

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

Dr. Atish Sinha Pusa Roa Medical Superintendent

Encls: As above





May-25

Jun-25

Govt.of NCT of Delhi, Directorate of Health Services Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-32. (Ph No.22304549)

S.No			Particulars					
1	<del>'</del>	Name address of the Hospital	Dr. B. L. Kapur Memor					
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 & 3065	3961				
5		Whether authorization from Delhi Pollution control committee obtained?	Yes					
6	-	If Yes, No. date of issue and validity	Yes					
7	1.	Whether in house treatment facility available?	No N/A					
_	7.A 7.B	If Yes, write If No., how is the BMW treated?	Outsourced-SMS water	er Grace BMW	Pvt.Ltd.			
_	7.C	Whether tie up with CBWTF Operator	Yes - SMS Water Grace					
8	1,,,,	Whether Nodal Officer for BMW Management designated?	Yes					
	8.A	If Yes-please give name & phone No.	Mr. Jitender Kumar Sh	arma , 01130	553770			
9		Whether Biomedical Waste management Committee formed?	Yes					
	9.A	If yes, give name of the members	Members- 23 inv	ited-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 Pund	ture proof Co	ntainer, White	Puncture Proof	, Yellow Cytotoxic,	Green ( Bio-degradable w
11	-	Whether Color Coded Segregation Liners/Bags available	Ves					
	11.A	If Yes, what color?	Yellow, Red, Blue Pund	ture proof Co	ntainer, White	Puncture Proof	, Yellow Cytotoxic,	Green ( Bio-degradable w
12	1	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		N/A				-	
18		Is there any centralized storage site?	Yes					
	18.A	Is there any provision of lock and key for BMW	Yes	es disposad to	white Punctur	e Proof as per	the RMW suideline	s and are sent to SMS wa
19	-	Whether needle destroyer available?		are aisposed in	wnite runctur	e Proor as per	the bisiss goldenine	Janu Die Jent to omo tre
20	_	Whether the hand hygiene is practiced in the hospital	Yes Follow training calend	e and Audit by	Infection Cont	rol Murce		
	20.A	If Yes, how monitored		ar and Addit b	aniection com	ior maise		
21	-	Is there any Spill Management Protocol	N/A - We are mercury	free hornital				
22	-	Is there any Provision for management of Mercury waste, Metals	Yes Yes	iree iiospitai				
23		Whether record are maintained properly?						
	23.A	If Yes, whether verified by the Chairman/Nodal officer	Yes	Yes				
24	24.4	Whether there is daily supervision?	Yes					
25	24.A	If Yes, Whether the records are maintained Is there any provision of separates waste weighing machine	Yes					
25	25.A	If Yes, whether daily record of of weight maintained	Yes					
26	23.A	Whether there is any injury register	Yes					
20	26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes					
27	20.4	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	Technicians and Param GDA & Housekeeping-	Doctors -127 Nursing- 690 Technicians and Paramedics - 105 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 Quarterely Report sumitted 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	Yes				
40 41		Whether personal protective Equipment (PPE) used BMW staff 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					
			Anr-25	Apr-25		y-25		Jun-25
12		Quantum of waste generated						Covid
_		Incinerable	Non covid	Covid	Non covid	Covid	Non covid	
		Autoclavable/Microwavable	4559.06	0.00	4684.52	0	4183.94	6.36
		Blue Puncture proof boxes for glasses	8256.91	0	8353.49	0	7505.7	6.6
			1996.43	0.00	1813.94	0	1468.93	3.42
	-				393.08	0	342.33	4.17
		White puncture proof for Sharps	413.48	0.00	333.00		July 2000	7700
		White puncture proof for Sharps  Cytotoxic waste for incineration	413.48 246.98	0.00	239.48	0	143,48	0
					2000000000		July 2000	7700

