

October 13, 2025

BLK/ZHEVP/2025/OCT/18

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

Dear Sir,

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

Please find enclosed the quarterly report of Bio-Medical Waste maintained by the Healthcare establishment namely Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of July 2025 to September 2025.

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

Dr. Saniay Mehta

Dr. Sanjay Mehta Zonal Head & Executive Vice President Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi-110 005

Zonal Head & Executive Vice President

Encls: As above









Dr. B. L. Kapur Memorial Hospital

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								
1	).		Particular	rs				
		Name address of the Hospital	Dr. B. L. Kapur Mem					
2		No. of authorized/sanctioned beds	600					
3		Name of the occupier(MS/Director)	Dr. Sanjay Mehta					
4		Phone No. Fax,E-mail	011 30403040 & 30	553961				
5		Whether authorization from Delhi Pollution control committee obtained?	Yes					
6		If Yes, No. date of issue and validity	Yes					
7		Whether in house treatment facility available?						
-	7.A	If Yes, write	No					
_	7.B	If No., how is the BMW treated?	N/A					
_	7.C		Outsourced-SMS wa					
_	7.0	Whether tie up with CBWTF Operator	Yes - SMS Water Gra	ice BMW Pvt.L	td.			
8	-	Whether Nodal Officer for BMW Management designated?	Yes					
	8.A	If Yes-please give name & phone No.	Mr. Jitender Kumar	Sharma , 0113	0653770			
9		Whether Biomedical Waste management Committee formed?	Yes					
	9.A	If yes, give name of the members	Members- 23 in	wited 02				
	9.B	The state of the s	The second second second	iviteu-uz				
	9.6	Date of last meeting	20.06.2024					
10	-	Whether color Coded segregation Containers available	Yes					
	10.A		Yellow, Red, Blue Pu	ncture proof C	ontainer, White	e Puncture Prod	of, Yellow Cytotoxic	, Green ( Bio-degradable v
11		Whether Color Coded Segregation Liners/Bags available	Yes					
	11.A	If Yes, what color?	Yellow, Red, Blue Pu	ncture proof C	ontainer. White	Puncture Proc	of, Yellow Cytotoxic	, Green ( Bio-degradable v
12		Whether using Biohazard and Cytoxic Symbols	Yes				.,	, or carry bio degradable i
13		Whether Packaging & labeling Practised	Yes					
14		Whether Puncture proof sharps containers available?						
15			Yes					
	-	Is there any provision internal storage?	Yes					
16	_	Whether there are any use of wheel barrow/trolleys?	Yes					
17		Is there any seperate provision of washing facilities for containers	Yes				The state of the s	
	17. A		N/A					
18		Is there any centralized storage site?	Yes					
	18.A	Is there any provision of lock and key for BMW	Yes					
19	-	Whether needle destroyer available?						
20				are disposed	in white Puncti	ire Proof as per	tne BMW guideline	es and are sent to SMS wa
_		Whether the hand hygiene is practiced in the hospital	Yes					
	20.A	If Yes, how monitored	Follow training calend	dar and Audit I	y Infection Cor	ntrol Nurse		
21		Is there any Spill Management Protocol	Yes		<b>7</b> 8			
22		is there any Provision for management of Mercury waste, Metals	N/A - We are mercur	free hospital				
23		Whether record are maintained properly?	Yes	Tiree mospital				
	23.A	If Yes, whether verified by the Chairman/Nodal officer						
24	23.0		Yes					
$\rightarrow$		Whether there is daily supervision?	Yes					
	24.A	If Yes, Whether the records are maintained	Yes					
25		Is there any provision of separates waste weighing machine	Yes					
1	25.A	If Yes, whether daily record of of weight maintained	Yes					
26		Whether there is any injury register	Yes					
	26.A	If Yes, Whether there is Needle Stick Injury protocol						
	- Curr		Yes					
$\overline{}$								
27		Is there any separate Budget here for BMW?	Yes					
27		Whether SOPs/ guidelines available	Yes					
27 28 29	DO A	Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW management	Yes Yes					
27 28 29	29.A	Whether SOPs/ guidelines available	Yes	nedics- 105				
9 2		Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW management If Yes, the. No of personnel trained during the quarter	Yes Yes Doctors -127 Nursi Technicians and Parar GDA & Housekeeping	nedics- 105				
17 18 19 2		Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW management If Yes, the. No of personnel trained during the quarter  Is there any IEC/Community awareness	Yes Yes Doctors -127 Nursi Technicians and Parar GDA & Housekeeping	nedics- 105				
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ignature of Nodal Officer

