

January 3, 2023

BLK/MS/2023/JAN/14

Dr. R. Aggarwal Addl. Director (BMW Mgmt.) Directorate of Health Services Swasthya Sewa Nideshalaya Bhawan F-17, Karkardooma Delhi-110032.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

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Please find enclosed the quarterly report of Bio-Medical Waste maintained by the Healthcare establishment namely Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of October 2022 to December 2022.

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

Dr. Suhas Parnami Medical Superintendent

Encls: As above





Dec-22

## Govt.of NCT of Delhi, Directorate of Health Services Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-32. (Ph No.22304549) Quarterly Information required for BMW Management

.No	).	Parti	culars
1	i -	Name address of the Hospital	Dr. B. L. Kapur Memorial Hospital
2	_	No. of authorized/sanctioned beds	465
3	1-	Name of the occupier(MS/Director)	Dr. Sanjay Mehta
4		Phone No. Fax,E-mail	011 30403040 & 30653961
5		Whether authorization from Delhi Pollution control committee obtained?	Yes
6		If Yes, No. date of issue and validity	Yes
7		Whether in house treatment facility available?	No
	7.A	If Yes, write	N/A
	7.B	If No., how is the BMW treated?	Outsourced-SMS water Grace BMW Pvt.Ltd.
	7.C	Whether tie up with CBWTF Operator	Yes - SMS Water Grace BMW Pvt.Ltd.
8		Whether Nodal Officer for BMW Management designated?	Yes
	8.A	If Yes-please give name & phone No.	Mr. Gitesh Mongia , 01130653858
9		Whether Biomedical Waste management Committee formed?	Yes
	9.A	If yes, give name of the members	21 members invited-02
	9.B	Date of last meeting	45 (E.) 45 (E.) 4 (E.)
10		Whether color Coded segregation Containers available	Yes  Yellow, Red, Blue Puncture proof Container, White Puncture Proof,
	10.A	If Yes-what is color coding	
11		Whether Color Coded Segregation Liners/Bags available	Yes
	11.A	If Yes, what color?	Yellow, Red, Blue Puncture proof Container, White Puncture Proof,
12		Whether using Biohazard and Cytoxic Symbols	Yes
13		Whether Packaging & labeling Practised	Yes
14		Whether Puncture proof sharps containers available?	Yes
15		Is there any provision internal storage?	Yes
16		Whether there are any use of wheel barrow/trolleys?	Yes
17		Is there any seperate provision of washing facilities for containers	Yes
	17. A	If No, where these containers are washed?	N/A
18		Is there any centralized storage site?	Yes
	18.A	Is there any provision of lock and key for BMW	Yes
19		Whether needle destroyer available?	No, since the needles are disposed in white Puncture Proof as per the
20		Whether the hand hygiene is practiced in the hospital	Yes A A State of Section Control Nurse
	20.A	If Yes, how monitored	Follow training calendar and Audit by Infection Control Nurse
21		Is there any Spill Management Protocol	Yes
22		Is there any Provision for management of Mercury waste, Metals	N/A - We are mercury free hospital
23		Whether record are maintained properly?	Yes
	23.A	If Yes, whether verified by the Chairman/Nodal officer	Yes
24		Whether there is daily supervision?	Yes
	24.A	If Yes, Whether the records are maintained	Yes
25		Is there any provision of separates waste weighing machine	Yes
	25.A	If Yes, whether daily record of of weight maintained	Yes
26		Whether there is any injury register	Yes
	26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes
27		Is there any separate Budget here for BMW?	Yes
28		Whether SOPs/ guidelines available	Yes
29		Is there any provision of Training/Retraining in BMW management	Yes
	29.A	If Yes, the. No of personnel trained during the quarter	Doctors - 142 Nursing- 556 Technicians and Paramedics- 86 GDA & Housekeeping- 176