Dr. Atish Sinha Medical Superintendent

Dr. B. L. Kapur Memorial Hospira

Pusa Hoad, New Delhi-110



		of Infection Control meeting 20/06/2025				
	January 1995	22		_		
S.No.	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		
7	Or Sunil Prakash	Member	Not Attended	-		
8	Dr U Valecha	Member				
9			Not Attended	_		
	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				
	Mr Durga Prasad		Attended	-4		
16		Member	Not Attended	_		
17	MS Nutan -ICN	Member	Attended			
18	Ms Aksita- ICN	Member	Attended	7		
19	Ms Himanshi	Member	-	-1		
_			Attended	4		
20	Ms Shifall	Member	Attended			
21	Sister Monika	Member	Attended	7		
22	Mr Vivek Trikha	Member	Attended	-1		
-		- Inchia	Attended			·
mas	of the Meeting:		-			
	1 HAI and other HIC indicators-May 202	2				
_						
	2 Review of previous MOM					
				1	1	
-	-				-	
_						
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
				1	1	
	I	1		1	1	1
			The HICC members approved of th	•		1
		Dr Purabi discussed that Barcode system for	same. DR Atish to look into the	La reconstruction of the	A respective	Tagging of all SUDs in the n
1	Reuse policy	Reuse Items be introduced in the	feasibility of introducing the	Dr Atish/ Mr MAni/	End of June	Barcode software is comple
•	The point,	organisation.	Barcode system for Reuse Items. N	Ir ICT/ Mr Azad	2025	in Endoscopy. It is in progre
	1	organisation.	Mani , CSSD incharge , too shall	CHECKS CHARACTER		the Ots. Closed
	1	1	work on it.			Marie Control of the
						1
		4	1			
		Dis	cussion of Present meeting			
		Discussion	Decision	Responsibility	Timeline	Status
		Harbbara and the first of the first				
	1	Healthcare associated infection data of May			1	1
				1	1	1
		2025 was presented. The HAI rates for VAE is				
1	HAI	3.9 per 1000 ventilator days, however there	Emphasis and traing on Care	, rg		Linder monitoring
	HAI	3.9 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.48 per 1000 centra	Emphasis and traing on Care bundles to be carried out.	кт	NA	Under monitoring
	на	3.9 per 1000 ventilator days,however there were no PVAPs. CLABSI 1.48 per 1000 centra ine days, CAUTI is 0.98 per 1000 foleys cathe	Emphasis and traing on Care bundles to be carried out.	ю	NA	Under monitoring
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_	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3.9 per 1000 ventilator days,however there were no PVAPs. CLASS I 1.48 per 1000 central ine days , CAUTI is 0.98 per 1000 foleys cathe days, SSI rate is 0.26%.  NSI data of May 2025 was presented. Incidence of NSI were 0.67 per 1000 patient.	Emphasis and traing on Care bundles to be carried out.			
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	Needle stick injury  Biomedical waste disposal  Hand hygiene  Recall event in CSSD	3.9 per 1000 ventilator days, however there were no PVAPs. CLASS I 1.48 per 1000 centra ine days, CAUTI is 0.98 per 1000 foleys cathe days, SSI rate is 0.26%.  NSI data of Nay 2025 was presented. Incidence of NSI were 0.67 per 1000 patient days. The number has reduced significantly days. The number has reduced significantly 2025 was presented. Compliance to Segregation was 94%, storage was 94% and Transportation was 95%.  