Signature of Medical Superintender

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



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CAIO		es of Infection Control meeting 23/09/	2025			
S.No						
2	Dr. Rk Singhal Dr. Purabi Barman	Chairperson	Attended			
3	Dr. Rajesh Pande	Secretary	Attended			
4		Member	Not Attended			
- 5	Dr.Ramji Mehrotra	Member	Not Attended			
	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended			
- 6	Dr Sunil Prakash	Member	Not Attended			
	Dr U Valecha	Member	Not Attended	7		
8	Dr Shimpi	Invited member	Attended	7		
9	Dr Sanjeev	Member	Attended	7		
10	Dr.Gurbachan Singh	Member	Attended	7		
11	Dr Tarun	Invited member	Attended	7		
12	Dr Pradyut Bag	Invited member	Attended	+		
13	Dr Pankaj Lohia	Invited member	Attended	-		
14	Dr Deepak	Member		-		
15	Sis Rosamma/ Sis Anumol	Member	Attended	_		
16	Mr Jitendra	The second secon	Attended	_		
		Invited member	Attended			
	Mr Ramesh / Mr Siby	Member	Attended	1		
18	Mr Durga Prasad	Member	Attended	7		
19	Mr Vivek Trikha	Member	Attended	7		
20	Ms. Shifali - ICN	Member	Attended	1		
21	Ms. Himanshi - ICN	Member		1		
22	Ms. Akshita - ICN		Attended	4		
23	Ms. Nutan -ICN	Member	Attended	1		
		Member	Attended	1		
24	Ms. Monika - ICN	Member	Attended	1		
25	_Mr Ravinder	Invited member	Attended	1		
				,		
Agenda	of the Meeting :					
	1 HAI and other HIC indicators-Aug 2025					
Ť.						
	2 Review of previous MOM					
	Antibiogram 24-25					
	MOM of previous meeting	Discussion				
	The street of th	Discussion	Decision	Responsibility	Timeline	Status
	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirement	Engineering department to resolve the problem at the earliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Open
	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks fo	Human Resource to implement the same in all staff	HR/ ICT	30/9/2025	A meeting was hedl with HR on 22.09.2025. It was decided that after completion of the third
			Discussion of Present meeting			
		Discussion	Pacielas	B 11-1114		
		- Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Aug 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.0 per 1000 central line days, CAUTI 1.2 per 1000 foleys cather days, SSI rate is 0.15%.	Emphasizing traing on Care bundles for all Healthcare Professsionals.	іст	NA	Under monitoring
2	Needle stick injury	NSI data of Aug 2025 was presented . Incidence of NSI were 0.60 per 1000 patient days. The number has reduced significantly	Enhancing staff Trainig & Awarness on safe needle handling.	іст	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Aug 2025 was presented. Compliance to Segregation was 97%, storage was 97% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Aug 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	іст	NA	Under monitoring
5	Antibiogram 24-25	Dr Tarun presented the Antibiogram for 24-25.	The antibiogram showed that rates of MDROs have not increased significantly. The same will be uploaded on the intranet for everyones' access.	NA	NA	Closed



