

July 1, 2025

BLK/MS/2025/JUL/18

To, The Regional Officer, Haryana State Pollution Control Board SCO-A-6,7,8 Near Vishal Hotel Sun City Sector-36 Rohtak.

Dear Sir,

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

Please find enclosed the quarterly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1<sup>st</sup> Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run By Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) for the month of April 2025 to June 2025.

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

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

Medical Superintendent

Encls: As above

Asst./Clerk Asst./Clerk Haryana State Pollution Control Board RÖHFAK

Apr-25

May-25

Jun-25

## Haryana State Pollution Control Board SCO-A-6,7,8 Near Vishal Hotel Sun City Sector -36 Rohtak Email:-hspcbroroh@gmail.com Quarterly Information required for BMW Management

| S.No |  |  |   |   |                     |                  |                 |                                      |  |  |
|------|--|--|---|---|---------------------|------------------|-----------------|--------------------------------------|--|--|
|      | 0.   |  | Partie  | culars  |                     |                  |                 |                                      |  |  |
| 1    |  | Ame address of the Hospital  Medical Clinic, Rohtak, 1st Floor, Landmark Building Medcal Mor, Rohtak Haryana, Part of Dr Memorial Hospital Pusa Road, New Delhi 110005   |   |   |                     |                  |                 |                                      |  |  |
| 2    | +  | No. of authorized/sanctioned beds  | N/A   |   |                     |                  |                 |                                      |  |  |
| 4    | -  | Name of the occupier(MS/Director)  | Dr. Sanjay Mehta  |   |                     |                  |                 |                                      |  |  |
| 5    | -  | Phone No. Fax,E-mail   |   | 03040 & 3065396   | 51                  |                  |                 |                                      |  |  |
|      | +  | Whether authorization from Delhi Pollution control committee obtained?   | Yes   |   |                     | -1212-2000-200   |                 |                                      |  |  |
| 7    | -  | If Yes, No. date of issue and validity   | Yes   |   |                     |                  |                 |                                      |  |  |
| /    | -  | Whether in house treatment facility available?   | No  |   |                     |                  |                 |                                      |  |  |
|      |  | If Yes, write  | N/A   |   |                     |                  |                 |                                      |  |  |
| _    |  | If No., how is the BMW treated?  | Outsourced-S.D BioMedical waste Management Company  |   |                     |                  |                 |                                      |  |  |
| 8    | 1.0  | Whether tie up with CBWTF Operator   |   | BioMedical wast   | e Management Co     | ompany           |                 |                                      |  |  |
| 0    | 8 4  | Whether Nodal Officer for BMW Management designated?  If Yes-please give name & phone No.  | Yes   |   |                     |                  |                 |                                      |  |  |
| 9    | 1  | Whether Biomedical Waste management Committee formed?  |   | nder Kumar Sharn  | na ,01130653770     |                  |                 |                                      |  |  |
|      | 9.A  | If yes, give name of the members   | Yes   | - 22 leaded 02  |                     |                  |                 |                                      |  |  |
| 7    |  | Date of last meeting   | 20.06.202   | rs- 23 invited-02   |                     |                  |                 |                                      |  |  |
| 10   |  | Whether color Coded segregation Containers available   |   |   |                     |                  |                 |                                      |  |  |
| _    | 10.A   | If Yes-what is color coding  | Yes   |   |                     |                  |                 |                                      |  |  |
| 11   |  | Whether Color Coded Segregation Liners/Bags available  | Yellow, F   | Red, Blue Punctur   | e proof Container,  | White Puncti     | re Proof, Yell  | ow Cytotoxic, Green ( Bio-degradable |  |  |
|      | 11.A   | If Yes, what color?  | Yes   |   |                     |                  |                 |                                      |  |  |
| 12   |  | Whether using Biohazard and Cytoxic Symbols  |   | ea, Blue Punctur  | e proof Container,  | White Puncti     | re Proof, Yelk  | ow Cytotoxic, Green ( Bio-degradable |  |  |
| 13   |  | Whether Packaging & labeling Practised   | Yes   |   |                     |                  |                 |                                      |  |  |
| 14   |  | Whether Puncture proof sharps containers available?  | Yes   |   |                     |                  |                 |                                      |  |  |
| 15   |  | Is there any provision internal storage?   | Yes   |   |                     |                  |                 |                                      |  |  |