30	-	Is there any IEC/Community awareness Whether waste Audit carried out?	No Yes					
31	31.A	If Yes, Whether the report submitted to the head of the institution	Yes					
32	31.A		N/A					
33	-	Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS	Yes					
	-		Yes					
34	-	Whether Annual Monthly Report submitted to DPCC	Yes	-				
	-	Whether regular inspection carried out	Yes	-				
36	-	Whether consent obtained under Air and Water Act	Yes			-		
37	-	Whether Acoustic enclosures for generator sets present						
38	-	Whether Sewage treatment plant (STP) installed in the Hospital	Yes			-		
39	-	If yes, attach copy of laboratory report authorized by DPCC	Yes					
40		Whether personal protective Equipment (PPE) used BMW staff	Yes					
41		Whether the staff posted at BMW is medically examined	Yes					
	41.A	If, Yes, how frequently	Once a year					
	41.B	Whether immunized againts Tetanus and Hepatitis B	Yes					
			Oct-	22	Nov	-22	Dec-	22
42		Quantum of waste generated	Non covid	Covid	Non covid	Covid	Non covid	Covi
		Incinerable	4356.39	5.30	4643.68	0	4888.36	0
		Autoclavable/Microwavable	7286.30	9.01	7730.42	0	8051.87	. 0
		Blue Puncture proof boxes for glasses	1528.27	0.80	1914.94	0	1820.09	0
		White puncture proof for Sharps	313.82	0.80	399.53	0	369.13	0
		Cytotoxic waste for incineration	151.83	0	136.96	0	133.14	0
		Total	13636.61	15.91	14825.53	0	15262.59	0

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. Suhas Parnami Medical Suprentendent Dr. B. L. Kepe Lamorial Hospital Push Rockley & Dalmara