	Minute	es of infection Control meeting 29/08/2025				
S.No.	Attended by			To the second se		
1	Dr. Rk Singhal	Chairperson Secretary	Attended			
3 -	Dr. Purabi Barman Dr. Rajesh Pande	Member	Attended			
4	Dr.Ramji Mehrotra	Member	Not Attended			
6	Dr Jasjit Bhasin/ Dr Rachna Dr Sajjan Purohit	Member	Attended Not Attended			
	Dr Sunil Prakash	Member	Not Attended			
8	Dr U Valecha	Member	Attended			
9	Dr Sanjeev Dr.Gurbachan Singh	Member Member	Not Attended Attended			
	Dr Atish Sinha	Member	Not Attended			
	Dr Deepak	Member	Attended			
	Sis Rosamma/ Sis Anumol Mr Jitendra	Member Invited member	Attended			
	Mr Ramesh / Mr Siby	Member	Attended			
16	Mr Durga Prasad	Member	Attended			
	Mr. Vivek Trikha Mr. Manni	Member Invited member	Not Attended Attended			
20	Ms. Shifali - ICN	Member	Attended			
22	Ms. Himanshi - ICN	Member	Attended			
23	Ms. Akshita - ICN	Member	Attended			
24	Ms. Nutan -ICN Ms. Monika - ICN	Member Member	Attended Attended			
25	and musica - ich	metrioci	Petrolinata			
Agenda of t	the Meeting: HAI and other HIC indicators-July 2025					
	Review of previous MOM					
					Timeline	Status
	MOM of previous meeting	Discussion	Decision	Responsibility	timetine	
1	Dr Purabl informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	1. Shortage of sterile green sheets across the hospital	Adequate Green sheets in the inventory but Manpower storage of handling and packing of grren sheets	Mr Durga/ Mr iltender	As early as possible	Green linen will be added in CSSD as per linen requirement shared by Mr. Mani in in phases. Current value of stock to 15.75 lakhs. In 1st phase we have added 5.5 lakh in 1nd phase linen worth 4 lakhs are ordered & will be added in circulation by 30th Aug 25. 3 gda are dedicated posted in CSSD for packing linen. Closed
ā		Cleaning disinfection in clinical areas is questionalibe. Multiple instances of non complianc shave been noted.	Housekeeping Head to sort out the long pending problem and streamline the process.	Mr Durga/ Mr Jitender	Immediate	Batch of 20 Vidyarthi & all OSVE staffs were trained & briefed for continuous 15 days by nursing & ICN team. 7 Different colour-coded microfiber dusters for each day have been introduced on the 7th floor . Closed
	*	3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Manual dilution of disinfectant (hydrogen peroxide) non-complianced with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant came.	Mr Durga/ Mr Hender	Immediate	Two dedicated staff deployed for dilution, maker checker checklist is implemented to verify the uses & consumption on daily basis. A video making while dilution is being implemented for strengthining the process. Manual dilution process has been improved with three separate cans identified by different tie bands, caps used on all cans, dilution charts displayed in the designated area, and regular hands-on training provided to staff. Daily dilution preparation video are recorded for better control on dilution process. Closed
		4.Job responsibilitels of GDA	GDAs in OT and other areas should not be used for jobs for which they are not previleged.	Mr Jitender/ Mr Durga	immediate	Closed
2	CSSD Audit (Safety Audit)	The findings of the safety round pertaining to CSSD were discussed. Envorinmental Cleaning & Disinfection of CSSD, Trolley found compromised, Hinge instruments found opened	Emphasis on Cleaning & Disinfection of Surfaces and trolleys. Hinges instrument needs to be kept open during the sterilization process.	Mr. Mani/ICT	- Immediate	Staff has been trained, Repeat audits have been done. No non complinace has been observed during these audits Closed
			Discussion of Present meeting			
1					Win-Her	Status
		Discussion	Decision	Responsibility	Timeline	autus .
1	HAI	Healthcare associated infection data of July 2025 was presented. The HAI rates for VAE is 1.2 per 1000 ventilated only, however there were ne PVPA- CLASSI 1.5 per 1000 central line days , CAUTI 0.91 per 1000 foleys cather days, SSI rate is 0.45%.	Emphasizing traing on Care bundles for all Healthcare Professionals.	ICT	. NA	Under monitoring
2	Needle stick injury	NSI data of June 2025 was presented . Incidence of NSI were 0.37 per 1000 patient days. The number has reduced significantly	Enhancing staff Trainig & Awarness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96% ,storage was 96.9% and Transportation was 97%.	NA	ict	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of May 2025 was presented. Hand hygiene compilance has decreased across the hospital.	The HICC members emphasised the focus on continued training.	ıcı	NA	Undermonkoring
5	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the ecarliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Open
6	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same in all staff	HR/ICT	30/9/2025	Open