| 16   |  |  | Yes   |   |                     |                  |                 |                                      |  |  |
| 7    | -  | Whether there are any use of wheel barrow/trolleys?  | Yes   |   |                     |                  |                 |                                      |  |  |
|      | 17 4   | Is there any seperate provision of washing facilities for containers   | Yes   |   |                     |                  |                 |                                      |  |  |
| 18   | 17. A  | If No, where these containers are washed?  | N/A   |   |                     |                  |                 |                                      |  |  |
|      | 10 4   | Is there any centralized storage site?   | Yes   |   |                     |                  |                 |                                      |  |  |
| 9    | 10.A   | Is there any provision of lock and key for BMW   | Yes   |   |                     |                  |                 |                                      |  |  |
| 0    |  | Whether needle destroyer available?  |   | the needles are o   | disposed in white P | uncture Proc     | f as per the BI | MW guidelines and are sent to Biotic |  |  |
|      |  | Whether the hand hygiene is practiced in the hospital  | Yes   |   |                     |                  |                 |                                      |  |  |
|      | 20.A   | If Yes, how monitored  | Follow tra  | Follow training calendar and Audit by Infection Control Nurse |                     |                  |                 |                                      |  |  |
| 1    |  | Is there any Spill Management Protocol   | Yes   |   |                     |                  |                 |                                      |  |  |
| 2    |  | Is there any Provision for management of Mercury waste, Metals   | N/A - We  | are mercury free  | hospital            |                  |                 |                                      |  |  |
| 3    |  | Whether record are maintained properly?  | Yes   |   |                     |                  |                 |                                      |  |  |
| 12   | 23.A   | If Yes, whether verified by the Chairman/Nodal officer   | Yes   |   |                     |                  |                 |                                      |  |  |
| 4    |  | Whether there is daily supervision?  | Yes   |   |                     |                  |                 |                                      |  |  |
|      | 24.A   | If Yes, Whether the records are maintained   | Yes   |   |                     |                  |                 |                                      |  |  |
| 5    |  | Is there any provision of separates waste weighing machine   | Yes   |   |                     |                  |                 |                                      |  |  |
| 2    | 25.A   | If Yes, whether daily record of of weight maintained   | Yes   |   |                     |                  |                 |                                      |  |  |
| 6    |  | Whether there is any injury register   | Yes   |   |                     | -                |                 |                                      |  |  |
|      | 6.A  | If Yes, Whether there is Needle Stick Injury protocol  | Yes   |   |                     |                  |                 |                                      |  |  |
| 7    |  | s there any separate Budget here for BMW?  | Yes   |   |                     |                  |                 |                                      |  |  |
| 3    |  | Whether SOPs/ guidelines available   | Yes   |   |                     |                  |                 |                                      |  |  |
| 9    |  |  |   |   |                     |                  |                 |                                      |  |  |
| 2    |  | s there any provision of Training/Retraining in BMW management   | Yes   |   |                     |                  |                 |                                      |  |  |
| 1    | 9.A  | s there any provision of Training/Retraining in BMW management<br>f Yes, the. No of personnel trained during the quarter   | Yes<br>Doctors -127<br>Technicians at<br>GDA & House  | Nursing- 690<br>nd Paramedics- 105<br>keeping- 210            |                     |                  |                 |                                      |  |  |
|      | 9.A  | f Yes, the. No of personnel trained during the quarter s there any IEC/Community awareness   | Yes Doctors -127 Technicians at GDA & House   | nd Paramedics- 105  |                     |                  |                 |                                      |  |  |
|      | 9.A  | f Yes, the. No of personnel trained during the quarter s there any IEC/Community awareness Whether waste Audit carried out?  | Yes Doctors -127 Technicians a GDA & House No Yes   | nd Paramedics- 105  |                     |                  |                 |                                      |  |  |
| 3:   | 9.A  | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness  Whether waste Audit carried out?  TYes, Whether the report submitted to the head of the institution   | Yes Doctors -127 Technicians a GDA & House No Yes Yes   | nd Paramedics- 105  |                     |                  |                 |                                      |  |  |