		s of infection Control meeting 19/10/202		-		
S.N.	Attended by			4		
1	Dr. Rk Singhal	Chairperson	Attended	4		
2	Dr.Purabi Barman	Secretary '	Attended	4		
3	Dr. Rajesh Pande	Member	Attended			
4	Dr.Ramji Mehrotra	Member	Not Attended	-		
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Not Attended	4		
6	Or Pawan Kr Singh	Member	Not attended	4		
7	Dr Sunil Prakash	Member	Not attended	-		
8	Dr U Valecha	Member	Not Attended	4		
9	Dr Jasbir Khanuja	Member	Not Attended	1		
10	Dr Tarun	Invited member	Attended			
11	Dr Shimpi	Invited member	Attended	_		
12	Dr.Gurbachan Singh	Member	Attended	1		
13	Dr.Suhas	Member	Not Attended	7		
14	Dr Dhirender kumar	Member	Attended	1		
			Attended	4		
15	Dr Deepak /Vanshika	Member		4		
16	Sis Rosamma/ Sis Anu	Member	Attended	4		
17	Mr Ramesh /Mr Sibi Verghese	Member	Not Attended			
18	Mr HArsh	Member	Attended			
19	Ms Parminder - ICN	Member	Attended	7		
_			Attended	1		
20	Mr.Arun Kumar - ICN	Member		-		
21	Ms Anjana-ICN	Member	Attended	4		
22	Ms Pavitra-ICN	Member	Attended	1		
				1		
enda	of the Meeting :					
-	Surveillance data - September 20	22		1		
1		***		1		
2	Antibiogram 21-22			+		
3	Review of MOM of last meeting			4		
				J		
	MOM of previous meeting					
1		deaned inside the OT premises. It was dis	russed that these instruments sh	all be sent to C	SSD after been	Open
•	corrued with comments down	er. No pre wash will be done inside the OT a	e there is no defined area			a de la constantina della cons
	sprayed with enzymatic cleane	er. No pre wash will be done inside the O1 a	s triefe is no defined area			
2	Non - Availability of green she	ets and green gowns.				The matter to be sorte
						between Nursing , CSSI
	1					land HK. Open
		Discu	ssion of present meeting			and HK. Open
1	на	Healthcare associated infection data of		іст	NA NA	Under monitoring
1	на	Healthcare associated infection data of September 2022 was presented. The		licī	NA NA	
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3	Needle stick injury  Biomedical waste disposal  Hand hygiene  Pre Surgical Prophylaxis	Healthcare associated infection data of September 2022 was presented. The HAI rates for VAE is 0 ,CLABSI 1:52, CAUTI is 1.38. SI rate is 0.50%.All HAI rates were within acceptable range. RCA was done for each case and both patinet factors and low compliance in bundle care has been found.  NSI data of September 2022 was presented . Incidence of NSI were 0.68.  The audit report of BMW disposal in was presented . Compliance to Segregation was 92.2% ,Disposal was 90.2% ,storage was 9492.2% and Transportation was 94%. In COVID area it was 94.2%, 94%, 92.8% ,94% respectively.  Hand hygiene data for the month of September 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.  The compliance to Pre surgical prophylaxis was 99.1 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  Dr Tarun presented the antibiogram of	NA  NA  NA  NA  MRSA rate is 51%, VRE 23.6%. Carbapenem resistance is 46% and Colistin resistance is 6% in Gram	ICT ICT Anaesthesia	NA NA	Under monitoring  Under monitoring  Under monitoring
3	Needle stick injury  Biomedical waste disposal  Hand hygiene  Pre Surgical Prophylaxis	Healthcare associated infection data of September 2022 was presented. The HAI rates for VAE is 0 ,CLABSI 1:52, CAUTI is 1.38. SI rate is 0.50%.All HAI rates were within acceptable range. RCA was done for each case and both patinet factors and low compliance in bundle care has been found.  NSI data of September 2022 was presented . Incidence of NSI were 0.68.  The audit report of BMW disposal in was presented . Compliance to Segregation was 92.2% ,Disposal was 90.2% ,storage was 9492.2% and Transportation was 94%. In COVID area it was 94.2%, 94%, 92.8% ,94% respectively.  Hand hygiene data for the month of September 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.  The compliance to Pre surgical prophylaxis was 99.1 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  Dr Tarun presented the antibiogram of	NA  NA  NA  NA  NA  NA  MRSA rate is 51%, VRE 23.6%, Carbapenem resistance is 46% and Colistin resistance is 65% in Gram negatives across the	ICT ICT Anaesthesia	NA NA	Under monitoring  Under monitoring  Under monitoring
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3	Needle stick injury  Biomedical waste disposal  Hand hygiene  Pre Surgical Prophylaxis	Healthcare associated infection data of September 2022 was presented. The HAI rates for VAE is 0 ,CLABSI 1:52, CAUTI is 1.38. SI rate is 0.50%.All HAI rates were within acceptable range. RCA was done for each case and both patinet factors and low compliance in bundle care has been found.  NSI data of September 2022 was presented . Incidence of NSI were 0.68.  The audit report of BMW disposal in was presented . Compliance to Segregation was 92.2% ,Disposal was 90.2% ,storage was 9492.2% and Transportation was 94%. In COVID area it was 94.2%, 94%, 92.8% ,94% respectively.  Hand hygiene data for the month of September 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.  The compliance to Pre surgical prophylaxis was 99.1 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  Dr Tarun presented the antibiogram of	NA  NA  NA  NA  NA  NA  MRSA rate is 51%, VRE 23.6%. Carbapenem resistance is 46% and Colistin resistance is 6% in Gram negatives across the hospital. There is no major change from last year except in Acinetobacter species	ICT ICT Anaesthesia Team	NA NA	Under monitoring  Under monitoring  Under monitoring

