antibiotics	In view of these concerns raised by the ICU Incharges, it was proposed that this matter be discussed and looked into. The members also suggested that some of these drugs may be sent to a third party vendor for quality check. The matter will be followed up by the Pharmacy and Therapeutics committee.	It was informed by Dr Nikhil that after integration of our hospital with Max, antibiotics available at Max hospital will be included in our hospital formulary too. The committee also suggested that a policy where in antibiotics of better brands be reserved for critical care areas should be adapted by the hospital.	DR Nikhil/ Dr Vivek	29th Feb 2019	All points were closed
B.	Minutes of present meeting					
1	HAI	Dr Purabi presented the Healthcare associated infection data for Sept and Oct 2019. The HAI rates for VAP was 1.59 in Sept and 2.63 in Oct. VAE was 1.59 in Sept and 1.31 in Oct. CLABSI rates is 2.87 and 3.06 for Sept and Oct respectively. CAUTI is 1.24 and 1.23 for Sept and Oct 2019 respectively. All HAI rates are within the internal benchmark.	NA	ICT	NA	Under monitoring
2.	Needle stick injury	Dr Purabi presented the NSI data for Sept and Oct 2019. Incidence of NSI were 0.08 %, 0.10% in Sept and Oct respectively.	NA	ICT	NA	Under monitoring



3	Biomedical waste disposal	The audit report of BMW disposal was presented. Compliance to Segregation was 90.54 % in Sept and 91.48 % in Oct. Compliance to Disposal was 89.42 % and 90.25% in Sept and Oct respectively. Compliance to storage was 95.5% in Sept and 94.75 % in Oct. Compliance to Transportation was 95 % in Sept and 96.25 % in Oct 2019.	NA	NA	NA	NA	Under monitoring
4	Hand hygiene	Dr Purabi presented the hand hygiene data for Sept and Oct 2019. Hand hygiene compliance rates were within acceptable limits	NA	ICT	NA	Under monitoring	
5	Installation of RO in endoscopy.	It was discussed that as per vendor recommendation, RO water be used in Endoscopy for cleaning and disinfection of scopes.	Dr Nikhil informed that the RO provision will be made available after discussion with engineering dept.	DR Nikhil	29th Feb 2019	Open	
6	Holding area for infected patients in Emergency and CTVS	Concern were raised by Dr Kaul that infected patients transferred from other hospital are directly taken in CTVS ICU.	Dr Kaul also proposed that a separate area be created for quarantine of these patients whenever needed. The issue was put forward to Dr Nikhil. The matter to be discussed for its feasibility.	DR Nikhil	29th Feb 2019	Open	

