



# BLK-MAX

Super Speciality Hospital

July 1, 2025

BLK/MS/2025/JUL/17


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)

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 April 2025 to June 2025.

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

  
Dr. Atish Sinha  
Medical Superintendent  
Dr. B. L. Kapur Memorial Hospital  
Pusa Road, New Delhi-110 005  
Medical Superintendent

Encls: As above



| BLK-MAX  |  | Quarterly Report For The Month   | Apr-25 | May-25    | Jun-25 |           |       |
|--|--|--|--------|-----------|--------|-----------|-------|
| <p style="text-align: center;">Govt. of NCT of Delhi, Directorate of Health Services<br/>Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-32. (Ph No.22304549)<br/>Quarterly Information required for BMW Management</p> |  |  |        |           |        |           |       |
| S.No.  | Particulars  |  |        |           |        |           |       |
| 1  | Name address of the Hospital   | Dr. B. L. Kapur Memorial Hospital  |        |           |        |           |       |
| 2  | No. of authorized/sanctioned beds                                      | 600  |        |           |        |           |       |
| 3  | 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. Jitender Kumar Sharma , 01130653770  |        |           |        |           |       |
| 9  | Whether Biomedical Waste management Committee formed?                  | Yes  |        |           |        |           |       |
| 9.A  | If yes, give name of the members                                       | Members- 23 invited-02   |        |           |        |           |       |
| 9.B  | Date of last meeting   | 20.06.2024   |        |           |        |           |       |
| 10   | Whether color Coded segregation Containers available                   | Yes  |        |           |        |           |       |
| 10.A   | If Yes-what is color coding  | Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green ( Bio-degradable waste)                                    |        |           |        |           |       |
| 11   | Whether Color Coded Segregation Liners/Bags available                  | Yes  |        |           |        |           |       |
| 11.A   | If Yes, what color?  | Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green ( Bio-degradable waste)                                    |        |           |        |           |       |
| 12   | Whether using Biohazard and Cytotoxic 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 separate 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 BMW guidelines and are sent to SMS water                                       |        |           |        |           |       |
| 20   | Whether the hand hygiene is practiced in the hospital                  | Yes  |        |           |        |           |       |
| 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 -127 Nursing- 690<br>Technicians and Paramedics- 105<br>GDA & Housekeeping- 210  |        |           |        |           |       |
| 30   | Is there any IEC/Community awareness                                   | No   |        |           |        |           |       |
| 31   | Whether waste Audit carried out?                                       | Yes  |        |           |        |           |       |
| 31.A   | If Yes, Whether the report submitted to the head of the institution    | Yes  |        |           |        |           |       |
| 32   | Whether monthly report submitted to DHS                                | N/A  |        |           |        |           |       |
| 33   | Whether Quarterly Report submitted to DHS                              | Yes  |        |           |        |           |       |
| 34   | Whether Annual Monthly Report submitted to DPCC                        | Yes  |        |           |        |           |       |
| 35   | Whether regular inspection carried out                                 | Yes  |        |           |        |           |       |
| 36   | Whether consent obtained under Air and Water Act                       | Yes  |        |           |        |           |       |
| 37   | Whether Acoustic enclosures for generator sets present                 | Yes  |        |           |        |           |       |
| 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 against Tetanus and Hepatitis B                      | Yes  |        |           |        |           |       |
| 42   | Quantum of waste generated   | Apr-25   |        | May-25    |        | Jun-25    |       |
|  |  | Non covid  | Covid  | Non covid | Covid  | Non covid | Covid |
|  | Incinerable  | 4559.06  | 0.00   | 4684.52   | 0      | 4183.94   | 6.36  |
|  | Autoclavable/Microwavable  | 8256.91  | 0      | 8353.49   | 0      | 7505.7    | 6.6   |
|  | Blue Puncture proof boxes for glasses                                  | 1996.43  | 0.00   | 1813.94   | 0      | 1468.93   | 3.42  |
|  | White puncture proof for Sharps  | 413.48   | 0.00   | 393.08    | 0      | 342.33    | 4.17  |
|  | Cytotoxic waste for incineration                                       | 246.98   | 0      | 239.48    | 0      | 143.48    | 0     |
|  | Total  | 15472.86   | 0      | 15484.51  | 0      | 13644.38  | 20.55 |
|  | TOTAL NON COVID + COVID  | 15472.86   |        | 15484.51  |        | 13644.93  |       |
| Signature of Nodal Officer   |  | <p style="text-align: center;">Dr. Atish Sinha<br/>Medical Superintendent<br/>Dr. B. L. Kapur Memorial Hospital<br/>Pusa Road, New Delhi-110 005</p> |        |           |        |           |       |
| Signature of Medical Superintendent  |  |  |        |           |        |           |       |

