



# BLK-MAX

Super Speciality Hospital

January 2, 2026

BLK/MS/2026/JAN/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 BLK MAX OPD Clinic, Ground floor, (Dispensary Area) Community Facility Building, DLF Capital Greens, 15, Shivaji Marg, New Delhi – 110015. Part of Dr. B.L. Kapur Memorial Hospital. Part of Dr. B.L. Kapur Memorial Hospital for the month of October 2025 to December 2025.

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

Dr. Kapil Goyla  
Medical Superintendent

Encls: As above

Dr. Kapil Goyla  
Medical Superintendent  
Dr. B. L. Kapur Memorial Hospital  
Pusa Road, New Delhi - 110005



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

| S.No. | Particulars                                                                                                                                                                                             |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | Name address of the Hospital                                                                                                                                                                            |
|       | BLK MAX OPD Clinic, Ground Floor, (Dispensary area) Community Facility Building, DLF Capital Greens, 15 Shiva Marg, New Delhi-15. Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005 |
|       | No. of authorized/sanctioned beds                                                                                                                                                                       |
|       | N/A                                                                                                                                                                                                     |
|       | Name of the occupier(MS/Director)                                                                                                                                                                       |
|       | Dr. Sanjay Mehta                                                                                                                                                                                        |
|       | Phone No. Fax, E-mail                                                                                                                                                                                   |
|       | 011 30403040 & 30653961                                                                                                                                                                                 |
|       | Whether authorization from Delhi Pollution control committee obtained?                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | If Yes, No. date of issue and validity                                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Whether in house treatment facility available?                                                                                                                                                          |
|       | No                                                                                                                                                                                                      |
| 7.A   | If Yes, write                                                                                                                                                                                           |
|       | N/A                                                                                                                                                                                                     |
| 7.B   | If No., how is the BMW treated?                                                                                                                                                                         |
|       | Outsourced-Biotic Waste Solution Pvt.Ltd.                                                                                                                                                               |
| 7.C   | Whether tie up with CBWTF Operator                                                                                                                                                                      |
|       | Yes - Biotic Waste Solution Pvt.Ltd.                                                                                                                                                                    |
|       | Whether Nodal Officer for BMW Management designated?                                                                                                                                                    |
|       | Yes                                                                                                                                                                                                     |
| 8.A   | If Yes-please give name & phone No.                                                                                                                                                                     |
|       | Mr. Jitender Kumar Sharma , 01130653770                                                                                                                                                                 |
|       | Whether Biomedical Waste management Committee formed?                                                                                                                                                   |
|       | Yes                                                                                                                                                                                                     |
| 9.A   | If yes, give name of the members                                                                                                                                                                        |
|       | Members- 23 Invited-02                                                                                                                                                                                  |
|       | List of members is attached (Annexure-1)                                                                                                                                                                |
| 9.B   | Date of last meeting                                                                                                                                                                                    |
|       | 20th Nov 2024                                                                                                                                                                                           |
|       | 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                                                                                              |
|       | 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                                                                                              |
|       | Whether using Biohazard and Cytotoxic Symbols                                                                                                                                                           |
|       | Yes                                                                                                                                                                                                     |
|       | Whether Packaging & labeling Practised                                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Whether Puncture proof sharps containers available?                                                                                                                                                     |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any provision internal storage?                                                                                                                                                                |
|       | Yes                                                                                                                                                                                                     |
|       | Whether there are any use of wheel barrow/trolleys?                                                                                                                                                     |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any separate provision of washing facilities for containers                                                                                                                                    |
|       | Yes                                                                                                                                                                                                     |
| 17.A  | If No, where these containers are washed?                                                                                                                                                               |
|       | N/A                                                                                                                                                                                                     |
|       | Is there any centralized storage site?                                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
| 18.A  | Is there any provision of lock and key for BMW                                                                                                                                                          |
|       | Yes                                                                                                                                                                                                     |
|       | Whether needle destroyer available?                                                                                                                                                                     |