Hand hyglene data for the month of May 2025 was presented. Hand hyglene compliance has decreased across the hospital Or Pursbi discussed the Recall event in CSSO. 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. Bif fallure 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  1. Shortage of sterile green sheets across the hospital  2. Cleaning disinfection in clinical areas is questionalbe. Multiple instances of non complianc ehave been noted.	Emphasis and traing on Care bundles to be carried out.  Training and awareness of staff to be done on proper handling of sharps.  NA  The HICC members emphasised the focus on continued training.  The HICC members emphasised on training of CSSD staff.  Green sheets to be kept in Surplas sheets in the inventory  Housekeeping Head to sort out this long pending problem and streamline the process.  Housekeeping Head to sort out this long pending problem and streamline the process.	ICT	NA NA NA As early as possible	Under monitoring  Under monitoring  Under monitoring  No further events have occurred. Closed
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	Needle stick injury  Biomedical waste disposal  Hand hygiene  Recall event in CSSD  Or Purabl informed of the new meeting leid on 9.4.2025 and 18.4.2025 to the HICC members	3.9 per 1000 ventilator days, however there were no PVAPs. CLASS I 1.48 per 1000 centra ine days, CAUTI is 0.98 per 1000 foleys cathe days, SSI rate is 0.76%.  NSI data of May 2025 was presented. Incidence of NSI were 0.67 per 1000 patient days. The number has reduced significantly. The audit report of BMW disposal for May 2025 was presented. Compliance to Segregation was 94%, storage was 94% and Transportation was 96%. Hand hygiene data for the month of May 2025 was presented. Hand hygiene compliance has decreased across the hospital Or Purabl discussed the Recall event in CSSO. The plasma sterilization cycle 25209 tested with Biological indicator failed the CC process few items were not released but none was used. All terms 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  1. Shortage of sterile green sheets across the hospital  2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non complianc ehave been noted.  3. Dilution of Hydrogen peroside by the automated diluter is unrelaible.	Emphasis and traing on Care bundles to be carried out.  Training and awareness of staff to be done on proper handling of sharps.  NA  The HICC members emphasised the focus on continued training.  The HICC members emphasised on training of CSSD staff.  Green sheets to be kept in Surplas sheets in the Inventory  Housekeeping Head to sort out this long pending problem and streamline the process.  Housekeeping Head to sort out this long pending problem and streamline the process.  GDAS in OT and other areas should not be usef for tools for walkits than	ICT	NA NA NA As early as possible immediate immediate	Under monitoring  Under monitoring  Under monitoring  No further events have occurred. Closed