**Minutes of Infection Control meeting 20/06/2025**

| Minutes of Infection Control meeting 20/06/2025 |  |   |   |                                 |                      |   |
|---|--|---|---|---------------------------------|----------------------|---|
| S.No.   | Attended by  |   |   |                                 |                      |   |
| 1   | 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 Sajjan Purohit  | Member  | Not Attended  |                                 |                      |   |
| 7   | Dr Sunil Prakash   | Member  | Not Attended  |                                 |                      |   |
| 8   | Dr U Valecha   | Member  | Not Attended  |                                 |                      |   |
| 9   | Dr Sanjeev   | Member  | Attended  |                                 |                      |   |
| 10  | Dr Gurbachan Singh   | Member  | Not Attended  |                                 |                      |   |
| 11  | Dr Atish Sinha   | Member  | Attended  |                                 |                      |   |
| 12  | Dr Deepak  | Member  | Not Attended  |                                 |                      |   |
| 13  | Sis Rosamma/ Sis Anumol  | Member  | Attended  |                                 |                      |   |
| 14  | Mr Jitendra  | Invited member  | Attended  |                                 |                      |   |
| 15  | Mr Ramesh / Mr Siby  | Member  | Attended  |                                 |                      |   |
| 16  | Mr Durga Prasad  | Member  | Not Attended  |                                 |                      |   |
| 17  | MS Nutan -ICN  | Member  | Attended  |                                 |                      |   |
| 18  | Ms Akshita- ICN  | Member  | Attended  |                                 |                      |   |
| 19  | Ms Himanshi  | Member  | Attended  |                                 |                      |   |
| 20  | Ms Shifali   | Member  | Attended  |                                 |                      |   |
| 21  | Sister Monika  | Member  | Attended  |                                 |                      |   |
| 22  | Mr Vivek Tripathi  | Member  | Attended  |                                 |                      |   |
| Agenda of the Meeting :                         |  |   |   |                                 |                      |   |
| 1   | HAI and other HIC indicators-May 2025  |   |   |                                 |                      |   |
| 2   | Review of previous MOM   |   |   |                                 |                      |   |
|   |  |   |   |                                 |                      |   |
|   |  |   |   |                                 |                      |   |
|   | MOM of previous meeting  | Discussion  | Decision  | Responsibility                  | Timeline             | Status  |
| 1   | Reuse policy   | Dr Purabi discussed that Barcode system for Reuse Items be introduced in the organisation.  | The HICC members approved of the same. DR Atish to look into the feasibility of introducing the Barcode system for Reuse Items. Mr Mani , CSSD Incharge , too shall work on it. | Dr Atish/ Mr Mani/ ICT/ Mr Azad | End of June 2025     | Tagging of all SUDs in the new Barcode software is completed in Endoscopy. It is in progress in the Ots. Closed |
| Discussion of Present meeting                   |  |   |   |                                 |                      |   |
|   |  | Discussion  | Decision  | Responsibility                  | Timeline             | Status  |
| 1   | HAI  | Healthcare associated infection data of May 2025 was presented.The HAI rates for VAE is 3.9 per 1000 ventilator days,however there were no PVAPs. CLABSI 1.48 per 1000 central line days , CAUTI is 0.98 per 1000 foleys catheter days, SSI rate is 0.26%.  | Emphasis and traing on Care bundles to be carried out.  | ICT                             | NA                   | Under monitoring  |
| 2   | Needle stick injury  | NSI data of May 2025 was presented . Incidence of NSI were 0.67 per 1000 patient days. The number has reduced significantly   | Training and awareness of staff to be done on proper handling of sharps.  | ICT                             | NA                   | Under monitoring  |
| 3   | Biomedical waste disposal  | The audit report of BMW disposal for May 2025 was presented. Compliance to Segregation was 94% ,storage was 94% and Transportation was 96% .  | NA  | ICT                             | NA                   | Under monitoring  |
| 4   | Hand hygiene   | Hand hygiene data for the month of May 2025 was presented. Hand hygiene compliance has decreased across the hospital.   | The HICC members emphasised the focus on continued training.  | ICT                             | NA                   | Under monitoring  |
| 5   | Recall event in CSSD   | Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few Items were not released but none was used. All Items were recalled. Sterilizer was checked by the Biomedical team and found satisfactory functioning.Sterilizer was checked again with the BI in the 25212 cycle with negative result and followed by 25213 cycle.BI failure apparently due to Over load.Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance : Schedule regular maintenance of sterilizer equipment | The HICC members emphasised on training of CSSD staff.  | Mr Mani                         | NA                   | No further events have occurred. Closed   |
| 6   | Dr Purabi informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members | 1. Shortage of sterile green sheets across the hospital   | Green sheets to be kept in Surplus sheets in the Inventory  | Mr Durga/ Mr Jitender           | As early as possible | Inventory count has been done. In rocess to procure new stock. Open   |
|   |  | 2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non complianc have been noted.  | Housekeeping Head to sort out ths long pending problem and streamline the process.  | Mr Durga/ Mr Jitender           | Immediate            | Open.   |
|   |  | 3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.  | Housekeeping Head to sort out this long pending problem and streamline the process or use alterante methods.  | Mr Durga/ Mr Jitender           | Immediate            | Open.   |
|   |  | 4.Job responsibilities of GDA   | GDAs in OT and other areas should not be used for jobs for which they are not privileged.   | Mr Jitender/ Mr Durga           | Immediate            | Open.   |