|       | No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to Biotic                                                                                             |
|       | 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                                                                                                                                           |
|       | Is there any Spill Management Protocol                                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any Provision for management of Mercury waste, Metals                                                                                                                                          |
|       | N/A - We are mercury free hospital                                                                                                                                                                      |
|       | Whether record are maintained properly?                                                                                                                                                                 |
|       | Yes                                                                                                                                                                                                     |
| 23.A  | If Yes, whether verified by the Chairman/Nodal officer                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Whether there is daily supervision?                                                                                                                                                                     |
|       | Yes                                                                                                                                                                                                     |
| 24.A  | If Yes, Whether the records are maintained                                                                                                                                                              |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any provision of separates waste weighing machine                                                                                                                                              |
|       | Yes                                                                                                                                                                                                     |
| 25.A  | If Yes, whether daily record of of weight maintained                                                                                                                                                    |
|       | Yes                                                                                                                                                                                                     |
|       | Whether there is any injury register                                                                                                                                                                    |
|       | Yes                                                                                                                                                                                                     |
| 26.A  | If Yes, Whether there is Needle Stick Injury protocol                                                                                                                                                   |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any separate Budget here for BMW?                                                                                                                                                              |
|       | Yes                                                                                                                                                                                                     |
|       | Whether SOPs/ guidelines available                                                                                                                                                                      |
|       | Yes                                                                                                                                                                                                     |
|       | Is there any provision of Training/Retraining in BMW management                                                                                                                                         |
|       | Yes                                                                                                                                                                                                     |
| 29.A  | If Yes, the. No of personnel trained during the quarter                                                                                                                                                 |
|       | Doctors -135 Nursing- 698<br>Technicians and Paramedics- 104<br>GDA & Housekeeping- 240                                                                                                                 |
|       | Is there any IEC/Community awareness                                                                                                                                                                    |
|       | No                                                                                                                                                                                                      |
|       | Whether waste Audit carried out?                                                                                                                                                                        |
|       | Yes                                                                                                                                                                                                     |
| 31.A  | If Yes, Whether the report submitted to the head of the institution                                                                                                                                     |
|       | Yes                                                                                                                                                                                                     |
|       | Whether monthly report submitted to DHS                                                                                                                                                                 |
|       | N/A                                                                                                                                                                                                     |
|       | Whether Quarterly Report submitted to DHS                                                                                                                                                               |
|       | Yes                                                                                                                                                                                                     |
|       | Whether Annual Monthly Report submitted to DPCC                                                                                                                                                         |
|       | Yes                                                                                                                                                                                                     |
|       | Whether regular inspection carried out                                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Whether consent obtained under Air and Water Act                                                                                                                                                        |
|       | Yes                                                                                                                                                                                                     |
|       | Whether Acoustic enclosures for generator sets present                                                                                                                                                  |
|       | Yes                                                                                                                                                                                                     |
|       | Whether Sewage treatment plant (STP) installed in the Hospital                                                                                                                                          |
|       | Yes                                                                                                                                                                                                     |
|       | If yes, attach copy of laboratory report authorized by DPCC                                                                                                                                             |
|       | Yes                                                                                                                                                                                                     |
|       | Whether personal protective Equipment (PPE) used BMW staff                                                                                                                                              |
|       | Yes                                                                                                                                                                                                     |
|       | 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                                                                                                                                                                                                     |