## BLK-MAX

S.N.	Attended by	of Infection Control meeting 30/11/20	4	-		
1	Dr. Rk Singhal	Chairperson	Attended	-		
2	Dr.Purabi Barman	Secretary	Attended	7		
3	Dr. Rajesh Pande	Member	Not Attended			
4	Dr.Ramji Mehrotra	Member	Not Attended			
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended	-		
6	Or Pawan Kr Singh	Member	Not attended Not attended	4		
8	Dr Sunii Prakash Dr U Valecha	Member Member	Not attended Not Attended			
9	Dr Jasbir Khanuja	Member	Not Attended	-		
10	Dr Tarun	Invited member	Attended			
11	Or Shimpi	Invited member	Attended	⊣		
12	Dr.Gurbachan Singh	Member	Attended	┥		
13	Dr.Suhas	Member	Attended	-		
14	Dr Dhirender kumar	Member	Attended	-		
15	Dr Deepak /Vanshika	Member	Attended	┥		
16	Sis Rosamma/Sis Anu	Member	Attended	7		
17	Mr Ramesh /Mr Sibi Verghese	Member	Not Attended	7		
18	Mr HArsh	Member	Attended	7		
19	Ms Parminder - ICN	Member	Attended	1		
20	Mr.Arun Kumar - ICN	Member	Attended	-		
21	Ms Anjana-ICN	Member	Attended	-		
22	Ms Pavitra-ICN	Member	Attended	4		
_	THE PARTY NAME OF THE PARTY NA	Member	Thirestoca	4		
enda	of the Meeting :	1	T	4		
1	Surveillance data - October 2022			4		
2	Review of MOM of last meeting	-1-		-		
3	Non availability of garbage t	age and there contains		-		
4			d con checklin	+		
•	Approval for Hand hygiene monitor	ping upp as a replacement for the present har	o copy checkist.	_		
_	MOM of previous meeting	T		T	T	T .
1		cleaned inside the OT premises. It was o	licroceed that there leate me -t-	chall be cost to	CSSD after here	Open
•		r. No pre wash will be done inside the Ol		arian de sent to	Coop arter been	- Den
_			as there is no delined area			
2	Non - Availability of green shee	ts and green gowns.				Green sheets have
						made available in t
						wards. No fresh
_			ssion of present meeting			compliants have be
1	UAI			T <sub>I</sub> CT	Tue	I todas manitados
1	HAI	Healthcare associated infection data of		ICT	NA	Under monitoring
		October 2022 was presented. The HA	u l	1		
		rates for VAE is 3.83, these were two		1	1	
		cases of p VAP. CLABSI 1.21, CAUTI is	1		1	1
		1.46 . SSI rate is 0.65%. All HAI rates	1		1	1
		were within acceptable range RCA	1		1	
		was done for each case and both				
		patinet factors and low compliance in				
		bundle care has been found.	1	1		1
		1	1	1		
2	Needie stick injury	NSI data of October 2022 was	NA	ICT	NA	Under monitoring
	18 18	presented . Incidence of NSI were 0.74		1		
	Annual Control of the					
	Biomedical waste disposal	The audit report of BMW disposal in	NA	ICY	NA	Under monitoring
3				1		
3		was presented. Compliance to				1
3		was presented. Compliance to Segregation was 91% ,Disposal was		1		
3		Segregation was 91% ,Disposal was 92% ,storage was 93% and				let .
3		Segregation was 91% ,Disposal was				ja 
3	Hand hygiene	Segregation was 91% ,Disposal was 92% ,storage was 93% and Transportation was 93.6%.	Re-training to be done in all	ICT	NA .	Under monitoring
	200 ST 100 ST	Segregation was 91% ,Disposal was 92% ,storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of		іст	NA .	Under monitoring
	200 ST 100 ST	Segregation was 91% ,Disposal was 93% ,storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented.	areas. Followed by monitoring.	ICT	NA	Under monitoring
	200 ST 100 ST	Segregation was 91%, Disposal was 92%, scorage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate:	areas. Followed by monitoring.	ICT	NA	Under monitoring
	200 ST 100 ST	Segregation was 91% ,Disposal was 93% ,storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented.	areas. Followed by monitoring.	ICT	NA .	Under monitoring
	Hand hygiene	Segregation was 91% "Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate have decreased across the ICU areas.	areas. Followed by monitoring.			***************************************
	200 ST 100 ST	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical	areas. Followed by monitoring.	ICT  Anaesthesia Team	NA NA	Under monitoring  Under monitoring
	Hand hygiene	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6%. Most of these	areas. Followed by monitoring.	Anaesthesia		400000000000000000000000000000000000000
	Hand hygiene	Segregation was 91% , Disposal was 92%, storage was 93% and Transportation was 93.6%.  Hand hygiene data for the month of October 2022 were presented.  Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the	areas. Followed by monitoring.	Anaesthesia		***************************************
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	Hand hygiene Pre Surgical Prophylaxis	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	areas. Followed by monitoring.	Anaesthesia		400000000000000000000000000000000000000