	Min	utes of infection Control meeting 22/	04/2025	7	
⊕ S.No	Atlanded by	(file)			
1	Or. Rk Singhal	Chairperson.	Attended		
3	Dr. Purabi Bérmen Dr. Rejesh Pande	Secretary Mamber	Attended	_	
4	Dr. Ramiji Mehrotra	Member	Altended Not Attended	$\dashv$	
5	Dr Jasik Bhasin/ Dr Rachna	Member	Attended	7	
- 8	Dr Salfan Purghit	Member	Not Altended	<u> </u>	
- 7 8'	Dr Sunii Prakash Dr U Valetha	Member Member	Not Attended		
-	Dr Sanjeav	Member	Not Attended Attended	-∤	
.10	Dr.Gurbachan Strigh	Member	Attended	<del></del>	
11	Or Atish Sinha	Member	Attended.	<del>-</del>	
. 12	Dr Deepak	fitember .	Not Attended		
14	Sis Rosamme/ Sis Anumai	Mamber	Attended		
- 15	Mr Ramesh / Mr Siby Mr Durga Presad	Member Atember	Attended Attended	_	
16	MS Nutan -ICH	Mariber	Attended	<del>- </del>	
17	Ms Akalta- ICN	Member	Attended		
-18	Ms Himanihi	Member	Attended		
19	Ma Shifali	Member	Attended	⊒.	
20	Sister Monika	Member	Attended		
A on rada	of the Meeting :		<del></del>		<del></del>
refe nos	1 HAL and other HIC Indicators March 2	025	<del></del>		<del></del>
	<u></u>	<u> </u>	l		1.
:	2 Review of previous MOM				
	MOM of previous meeting	Discussion:	Declaion	Responsibility	Timeline
ij	Reuse policy	Or Purabl discussed that Baccade syste for Reuse Items he introduced in the organization.	The HICC members approved of the same:  m Alsh to fook into the feesbillty of introducing the Barcode system for Reuse Items. Mr Mani, CSSO lincharge, too shad wark on it.	DR Dr Alighy Me Many Ect/ Me Acid	End of June 2025
		14	scussion of Present piecting		
	<del></del>	Discussion	Decision	Responsibility	Timeline
<b>j</b> .	, MAI	Healthcare associated infection data a Markh 2025 was presented. The Hall re- for VAE is 2.25 per 1000 centilator days.CLASH 1.74 per 1000 central in- days. CAUTI is 00 per 1000 foliags certi- days. SN rate is 0.21%.	2075. It has beyond the set internal benchmark. There were 2 cases in MSCU, or each in MSIDU, Orcu and 5th floor, There w	· M	NA
. 2	Heedle stick frijury	NSI date of Merch 2025 was presented incidence of NSI were 0.20 per 1000pertent days. The number has reduced significantly	Yearning and awareness of staff to be done on proper handling of sharps.	ET	NA:
<b>3</b>	Slomedical weste disposal	The sudit report of BMW disposal for March 2025 was presented. Compiland to Segregation was 97% storage was 97.5% and Transportation was 97%.	r[	, ka	NA".
•	fland hyglene	Hand hygiene data for the month of Marck 2025 was presented. Hand hygiene compliance shas decreased in fer units [See BMT, QT.	The MICE members emphashed the focus or continued training.	кст	RZA
	Recoll event in CSSD	Dr Purnisi discussed the Recall event in CSSD. The plasma statilization cycle 25200 issaid with biological indicator falled the OC process. Few items were not released but none was used. All latems were received.  Staritar was checked by the Biomedical seam and found astifactory functioning Staritars was decided again	The HICC members emphasized on training of CSSD staff,	Mr Mani .	NA
6 r	Or Purablishermed of the new meeting teld on 9.4.2025 and 18.4.2025 to the HCC members	1. Shortage of sterile green cheets across the hospital	Green sheets to be kept in Surplus sheets in the inventory	Mr Durga/ Mr Stender	As early as possible
ľ	THE PAST	2; Cleaning disinfection in clinical areas is questionelbe: Muttiple Instances of non compliant chave been noted.	Housekeeping Head to sort out thi slong pending problem and streamline the process.	Mr Durgs/Mr Strender	Iromediate
		5. Ollution of Hydrogen perceide by the automated diluter is unrelable.	Househeeping Head to sort out this long pending problem and streamine the process or use alterante methods.	Mr Durgs/ Mr literater	Immediate
		4. OT staff nume to be trained in Foley's cathedization	A pool of trained nurses to be prepared for OT	Sis Anumol/ Sis Shifali	immediate
Į		5, Air siesulation in OT	The AHU to be kept running in OT all through	Mr Femesh	Immediate
		G. Teolific in OT	out the day. Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to betaild to follow OT eliquettes	Dr Atkay Sis Susanytir Valectia	
			After 4 pm, one Senior Nursing staff to handle the DT responsibilities should be be available.	Sts Anumel	Immediate
$\perp$		B.Job responsibilitels of GDA		Dr. Atlský Mir Atendar/ Mir Durge	Immediate.
1			Housekeeping Head to streamline cleaning Historication in between patient in the OT	Ar Durgs/ Mr.Rlander	Immediate
		ID. PPE usage in OT and OT adquestes.	At the same time, it has been observed that name move out of OT to different areas of he hospital and enter the OT in the same crubs, not even justifies a serilge gown on, on of it. This may be a cause of cross ontamination. Staff and doctors have to be outstailed to follow of reflections.	ir Atisky Dr Valecha	ớιπ'édiate