  

|                                       | Oct-25    |       | Nov-25    |       | Dec-25    |       |
|---------------------------------------|-----------|-------|-----------|-------|-----------|-------|
|                                       | Non covid | Covid | Non covid | Covid | Non covid | Covid |
| Quantum of waste generated            |           |       |           |       |           |       |
| Incinerable                           | 0         | 0     | 0         | 0     | 0         | 0.00  |
| Autoclavable/Microwavable             | 0         | 0     | 0         | 0     | 0         | 0     |
| Blue Puncture proof boxes for glasses | 0         | 0     | 0         | 0     | 0         | 0.00  |
| White puncture proof for Sharps       | 0         | 0     | 0         | 0     | 0         | 0     |
| Cytotoxic waste for incineration      | 0         | 0     | 0         | 0     | 0         | 0     |
| Total                                 | 0         | 0     | 0         | 0     | 0         | 0     |
| TOTAL NON COVID + COVID               | 0         |       | 0         |       | 0         |       |

Signature of Nodal Officer

Signature of Medical Superintendent

**Minutes of Infection Control meeting 16/12/2025**

| 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      | Attended     |
| 5     | Dr Jasjit Bhasin/ Dr Rachna | Member      | Not Attended |
| 6     | Dr Sunil Prakash            | Member      | Attended     |
| 7     | Dr U Valecha                | Member      | Not Attended |
| 8     | Dr Kapil Goyal              | Member      | Attended     |
| 9     | Dr Sanjeev                  | Member      | Attended     |
| 10    | Dr. Gurbachan Singh         | Member      | Attended     |
| 11    | Dr. Rajesh Kumar Jain       | Member      | Attended     |
| 12    | Dr Deepak                   | Member      | Attended     |
| 13    | Sis Rosamma/ Sis Anumol     | Member      | Attended     |
| 14    | Mr Ramesh / Mr Siby         | Member      | Attended     |
| 15    | Mr. Jitender                | Member      | Attended     |
| 16    | Mr Durga Prasad             | Member      | Attended     |
| 17    | Mr Vivek Tripathi           | Member      | Attended     |
| 18    | Ms. Shifali - ICN           | Member      | Attended     |
| 19    | Ms. Himanshi - ICN          | Member      | Attended     |
| 20    | Ms. Akshita - ICN           | Member      | Attended     |
| 21    | Ms. Nutan - ICN             | Member      | Attended     |
| 22    | Ms. Monika - ICN            | Member      | Attended     |

| Agenda of the Meeting :       |                                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                     |                                |                  |                                                                                                                  |
|-------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------|------------------------------------------------------------------------------------------------------------------|
| 1                             | HAI and other HIC indicators-Oct 2025     |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                     |                                |                  |                                                                                                                  |
| 2                             | Review of previous MOM                    |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                     |                                |                  |                                                                                                                  |
|                               | MOM of previous meeting                   | Discussion                                                                                                                                                                                                                                            | Decision                                                                                                                                                                                                                                                                                            | Responsibility                 | Timeline         | Status                                                                                                           |
| 1                             | CSSD                                      | Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.                                                                                                                               | Engineering department to resolve the problem at the earliest as possible.                                                                                                                                                                                                                          | Mr Ramesh, Mr Siby             | 30/9/2025        | In process for budget Approval. Open                                                                             |
| Discussion of Present meeting |                                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                     |                                |                  |                                                                                                                  |
|                               |                                           | Discussion                                                                                                                                                                                                                                            | Decision                                                                                                                                                                                                                                                                                            | Responsibility                 | Timeline         | Status                                                                                                           |
| 1                             | HAI                                       | Healthcare associated infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 Foley catheter days, SSI rate is 0.08%. | Emphasizing training on Care bundles for all Healthcare Professionals.                                                                                                                                                                                                                              | ICT                            | NA               | Under monitoring                                                                                                 |
|                               | Needle stick injury                       | NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 per 1000 patient days.                                                                                                                                                                  | Enhancing staff Training & Awareness on safe needle handling.                                                                                                                                                                                                                                       | ICT                            | NA               | Under monitoring                                                                                                 |
|                               | Biomedical waste disposal                 | The audit report of BMW disposal for Oct 2025 was presented. Compliance to Segregation was 96%, storage was 95.2% and Transportation was 97%.                                                                                                         | NA                                                                                                                                                                                                                                                                                                  | ICT                            | NA               | Under monitoring                                                                                                 |
|                               | Hand hygiene                              | Hand hygiene data for the month of Oct 2025 was presented. Hand hygiene compliance under monitoring across the hospital.                                                                                                                              | The HICC members emphasised the focus on continued training.                                                                                                                                                                                                                                        | ICT                            | NA               | Under monitoring                                                                                                 |
|                               | Common observations during rounds         | 5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.                                                                  | HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.                                                                                                                                                                             | Dr Kapil/ Dr Nikhil            | Immediate        | OT protocols have been implemented. No further non-compliance has been observed. Closed. To be under monitoring. |
|                               |                                           | 5b. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.        | HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.                                                                                                                                                                             | Dr Kapil/ Dr Nikhil            | Immediate        | Staff has been counselled and trained. Closed. To be under monitoring.                                           |
|                               |                                           | 5c. IV needles are kept wrapped by micropore plaster onto the administration sets.                                                                                                                                                                    | The matter was discussed with Sister Anu. She shall counsel the Senior Nursing In charges across, to stop such practices                                                                                                                                                                            | Sister Anu                     | Immediate        | Implemented. Closed                                                                                              |
|                               | Post operative Wound care after discharge | Many patients were observed to have Surgical site infection after discharge from the hospital.                                                                                                                                                        | It was suggested that an educational leaflet on wound care for post-operative patients. Dr Purabi to prepare the educational matter, and send for printing to Dr Deepak.                                                                                                                            | Dr Purabi/ Dr Deepak/ Dr Kapil | 30.11.2025       | Open                                                                                                             |
| 7                             | Hepatitis B vaccination                   | Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.                                                                                                                | It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr Kapil will send a communication to all about the enhanced provisions for better implementation. | Sis Anu/ Dr Kapil/ ICT         | Immediate        | Open                                                                                                             |
|                               | Quality Improvement program on CLABSI     | Dr Purabi discussed that a QIP for CLABSI will be undertaken                                                                                                                                                                                          | All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.                                                                                                                                                                                                                 | ICT                            | Dec 25 - June 26 | NA                                                                                                               |