	Hand hygiene	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the	areas. Followed by monitoring.	Anaesthesia		400000000000000000000000000000000000000
	Hand hygiene Pre Surgical Prophylaxis	Segregation was 91% , Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rater have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand	areas. Followed by monitoring.	Anaesthesia		400000000000000000000000000000000000000
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	Hand hygiene Pre Surgical Prophylaxis	Segregation was 93%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul	Anaesthesia		400000000000000000000000000000000000000
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	Hand hygiene Pre Surgical Prophylaxis	Segregation was 93%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the	The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised.	Anaesthesia Team		***************************************
	Hand hygiene Pre Surgical Prophylaxis	Segregation was 93%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the	The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to	Anaesthesia Team		***************************************
	Hand hygiene Pre Surgical Prophylaxis	Segregation was 93%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification	Anaesthesia Team	NA .	Under monitoring
	Hand hygiene Pre Surgical Prophylaxis	Segregation was 91% , Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rater have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery. A new app based on WHO hand hygiene tool was presented to the committee , as a replacement for the manual audit form.	The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene Pre Surgical Prophylaxis	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.	The app was well recieved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the	Anaesthesia Team	NA .	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rater have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery. A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp	The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%.  Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many at times not	The app was well recieved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards.	The app was well recieved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%.  Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many at times not	The app was well recieved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards.	areas. Followed by monitoring.  NA.  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rate: have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards.  As per policy, For new recruitments,	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue  HR need to devole a policy for the defaulters. At the	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas. The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery. A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards. As per policy, For new recruitments, whose HBsAg titre is less than	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue  HR need to devole a policy for the defaulters. At the same time, a feedback to be	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not availabe in the wards.  As per policy, for new recruitments, whose HBsAg titre is less than 10mIU/mH the first dose of Hepatitis 8	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue  HR need to devole a policy for the defaulters. At the	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 32%, storage was 93% and Transportation was 93.6%.  Hand hygiene data for the month of October 2022 were presented.  Overall Hand hygiene compliance rate: have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.  A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards  As per policy, For new recruitments, whose HBsAg titre is less than 10mIU/ml- the first dose of Hepatitis 8 vaccination has to be given on joining.	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue  HR need to devole a policy for the defaulters. At the same time, a feedback to be	Anaesthesia Team	NA NA	Under monitoring
	Hand hygiene  Pre Surgical Prophylaxis  Hand hygiene tool  Non availability of garbage bags and sharp container	Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%. Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.  The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery. A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.  It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards As per policy, For new recruitments, whose HBsAg titre is less than IomiU/mt- the first dose of Hepatitis 8 vaccination has to be given on joining. At times, this is pending, Moreover,	areas. Followed by monitoring.  NA  The app was well recleved by the members as it will recude most of the manul work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.  Mr Harsh to rectify the shortage issue  HR need to devole a policy for the defaulters. At the same time, a feedback to be	Anaesthesia Team	NA NA	Under monitoring