**Minutes of Infection Control meeting 22/04/2025**

| S.No. | Attended by                   | Designation | Attendance   |
|-------|-------------------------------|-------------|--------------|
| 1     | Dr. RK Singhal                | Chairperson | Attended     |
| 2     | Dr. Purnali Bannan            | Secretary   | Attended     |
| 3     | Dr. Rajesh Pande              | Member      | Attended     |
| 4     | Dr. Randej Mehrotra           | Member      | Not Attended |
| 5     | Dr. Jasjit Bhasin/ Dr. Rachna | Member      | Attended     |
| 6     | Dr. Saljan Purohit            | Member      | Not Attended |
| 7     | Dr. Sunil Prakash             | Member      | Not Attended |
| 8     | Dr. U. Vailecha               | Member      | Not Attended |
| 9     | Dr. Sanjeev                   | Member      | Attended     |
| 10    | Dr. Gurbachan Singh           | Member      | Attended     |
| 11    | Dr. Atish Sinha               | Member      | Attended     |
| 12    | Dr. Deepak                    | Member      | Not Attended |
| 13    | Sis Rosamma/ Sis Anamol       | Member      | Attended     |
| 14    | Mr. Ramesh / Mr. Stry         | Member      | Attended     |
| 15    | Mr. Durga Prasad              | Member      | Attended     |
| 16    | Ms. Nutan-ICH                 | Member      | Attended     |
| 17    | Ms. Akshita-ICH               | Member      | Attended     |
| 18    | Ms. Himanshi                  | Member      | Attended     |
| 19    | Ms. Shifali                   | Member      | Attended     |
| 20    | Sister Monica                 | Member      | Attended     |