		Minutes of Infection Control meeti	ng 25/07/2025			
S.No.	Attended by	Thirties of the sales of College House		_		
1	Dr. Rk Singhal	Chairperson	Attended	$\dashv$		
2	Dr. Purabi Barman	Secretary	Attended	-		
3	Dr. Rajesh Pande	Member	Attended	7		
4	Dr.Ramji Mehrotra	Member	Not Attended			
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended			
6	Dr Sajjan Purohit	Member	Not Attended			
7	Dr Sunil Prakash	Member	Nat Attended	7		
8	Dr U Valecha	Member	Attended			
9	Dr Sanjeev	Member	Attended			
10	Dr.Gurbachan Singh	Member	Not Attended			
11	Dr Atish Sinha	Member	Attended			
12	Dr Deepak	Member	Attended			
13	Sis Rosamma/ Sis Anumol	Member	Attended			
14	Mr Jitendra	Invited member	Attended			
15	Mr Ramesh / Mr Siby	Member	Attended			
16	Mr Durga Prasad	Member	Attended			
17	Mr Vivek Trikha	Member	Attended	7		
18	Mr. Azad	Invited member	Attended	7		
19	Ms. Sonali	Invited member	Attended	7		
20	Mr. Manni	Invited member	Attended	-1		
21	Ms. Shifali - ICN	Member	Attended	-		
22	Ms. Himanshi - ICN	Member	Attended	Ⅎ		
23	Ms. Akshita - ICN			-		
24	Ms. Nutan -ICN	Member	Attended	-		
25	Ms. Monika - ICN	Member Member	Attended	-		
	- INTERNATION -	member	Attended	4		
ende c	the Meeting :		T		_	
	HAI and other HIC indicators-JUNE 2029			-	-	
-	and other rin, indicators-JUNE 2025	1				
2	Review of previous MOM				1	
	MOM of previous meeting	Discussion	Decision	Barrer M. IIIa	71	-
_		Dr Purabi discussed that Barcode system for	The HICC members approved of the same. DR Atish to look into the	Responsibility	Timeline	Status
1	Reuse policy	Reuse Items be introduced in the	feasibility of introducing the Barcode system for Reuse Items. Mr	Dr Atish/ Mr MAni/	End of June	The Barcode system for Re Itmes has been implement
		organisation.	Manl , CSSD Incharge , too shall work on it.	ICT/ Mr Azad	2025	across all areas. The IT team
2	Dr Purabi informed of the new meeting held on 9.4.2025 and 18.4.2025 to the	1. Shortage of sterile green sheets across the	Adequate Green sheets in the inventory but Manpower storage of	Mr Durga/ Mr	As early as	
٠ ا	HICC members	hospital	handling and packing of grren sheets	Jitender	possible	Not Completely resolved
	med memocra	3.55	30 - 30 - FSC(3550) - CC(1	30000000	700245570	
		2. Cleaning disinfection in clinical areas is				
- 1	**	questionalbe. Multiple instances of non	Housekeeping Head to sort out the long pending problem and	Mr Durga/ Mr	Immediate	Open.
- 1		complianc ehave been noted.	streamline the process.	Jitender	I IIIIII	open.
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- 1		1				
		3 83 35 - 711 4	Manual dilution of disinfectant (hydrogen peroxide) non-complinaced		1	I.
		3. Dilution of Hydrogen peroxide Manual	Manual dilution of disinfectant (hydrogen peroxide) non-complinaced with cleaning protocol evident from the presence of dirty Measuring	Mr Durga/ Mr	Immediate	Open.
		Dilution of Hydrogen peroxide Manual process is still unsatisfactory.			Immediate	Open.
			with cleaning protocol evident from the presence of dirty Measuring	Mr Durga/ Mr	Immediate	Open.
			with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.	Jitender	Immediate	Open.
			with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which	Jitender  Mr Jitender/ Mr	Immediate	Open.
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.	Jitender		
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which	Jitender  Mr Jitender/ Mr		
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which	Jitender  Mr Jitender/ Mr		
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which	Jitender  Mr Jitender/ Mr		
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.	Jitender  Mr Jitender/ Mr		
		process is still unsatisfactory.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.	Jitender  Mr Jitender/ Mr		
		process is still unsatisfactory.  4.Job responsibiliteis of GDA	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting	Jitender  Jitender  Mr Jitender/ Mr  Durga	Immediate	Open.
		process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting	Jitender  Jitender  Mr Jitender/ Mr  Durga	Immediate	Open.
		process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting	Jitender  Jitender  Mr Jitender/ Mr  Durga	Immediate	Open.
		process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting	Jitender  Jitender  Mr Jitender/ Mr  Durga	Immediate	Open.
1	на	process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 veneulitator day, however there	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting	Jitender  Jitender  Mr Jitender/ Mr  Durga	Immediate	Open.
1	на	process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
	на	Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HM rates for VAE is 0 per 1000 ventillator days, however there were no PVAPs. CLABSI 2.2 per 1000 central	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
1	на	Process is still unsatisfactory.  4.Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HM rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 felys cather line days, CAUT 1.1 per 1000 felys cather	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
1	HAI	Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HM rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLASS 12.2 per 1000 central line days, CAUT 1.1 per 1000 felys cather days, SSI rate is 0.21%.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