**Minutes of Infection Control meeting 29/11/2025**

| S.No.                                | Attended by                               | Chairperson                                                                                                                                                                                                                                             | Not Attended                                                                                                                                                                                                                                                                                         |
|--------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                    | Dr. Rk Singhal                            | Chairperson                                                                                                                                                                                                                                             | Not Attended                                                                                                                                                                                                                                                                                         |
| 2                                    | Dr. Purabi Barman                         | Secretary                                                                                                                                                                                                                                               | Attended                                                                                                                                                                                                                                                                                             |
| 3                                    | Dr. Rajesh Pande                          | Member                                                                                                                                                                                                                                                  | Not Attended                                                                                                                                                                                                                                                                                         |
| 4                                    | Dr. Ramji Mehrotra                        | Member                                                                                                                                                                                                                                                  | Not Attended                                                                                                                                                                                                                                                                                         |
| 5                                    | Dr. Jasjit Bhasin/ Dr Rachna              | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 6                                    | Dr. Sunil Prakash                         | Member                                                                                                                                                                                                                                                  | Not Attended                                                                                                                                                                                                                                                                                         |
| 7                                    | Dr. U. Valecha                            | Member                                                                                                                                                                                                                                                  | Not Attended                                                                                                                                                                                                                                                                                         |
| 8                                    | Dr. Kapil Goyal                           | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 9                                    | Dr. Sanjeev                               | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 10                                   | Dr. Gurbachan Singh                       | Member                                                                                                                                                                                                                                                  | Not Attended                                                                                                                                                                                                                                                                                         |
| 11                                   | Dr. Deepak                                | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 12                                   | Sis. Rosamma/ Sis. Anumol                 | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 13                                   | Mr. Ramesh/ Mr. Siby                      | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 14                                   | Mr. Durga Prasad                          | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 15                                   | Mr. Vivek Yrikha                          | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 16                                   | Ms. Shifali - ICN                         | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 17                                   | Ms. Himanshi - ICN                        | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 18                                   | Ms. Akshita - ICN                         | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 19                                   | Ms. Nutan - ICN                           | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 20                                   | Ms. Monika - ICN                          | Member                                                                                                                                                                                                                                                  | Attended                                                                                                                                                                                                                                                                                             |
| 21                                   | Mr. Ravinder                              | Invited member                                                                                                                                                                                                                                          | Attended                                                                                                                                                                                                                                                                                             |
| <b>Agenda of the Meeting :</b>       |                                           |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                      |
| 1                                    | HAI and other HIC Indicators-Oct 2025     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                      |
| 2                                    | Review of previous MOM                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                      |
|                                      | MOM of previous meeting                   | Discussion                                                                                                                                                                                                                                              | Decision                                                                                                                                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Responsibility                                                                                                                                                                                                                                                                                       |
|                                      |                                           |                                                                                                                                                                                                                                                         | Timeline                                                                                                                                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Status                                                                                                                                                                                                                                                                                               |
| 1                                    | CSSD                                      | Mr. Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.                                                                                                                                | Engineering department to resolve the problem at the earliest as possible.                                                                                                                                                                                                                           |
|                                      |                                           |                                                                                                                                                                                                                                                         | Mr. Ramesh, Mr. Siby                                                                                                                                                                                                                                                                                 |
|                                      |                                           |                                                                                                                                                                                                                                                         | 30/9/2025                                                                                                                                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | In process for budget Approval. Open                                                                                                                                                                                                                                                                 |
| <b>Discussion of Present meeting</b> |                                           |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                      |
|                                      |                                           | Discussion                                                                                                                                                                                                                                              | Decision                                                                                                                                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Responsibility                                                                                                                                                                                                                                                                                       |
|                                      |                                           |                                                                                                                                                                                                                                                         | Timeline                                                                                                                                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Status                                                                                                                                                                                                                                                                                               |
| 1                                    | HAI                                       | Healthcare associated Infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 Foley's catheter days, SSI rate is 0.08%. | Emphasizing training on Care bundles for all Healthcare Professionals.                                                                                                                                                                                                                               |
|                                      |                                           |                                                                                                                                                                                                                                                         | ICT                                                                                                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |
|                                      |                                           |                                                                                                                                                                                                                                                         | Under monitoring                                                                                                                                                                                                                                                                                     |