| Agenda of the Meeting :       |  |   |   |  |   |
|-------------------------------|--|---|---|--|---|
| 1                             | HAI and other HIC Indicators-March 2025  |   |   |  |   |
| 2                             | Review of previous MCOM  |   |   |  |   |
|                               | MCOM of previous meeting   | Discussion  | Decision  | Responsibility   | Timeline  |
| 1                             | Reuse policy   | Dr. Purnali discussed that Barcode system for Reuse items be introduced in the Organisation.  | The HICC members approved of the same. Dr. Atish to look into the feasibility of introducing the Barcode system for Reuse items. Mr. Mani, CSSD Incharge, too shall work on it.   | Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad   | End of June 2025  |
| Discussion of Present meeting |  |   |   |  |   |
|                               |  | Discussion  | Decision  | Responsibility   | Timeline  |
| 1                             | HAI  | Healthcare associated infection data of March 2025 was presented. The HAI rates for VAE is 2.25 per 1000 ventilator days, CLABSI 1.74 per 1000 central line days, CAUTI is 0.00 per 1000 Foley catheter days, SSI rate is 0.21%.  | The CLABSI rate was high in the month of Feb 2025. It has beyond the set internal benchmark. There were 2 cases in MICU, one each in NSICU, OICU and 5th floor. There was some breach in Care bundles. Staff are counselled and reminded on the Care bundles.   | ICT  | NA  |
| 2                             | Needle stick injury  | NSI data of March 2025 was presented. Incidence of NSI were 0.28 per 1000 patient days. The number has reduced significantly.   | Training and awareness of staff to be done on proper handling of sharps.  | ICT  | NA  |
| 3                             | Biomedical waste disposal  | The audit report of BAW disposal for March 2025 was presented. Compliance to Segregation was 97%, storage was 97.5% and Transportation was 97%.   | NA  | ICT  | NA  |
| 4                             | Hand hygiene   | Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased in few units like BMT, OT.   | The HICC members emphasised the focus on continued training.  | ICT  | NA  |
| 5                             | Recall event in CSSD   | Dr. Purnali discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological indicator failed the QC process. Few items were not released but none was used. All items were recalled. Sterilizer was checked by the Biomedical team and found satisfactory functioning. Sterilizer was checked again.                                  | The HICC members emphasised on training of CSSD staff.  | Mr. Mani   | NA  |
| 6                             | Dr. Purnali informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members | 1. Shortage of Sterile gown sheets across the hospital<br>2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.<br>3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.<br>4. OT staff nurse to be trained in Foley's catheterization<br>5. Air circulation in OT<br>6. Traffic in OT | Green sheets to be kept in Surplus sheets in the inventory.<br>Housekeeping Head to sort out the long pending problem and streamline the process.<br>Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods.<br>A pool of trained nurses to be prepared for OT<br>The AHU to be kept running in OT all through out the day.<br>Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes. | Mr. Durga/ Mr. Jitender<br>Mr. Durga/ Mr. Jitender<br>Mr. Durga/ Mr. Jitender<br>Sis Anamol/ Sis Shifali<br>Mr. Ramesh<br>Dr. Atish/ Sis Susan/ Dr. Vailecha | As early as possible<br>Immediate<br>Immediate<br>Immediate<br>Immediate<br>Immediate |
|                               |  | 7. Manpower in OT after 4pm   | After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available.   | Sis Anamol   | Immediate   |
|                               |  | 8. Job responsibilities of GDA  | GDAs in OT and other areas should not be used for jobs for which they are not privileged.   | Dr. Atish/ Mr. Jitender/ Mr. Durga   | Immediate   |
|                               |  | 9. Cleaning disinfection in OT  | Housekeeping Head to streamline cleaning disinfection in between patient in the OT  | Mr. Durga/ Mr. Jitender  | Immediate   |
|                               |  | 10. PPE usage in OT and OT etiquettes   | At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes.  | Dr. Atish/ Dr. Vailecha  | Immediate   |