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| 31   | 9.A   1.A   1   1   1   1   1   1   1   1   1  | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? I Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report submitted to DHS Whether Annual Monthly Report submitted to DPCC Whether regular inspection carried out Whether consent obtained under Air and Water Act Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital   | Yes Doctors -127 Technicians as GDA & House No Yes Yes N/A Yes Yes Yes Yes Yes Yes Yes              | nd Paramedics- 105  |                     |                  |                 |                                      |  |  |
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| 41   | 9.A IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? FYes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report submitted to DHS Whether Annual Monthly Report submitted to DPCC Whether Annual Monthly Report submitted to DPCC Whether regular inspection carried out Whether consent obtained under Air and Water Act Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital yes, attach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff Whether the staff posted at BMW is medically examined Yes, how frequently Whether Immunized againts Tetanus and Hepatitis B uantum of waste generated Cinerable  | Ves Doctor -127 Fechnicians as GDA & House NO Yes               | r Apr-25 Covid  | Non covid           | Covid            | Non covid       | Covid                                |  |  |
| 41   | 9.A IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report submitted to DHS Whether Aqual Monthly Report submitted to DPCC Whether regular inspection carried out Whether consent obtained under Air and Water Act Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital yes, attach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff Whether the staff posted at BMW is medically examined Yes, how frequently Whether immunized againts Tetanus and Hepatitis B  | Ves Doctors -127 Technicians as GDA & House No No Yes           | r Apr-25 Covid 0  | Non covid<br>0      | Covid<br>0       | 0               | Covid<br>0.00                        |  |  |
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| 41   | 9.A IIII VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV  | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? FYes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report submitted to DHS Whether Annual Monthly Report submitted to DPCC Whether Annual Monthly Report submitted to DPCC Whether regular inspection carried out Whether consent obtained under Air and Water Act Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital yes, attach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff Whether the staff posted at BMW is medically examined Yes, how frequently Whether Immunized againts Tetanus and Hepatitis B uantum of waste generated Cinerable  | Ves Doctor -127 Fechnicians as GDA & House NO Yes               | r Apr-25 Covid 0 0  | Non covid<br>0<br>0 | 0<br>0<br>0      | 0 0             | Covid<br>0.00<br>0<br>0.00           |  |  |
| 41   | 11.A III.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIIII.A IIII.A III.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A I | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? I Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report submitted to DHS Whether Anual Monthly Report submitted to DPCC Whether regular inspection carried out Whether Aconstic onclosures for generator sets present Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital yes, attach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff Whether the staff posted at BMW is medically examined Yes, how frequently Whether Immunized againts Tetanus and Hepatitis B uantum of waste generated cinerable doclavable/Microwavable use Puncture proof boxes for glasses hite puncture proof for Sharps  | Ves Doctors -127 Technicians as GDA & House No Yes              | r Apr-25 Covid 0 0 0  | 0<br>0<br>0<br>0    | 0<br>0<br>0<br>0 | 0<br>0<br>0     | Covid<br>0.00<br>0<br>0.00<br>0      |  |  |
| 41   | 11.A III.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIIII.A IIII.A III.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A IIII.A I | f Yes, the. No of personnel trained during the quarter  s there any IEC/Community awareness Whether waste Audit carried out? FYes, Whether the report submitted to the head of the institution Whether Person submitted to DHS Whether Quarterely Report submitted to DHS Whether Annual Monthly Report submitted to DPCC Whether regular inspection carried out Whether consent obtained under Air and Water Act Whether consent obtained under Air and Water Act Whether Acoustic enclosures for generator sets present Whether Sewage treatment plant (STP) installed in the Hospital yes, attach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff Whether the staff posted at BMW is medically examined Yes, how frequently Whether Immunized againts Tetanus and Hepatitis B uantum of waste generated cinerable utoclavable/Microwavable us Puncture proof boxes for glasses  | Ves Doctor -127 Fechnicians as GDA & House NO Yes               | r Apr-25 Covid 0 0  | Non covid<br>0<br>0 | 0<br>0<br>0      | 0 0             | Covid<br>0.00<br>0<br>0.00           |  |  |