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	Attended by	Control of the Contro		_		
S.N.	Dr. Rk Singhal	Chairperson	Attended			
2	Dr.Purabi Barman	Secretary	Attended			
3	Dr. Rajesh Pande	Member	Attended	_		
4	Dr.Ramji Mehrotra	Member	Not Attended	_		
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Not Attended	_		
6	Dr Sujon Purohit	Member	Not Attended	$\dashv$		
7	Dr Sunil Prakash	Member	Not Attended	⊣		
8	Dr U Valecha	Member	Not Attended	-		
9	Dr Jasbir Khanuja	Member	Attended	-		
10	Dr Tarun	Invited member	Attended	-		
11	Dr Shimpi		Attended	-		
-		Invited member		-		
12	Dr Pawan Kumar Singh	Member	Not Attended	_		
13	Dr.Gurbachan Singh	Member	Attended	-		
14	Dr.Suhas	Member	Attended	_		
15	Dr Dhirender kumar	Member	Not Attended			
16	Dr Deepak /Vanshika	Member	Attended	7		
17	Sis Rosamma/ Sis Anu	Member	Attended	7		
18	Mr Ramesh /Mr Sibi Verghese	Member	Not Attended	7		
19	Mr Jitender/ Mr HArsh	Member	Attended	7		
20	Ms Parminder - ICN		Attended	-1		
_		Member		-		
21	Mr.Arun Kumar - ICN	Member	Attended	-		
22	Ms Anjana-ICN	Member	Not Attended	4		
23	Ms Pavitra-ICN	Member	Attended	4		
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enda	of the Meeting:					
1	HAI - November 2022					
2	Review of previous MOM		1	7		
-	The state of the s					
	1,000					
	MOM of previous meeting					
						Open
_	OT instruments washing (CT\ Hand hygiene tool	SUIT	an ann an			Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene tool form of a web page. It take around 2-3 mont to complete the proje
_		suj			3	Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. It take around 2-3 mont
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2	Hand hygiene tool					Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. It take around 2-3 mont to complete the proje
3 4	Hand hygiene tool  Shortage of sharp container a	nd garbage bags	sion of present meeting			Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene tool form of a web page. It take around 2-3 mont to complete the project
3	Hand hygiene tool  Shortage of sharp container a	nd garbage bags	sion of present meeting	ICT	NA NA	Under Process. Mr Az discussed that he will develop a prototype the Hand hygiene too form of a web page. I take around 2-3 mont to complete the proje
3	Hand hygiene tool  Shortage of sharp container a Hep B vaccination	Discus  Healthcare associated infection data of November 2022 was presented. The HAI rates for VAE is 0, P VAP 0, CLABSI 0.88, CAUTI is 0.57. SSI rate is 0.15%.Ali	_	ICT	NA NA	Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. I take around 2-3 mont to complete the project
3 1	Hand hygiene tool  Shortage of sharp container a Hep B vaccination  HAI	Discus  Healthcare associated infection data of November 2022 was presented. The HAI rates for VAE is 0, P VAP 0, CLABSI 0.88, CAUTI is 0.57 . SSI rate is 0.15%.All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.  NSI data of November 2022 was presented . Incidence of NSI were 0.55.	NA NA	ict	NA	Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. It take around 2-3 mont to complete the proje  Closed  Closed  Under monitoring
2	Hand hygiene tool  Shortage of sharp container a  Hep B vaccination	Discus  Healthcare associated infection data of November 2022 was presented. The HAI rates for VAE is 0 , P VAP 0, CLABSI 0.88, CAUTI is 0.57 . SSI rate is 0.15%.All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.  NSI data of November 2022 was	NA NA			Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. It take around 2-3 mont to complete the proje  Closed  Closed  Under monitoring
3 1	Hand hygiene tool  Shortage of sharp container a Hep B vaccination  HAI	Discus  Healthcare associated infection data of November 2022 was presented. The HAI rates for VAE is 0, P VAP 0, CLABSI 0.88, CAUTI is 0.57 . SSI rate is 0.15%.All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.  NSI data of November 2022 was presented . Incidence of NSI were 0.55.  The audit report of BMW disposal in was presented. Compliance to Segregation was 92.6% ,Disposal was 93.2% ,storage was 92.1% and Transportation was	NA NA	ict	NA	Under Process. Mr Az discussed that he will develop a prototype of the Hand hygiene too form of a web page. It take around 2-3 mont to complete the proje  Closed  Closed  Under monitoring