Minutes of Infection Control meeting 19/05/2025

| Minutes of Infection Control meeting 19/05/2025 |  |   |  |   |   |  |
|---|--|---|--|---|---|--|
| S.No.   | Attended by  |   |  |   |   |  |
| 1   | 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 Sajjan Purohit  | Member  | Not Attended   |   |   |  |
| 7   | Dr Sunil Prakash   | Member  | Not Attended   |   |   |  |
| 8   | Dr U Valecha   | Member  | Attended   |   |   |  |
| 9   | Dr Sanjeev   | Member  | Attended   |   |   |  |
| 10  | Dr.Gurbachan Singh   | Member  | Attended   |   |   |  |
| 11  | Dr Atish Sinha   | Member  | Attended   |   |   |  |
| 12  | Dr Shimpi  | Invited Member  | Attended   |   |   |  |
| 13  | Dr Deepak  | Member  | Not Attended   |   |   |  |
| 14  | Sis Rosamma/ Sis Anumol  | Member  | Attended   |   |   |  |
| 15  | Mr Ramesh / Mr Siby  | Member  | Attended   |   |   |  |
| 16  | Mr Durga Prasad  | Member  | Attended   |   |   |  |
| 17  | MS Nutan -ICN  | Member  | Attended   |   |   |  |
| 18  | Ms Aksita- ICN   | Member  | Attended   |   |   |  |
| 19  | Ms Himanshi  | Member  | Attended   |   |   |  |
| 20  | Ms Shifali   | Member  | Attended   |   |   |  |
| 21  | Sister Monika  | Member  | Attended   |   |   |  |
| 22  | Mr Vivek Tripathi  | Member  | Attended   |   |   |  |
| <b>Agenda of the Meeting :</b>                  |  |   |  |   |   |  |
| 1   | HAI and other HIC Indicators-April 2025  |   |  |   |   |  |
| 2   | Review of previous MOM   |   |  |   |   |  |
|   |  |   |  |   |   |  |
|   |  |   |  |   |   |  |
|   | MOM of previous meeting  | Discussion  | Decision   | Responsibility  | Timeline  | Status   |
| 1   | Reuse policy   | Dr Purabi discussed that Barcode system for Reuse Items be introduced in the organisation.  | The HICC members approved of the same. DR Atish to look into the feasibility of introducing the Barcode system for Reuse Items. Mr Mani, CSSD Incharge , too shall work on it.   | Dr Atish/ Mr Mani/ ICT/ Mr Azad   | End of June 2025  | Tagging of all SUDs in the new Barcode software is underway.   |
| <b>Discussion of Present meeting</b>            |  |   |  |   |   |  |
|   |  | Discussion  | Decision   | Responsibility  | Timeline  | Status   |
| 1   | HAI  | Healthcare associated Infection data of April 2025 was presented.The HAI rates for VAE is 1.45 per 1000 ventilator days,CLABSI 1.884 per 1000 central line days , CAUTI is 1.55 per 1000 Foley's catheter days, SSI rate is 0.14%.  | TheCAUTI rate is just beyond the Internal benchmark. Emphasis and training on Care bundles to be carried out.  | ICT   | NA  | Under monitoring   |
| 2   | Needle stick Injury  | NSI data of April 2025 was presented . Incidence of NSI were 0.62 per 1000 patient days. The number has reduced significantly   | Training and awareness of staff to be done on proper handling of sharps.   | ICT   | NA  | Under monitoring   |
| 3   | Biomedical waste disposal  | The audit report of BMW disposal for March 2025 was presented. Compliance to Segregation was 97% ,storage was 98% and Transportation was 97% .  | NA   | ICT   | NA  | Under monitoring   |
| 4   | Hand hygiene   | Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased across the hospital.   | The HICC members emphasised the focus on continued training.   | ICT   | NA  | Under monitoring   |
| 5   | Recall event in CSSD   | Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Sterilizer was checked by the Biomedical team and found satisfactory functioning.Sterilizer was checked again with the BI in the 25213 cycle with negative result and followed by 25213 cycle.BI failure apparently due to Over load.Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance : Schedule regular maintenance of sterilizer equipment | The HICC members emphasised on training of CSSD staff.   | Mr Mani   | NA  | Under monitoring   |
| 6   | Dr Purabi informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members | 1. Shortage of sterile green sheets across the hospital<br>2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.<br>3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.<br>4. OT staff nurse to be trained in Foley's catheterization<br>5. Air circulation in OT<br>6. Traffic in OT<br>7. Manpower in OT after 4pm<br>8.Job responsibilities of GDA<br>9. Cleaning disinfection in OT  | Green sheets to be kept in Surplus sheets in the inventory<br>Housekeeping Head to sort out this long pending problem and streamline the process.<br>Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods.<br>A pool of trained nurses to be prepared for OT<br>The AHU to be kept running in OT all through out the day.<br>Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes<br>After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available.<br>GDAs in OT and other areas should not be used for jobs for which they are not privileged.<br>Housekeeping Head to streamline cleaning disinfection in between patient in the OT | Mr Durga/ Mr Jitender<br>Mr Durga/ Mr Jitender<br>Mr Durga/ Mr Jitender<br>Sis Anumol/ Sis Shifali<br>Mr Ramesh<br>Dr Atish/ Sis Susar/Dr Valecha<br>Sis Anumol<br>Mr Jitender/ Mr Durga<br>Mr Durga/ Mr Jitender | As early as possible<br>Immediate<br>Immediate<br>Immediate<br>Immediate<br>Immediate<br>Immediate<br>Immediate | Open.<br>Open.<br>Open.<br>Staff has been trained in Foley's catheterization. Closed<br>The AHU is kept functional during the whole day.Closed<br>Dr Atish has discussed and counselled the OT staff. On monitoring. Closed<br>OT manpower is available after 4 pm. Closed<br>Open.<br>Dr Atish has discussed and counselled the OT staff. On monitoring. Closed |
|   |  | 10. PPE usage in OT and OT etiquettes   | At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes  | Dr Atish/ Dr Valecha  | Immediate   | Dr Atish has discussed and counselled the OT staff. On monitoring. Closed  |