-		Discussion  Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilation days, however there were no PVAPs. CLABS 1.2. per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
-	HAI Needle stick injury	Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLASS 12.2 per 1000 central ine days, CAUTI 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision	Jitender Jitender  Mr Jitender/ Mr Durga	Immediate	Open. Status
-		Discussion  Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilation days, however there were no PVAPs. CLABS 1.2. per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professsionals.	Jitender  Mr Jitender/ Mr  Durga  Responsibility	Immediate  Timeline	Open.  Status  Under monitoring
1 1 2 2		Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLASS 12.2 per 1000 central ine days, CAUTI 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professsionals.	Jitender  Mr Jitender/ Mr  Durga  Responsibility	Immediate  Timeline	Open.  Status  Under monitoring
-		Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLASS 12.2 per 1000 central ine days, CAUTI 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professsionals.	Jitender  Mr Jitender/ Mr  Durga  Responsibility	Immediate  Timeline	Open.  Status  Under monitoring
	Needle stick injury	Discussion  Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAF. CLASS 1.2 per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly  The audit report of BMW disposal for June 2025 was presented. Compliance to	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
		Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly. The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 99%, storage was 99% and 59% as 59% storage was 99% and 59% and 50% per set 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per page was 99% and 50% per page was 99% and 50% per page was 99% per page page page page page page page page	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professsionals.	Jitender  Mr Jitender/ Mr  Durga  Responsibility	Immediate  Timeline	Open.  Status  Under monitoring
	Needle stick injury	Discussion  Discussion  Discussion  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAF. CLASS 1.2 per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly  The audit report of BMW disposal for June 2025 was presented. Compliance to	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
	Needle stick injury	Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly. The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 99%, storage was 99% and 59% as 59% storage was 99% and 59% and 50% per set 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per page was 99% and 50% per page was 99% and 50% per page was 99% per page page page page page page page page	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
	Needle stick injury	Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly. The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 99%, storage was 99% and 59% as 59% storage was 99% and 59% and 50% per set 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per page was 99% and 50% per page was 99% and 50% per page was 99% per page page page page page page page page	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
	Needle stick injury	Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 folleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly. The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 99%, storage was 99% and 59% as 59% storage was 99% and 59% and 50% per set 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per set 50% per page was 99% and 50% per page was 99% and 50% per page was 99% and 50% per page was 99% per page page page page page page page page	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
	Needle stick injury	Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is O per 1000 ventilator days, however there were no PVAF. CLASS: 2.2 per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly  The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96%, storage was 96% and Transportation was 96.7%.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.  NA	Iltender  Mr Jitender/ Mr Durga  Responsibility  ICT  ICT	Immediate  Timeline  NA  NA	Open.  Status  Under monitoring  Under monitoring  Under monitoring
	Needle stick injury Biomedical waste disposal . Hand hygiene	Discussion  A Job responsibiliteis of GDA  Discussion  Healthcare associated infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABS 12.2 per 1000 central ine days, CAUT 1.1 per 1000 foleys cather days, SSI rate is 0.21%.  NSI data of SIM nee 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly. The audit report of BAIW disposal for June 2025 was presented, Compliance to Segregation was 96%, storage was 96% and Transportation was 96.7%.	with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.  GDAs in OT and other areas should not be used for jobs for which they are not previleged.  Discussion of Present meeting  Decision  Emphasizing traing on Care bundles for all Healthcare Professionals.  Enhancing staff Training & Awarness on safe needle handling.	Jitender  Mr Jitender/ Mr Durga  Responsibility  ICT	Immediate  Timeline  NA	Open.  Status  Under monitoring  Under monitoring
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