S.No.	Attended by	H				
1	Dr. Rk Singhal	Chairperson	Attended	4		
3	Dr. Purabi Barman Dr. Rajesh Pande	Secretary	Attended Attended	-		
4	Dr.Ramji Mehrotra	Member	Not Attended	_		
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Not Attended			
7	Dr Sajjan Purohit Dr Sunii Prakash	Member Member	Not Attended Not Attended	⊣		
8	Dr U Valecha	Member	Attended	₫		
9	Dr Sanjeev	Member	Attended			
10	Dr.Gurbachan Singh Dr Atish Sinha	Member	Attended Attended	-		
12	Dr Shimpi	Invited Member	Attended	-		
13	Dr Deepak	Member	Not Attended			
14	Sis Rosamma/ Sis Anumol	Member	Attended	4		
15 16	Mr Ramesh / Mr Siby Mr Durga Prasad	Member Member	Attended Attended	4		
17	MS Nutan -ICN	Member	Attended	1		
18	Ms Aksita- ICN	Member	Attended			
19	Ms Himanshi	Member	Attended	-		
20	Ms Shifali Sister Monika	Member Member	Attended Attended	4		
22	Mr Vivek Trikha	Member	Attended	1		
	f the Meeting :				T	
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 Purabl discussed that Barcode system for Reuse Rems be introduced in the organisation.	The HICC members approved of the same. DR Atlah to look into the feasibility of introducing the Barcode system for Reuse Rems. N. Mani, CSSO incharge, too shall work on it.	Dr Atish/ Mr MAni/	End of June 2025	Tagging of all SUDs in the ne Barcode software is undern
_			cussion of Present meeting	T	1	
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Apri 2025 was presented. The MAI rates for VAE & 1.45 per 1000 ventilator days, CLASS 1.884 per 1000 central ine days , CAUTI is 1.55 per 1000 foleys cather days, SSI rate is 0.14%.	Internal benchmark. Emphasis and		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.	icī	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	кт	NA	Under monitoring
٠	Hand hygiene	Hand hygiene data for the month of March 2025 was presented. Hand hygiene compilance has decreased across the hospital	The HICC members emphasised the focus on continued training.	KCT	NA NA	Under monitoring
5 R	ecall event in CSSD	Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the CC process frow lems were not released but none was used. All tems were recalled. Seerliber 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. Bif allure 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
5 he	r Purabl informed of the new meeting eld on 9.4.2025 and 18.4.2025 to the	Shortage of sterile green sheets across the 'hospital	Green sheets to be kept in Surplas sheets in the inventory	Mr Durga/ Mr Jitender	As early as possible	Open.
н	ICC members	Cleaning disinfection in clinical areas is questionalise. Multiple instances of non.	Housekeeping Head to sort out thi slong pending problem and	Mr Durga/ Mr Jitender	Immediate	Open.
+		3. Dilution of Hydrogen peroxide by the successful diluter is unrelaible.	streamline the process.  Housekeeping Head to sort out this long pending problem and streamline the process or use	Mr Durga/ Mr Iltender	Immediate	Open.
+		1. OT staff nurse to be trained in Foley's	alterante methods.  A pool of trained nurses to be prepared for OT	Sis Anumol/ Sis Shifall	Immediate	Staff has been trained in Foley catherization. Closed
+			The AUII se he had monitor in OT			The AHU is kept functional
1		S. Air circulation in OT	all through out the day.	Mr Ramesh	Immediate	during the whole day.Closed
				Dr Atish/ Sis Susan/Dr Valecha	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed
1	2	.manpower in O1 arter apm	hould be be available.	Sts Anumol	Immediate	OT manpower is available afte 4 pm. Closed
1	8	Job responsibilities of GDA I	not be used for jobs for which they are not previleged.	Mr Jitender/ Mr Durga		Open.
		. Cleaning disinfection in DT		Mr Durga/ Mr Itender	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed
		D. PPE usage in O1 and O1 etiquettes	at the same time, it has been been deferred that many move out of 17 to different areas of the hospital on enter the OT in the same crubs, not even putting a sterile own on top of it. This may be a ause of cross contamination. Staff and doctors have to be counselled of follow OT eliquettes	or Atish/ Dr Valecha	Immediate	Or Atish has discussed and counselled the OT staff. On monitoring. Closed