| 2                                    | Needle stick injury                       | NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 per 1000 patient days.                                                                                                                                                                    | Enhancing staff Training & Awareness on safe needle handling.                                                                                                                                                                                                                                        |
|                                      |                                           |                                                                                                                                                                                                                                                         | ICT                                                                                                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |
|                                      |                                           |                                                                                                                                                                                                                                                         | Under monitoring                                                                                                                                                                                                                                                                                     |
| 3                                    | Biomedical waste disposal                 | The audit report of BMW disposal for Oct 2025 was presented. Compliance to Segregation was 96%, Autoclave was 95.2% and Transportation was 97%.                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |
|                                      |                                           |                                                                                                                                                                                                                                                         | ICT                                                                                                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |
|                                      |                                           |                                                                                                                                                                                                                                                         | Under monitoring                                                                                                                                                                                                                                                                                     |
| 4                                    | Hand hygiene                              | Hand hygiene data for the month of Oct 2025 was presented. Hand hygiene compliance under monitoring across the hospital.                                                                                                                                | The HICC members emphasised the focus on continued training.                                                                                                                                                                                                                                         |
|                                      |                                           |                                                                                                                                                                                                                                                         | ICT                                                                                                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |
|                                      |                                           |                                                                                                                                                                                                                                                         | Under monitoring                                                                                                                                                                                                                                                                                     |
| 5                                    | Common observations during rounds         | 5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.                                                                    | HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Dr. Kapil/ Dr. Nikhil                                                                                                                                                                                                                                                                                |
|                                      |                                           |                                                                                                                                                                                                                                                         | Immediate                                                                                                                                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | OT protocols have been implemented. No further non-compliances have been observed. Closed. To be under monitoring.                                                                                                                                                                                   |
|                                      |                                           | 5b. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.          | HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Dr. Kapil/ Dr. Nikhil                                                                                                                                                                                                                                                                                |
|                                      |                                           |                                                                                                                                                                                                                                                         | Immediate                                                                                                                                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | Staff has been counselled and trained. Closed. To be under monitoring.                                                                                                                                                                                                                               |
|                                      |                                           | 5c. IV needles are kept wrapped by micropore plaster onto the administration sets.                                                                                                                                                                      | The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices.                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | Sister Anu                                                                                                                                                                                                                                                                                           |
|                                      |                                           |                                                                                                                                                                                                                                                         | Immediate                                                                                                                                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | Implemented. Closed                                                                                                                                                                                                                                                                                  |
| 6                                    | Post operative Wound care after discharge | Many patients were observed to have Surgical Site Infection after discharge from the hospital.                                                                                                                                                          | It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.                                                                                                                           |
|                                      |                                           |                                                                                                                                                                                                                                                         | Dr. Purabi/ Dr. Deepak/ Dr. Kapil                                                                                                                                                                                                                                                                    |
|                                      |                                           |                                                                                                                                                                                                                                                         | 30.11.2025                                                                                                                                                                                                                                                                                           |
|                                      |                                           |                                                                                                                                                                                                                                                         | Open                                                                                                                                                                                                                                                                                                 |
| 7                                    | Hepatitis B vaccination                   | Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.                                                                                                                  | It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr. Kapil will send a communication to all about the enhanced provisions for better implementation. |
|                                      |                                           |                                                                                                                                                                                                                                                         | Sis. Anu/ Dr. Kapil/ ICT                                                                                                                                                                                                                                                                             |
|                                      |                                           |                                                                                                                                                                                                                                                         | Immediate                                                                                                                                                                                                                                                                                            |
|                                      |                                           |                                                                                                                                                                                                                                                         | Open                                                                                                                                                                                                                                                                                                 |
| 8                                    | Quality Improvement program on CLABSI     | Dr. Purabi discussed that a QIP for CLABSI will be undertaken                                                                                                                                                                                           | All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | ICT                                                                                                                                                                                                                                                                                                  |
|                                      |                                           |                                                                                                                                                                                                                                                         | Dec 25 - June 26                                                                                                                                                                                                                                                                                     |
|                                      |                                           |                                                                                                                                                                                                                                                         | NA                                                                                                                                                                                                                                                                                                   |

**Minutes of Infection Control meeting 23/10/2025**

| S.No. | Attended by                  |                |              |
|-------|------------------------------|----------------|--------------|
| 1     | Dr. Rk Singhal               | Chairperson    | Not 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         | Attended     |
| 6     | Dr. Sunil Prakash            | Member         | Not Attended |
| 7     | Dr. U. Valecha               | Member         | Not Attended |
| 8     | Dr. Kapil Goyal              | Member         | Attended     |
| 9     | Dr. Sanjeev                  | Member         | Not Attended |
| 10    | Dr. Gurbachan Singh          | Member         | Not Attended |
| 11    | Dr. Deepak                   | Member         | Attended     |
| 12    | Sis Rosamma/ Sis Anumol      | Member         | Attended     |
| 13    | Mr Ramesh / Mr Siby          | Member         | Attended     |
| 14    | Mr Durga Prasad              | Member         | Attended     |
| 15    | Mr Vivek Tripathi            | Member         | Attended     |
| 16    | Ms. Shifali - ICN            | Member         | Attended     |
| 17    | Ms. Himanshi - ICN           | Member         | Attended     |
| 18    | Ms. Akshita - ICN            | Member         | Attended     |
| 19    | Ms. Nutan - ICN              | Member         | Attended     |
| 20    | Ms. Monika - ICN             | Member         | Not Attended |
| 21    | Mr Ravinder                  | Invited member | Attended     |

| Agenda of the Meeting : |                                           |                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                |            |                                      |
|-------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|--------------------------------------|
| 1                       | HAI and other HIC Indicators-Sep 2025     |                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                |            |                                      |
| 2                       | Review of previous MOM                    |                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                |            |                                      |
|                         | MOM of previous meeting                   | Discussion                                                                                                                                                                                                                                            | Decision                                                                                                                                                                 | Responsibility                 | Timeline   | Status                               |
|                         | CSSD                                      | Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.                                                                                                                               | Engineering department to resolve the problem at the earliest as possible.                                                                                               | Mr Ramesh, Mr Siby             | 30/9/2025  | In process for budget Approval. Open |
|                         |                                           | Discussion of Present meeting                                                                                                                                                                                                                         |                                                                                                                                                                          |                                |            |                                      |
|                         |                                           | Discussion                                                                                                                                                                                                                                            | Decision                                                                                                                                                                 | Responsibility                 | Timeline   | Status                               |
| 1                       | HAI                                       | Healthcare associated infection data of Sep 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.39 per 1000 central line days, CAUTI 0.50 per 1000 Foley catheter days, SSI rate is 0.14%. | Emphasizing training on Care bundles for all Healthcare Professionals.                                                                                                   | ICT                            | NA         | Under monitoring                     |
| 2                       | Needle stick injury                       | NSI data of Sep 2025 was presented. Incidence of NSI were 1 per 1000 patient days.                                                                                                                                                                    | Enhancing staff Training & Awareness on safe needle handling.                                                                                                            | ICT                            | NA         | Under monitoring                     |
| 3                       | Biomedical waste disposal                 | The audit report of BMW disposal for Sep 2025 was presented. Compliance to Segregation was 95%, storage was 96% and Transportation was 97%.                                                                                                           | NA                                                                                                                                                                       | ICT                            | NA         | Under monitoring                     |
| 4                       | Hand hygiene                              | Hand hygiene data for the month of Sep 2025 was presented. Hand hygiene compliance under monitoring across the hospital.                                                                                                                              | The HICC members emphasised the focus on continued training.                                                                                                             | ICT                            | NA         | Under monitoring                     |
| 5                       | Common observations during rounds         | 5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.                                                                  | HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.                                                  | Dr Kapil/ Dr Nikhil            | Immediate  | Open                                 |
|                         |                                           | 5b. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.        | HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.                                                  | Dr Kapil/ Dr Nikhil            | Immediate  | Open                                 |
|                         |                                           | 5c. IV needles are kept wrapped by micropore plaster onto the administration sets.                                                                                                                                                                    | The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices.                                                | Sister Anu                     | Immediate  | Open                                 |
| 6                       | Post-operative Wound care after discharge | Many patients were observed to have Surgical site infection after discharge from the hospital.                                                                                                                                                        | It was suggested that an educational leaflet on wound care for post-operative patients. Dr Purabi to prepare the educational matter, and send for printing to Dr Deepak. | Dr Purabi/ Dr Deepak/ Dr Kapil | 30.11.2025 | Open                                 |