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



|       | M   | inutes of Infection Control meeting 2  | 22/04  | /2025   |                       |                         |                      |
|-------|---|--|--|---|-----------------------|-------------------------|----------------------|
| S.No. | . Attended by   | F. Carlo   | _  | T   |                       |                         |                      |
| 1     | Dr. Rk Singhal  | Chairperson  |  | Attended  |                       |                         |                      |
| 2     | Dr. Purabi Barman   | Secretary  |  | Attended  |                       |                         |                      |
| 3     | Dr. Rajesh Pande  | Member   |  | Attended  |                       |                         |                      |
| 4     | Dr.Ramji Mehrotra   | Member   |  | Not Attended  |                       |                         |                      |
| 5     | Dr Jasjit Bhasin/ Dr Rachna   | Member   |  | Attended  |                       |                         |                      |
| 6     | Dr Sajjan Purohit   | Member   |  | Not Attended  |                       |                         |                      |
| 7     | Or Sunil Prakash  | Member   |  | Not Attended  |                       |                         |                      |
| 8     | Dr U Valecha  | Member   |  | Not Attended  |                       |                         |                      |
| 9     | Dr Sanjeev  | Member   |  | Attended  |                       |                         |                      |
| 10    | Dr.Gurbachan Singh  | Member   |  | Attended  |                       |                         |                      |
| 11    | Dr Atish Sinha  | Member   | _  | Attended  |                       |                         |                      |
| 12    | Dr Deepak   | Member   | _  | Not Attended  | _                     |                         |                      |
| 13    | Sis Rosamma/ Sis Anumol   | Member   | _  | Attended  | _                     |                         |                      |
| 14    | Mr Ramesh / Mr Sibv   | Member   |  |   |                       |                         |                      |
| 15    | Mr Durga Prasad   | Member   | _  | Attended  |                       |                         |                      |
| 16    | MS Nutan -ICN   | Member   |  | Attended  |                       |                         |                      |
| 17    | Ms Aksita- ICN  |  |  | Attended  |                       |                         |                      |
| 18    | Ms Himanshi   | Member   |  | Attended  |                       |                         |                      |
|       |   | Member   |  | Attended  |                       |                         |                      |
| 19    | Ms Shifali  | Member   |  | Attended  |                       |                         |                      |
| 20    | Sister Monika   | Member   |  | Attended  |                       |                         |                      |
|       |   |  |  |   |                       |                         |                      |
|       | of the Meeting :  |  |  |   | 100                   |                         |                      |
| - 1   | 1 HAI and other HIC Indicators-March                                      | 2025   |  |   | _                     |                         | _                    |
|       |   |  |  |   |                       |                         |                      |
| _     | 2 Review of previous MOM  |  |  |   |                       |                         |                      |
|       | MOM of previous meeting   | Discussion   |  | Decision  |                       | Responsibility          | Timeline             |
|       |   |  | -  |   |                       | paramountly             | Ilmeline             |
| 1     | Reuse policy  | Dr Purabi discussed that Barcode sys<br>for Reuse Items be introduced in the<br>organisation.  | stem -                                       | The HICC members approved of the sam<br>Atish to look into the feasibility of<br>introducing the Barcode system for Reu<br>Items. Mr Mani , CSSD incharge , too she<br>work on it.  | Dr Atis               | h/ Mr MAnl/ ICT/ M      | Find of June 202     |
|       |   |  | Discus                                       | ssion of Present meeting  |                       |                         |                      |
|       |   | Discussion   | T  | Decision  |                       | Responsibility          | Timeline             |
|       |   |  |  |   |                       | y charactry             | - Imenne             |
|       | на  | Healthcare associated infection data March 2025 was presented. The HAI r for VAE is 2.25 per 1000 ventilato days, CLASS 1.74 per 1000 central is days, CAUTI is 00 per 1000 foleys cat days, SSI rate is 0.21%.  | rates  | The CLABSI rate was high in the month of 2025. It has beypond the set internal benchmark. There were 2 cases in MICU, each in NSICU, OICU and 5th floor. There some breach in Care bundles. Staff are counselled and retrained on the Care bundles.             | one<br>was            | icī                     | NA                   |
|       | Needle stick injury   | NSI data of March 2025 was present<br>incidence of NSI were 0.29 per<br>1000patient days. The number has<br>reduced significantly  |  | Training and awareness of staff to be do<br>on proper handling of sharps.   | ne                    | ICT                     | NA                   |
|       | Biomedical waste disposal   | The audit report of 8MW disposal fo<br>March 2025 was presented. Complian<br>to Segregation was 97%, storage was<br>97.5% and Transportation was 97%   | nce<br>is                                    | NA  |                       | кст                     | NA                   |
|       | Hand hygiene  | Hand hygiene data for the month of<br>March 2025 was presented. Hand<br>hygiene complianc ehas decreased in fe<br>units like BMT, OT.  | 171  | he HICC members emphasised the focus<br>continued training.   | on                    | кт                      | NA.                  |
|       | rcall event in CSSD   | Dr Purabl discussed the Recall event in CSSD. The plasma sterilization cycle 5200 tested with Biological Indicator failed the QC process. Few Items were not released but none was used. All Items were recalled.  Steriliser was checked by the Biomedical team and found astifactory functioning. Sterilizer was checked again | • -  | ie HICC members emphasised on training<br>SD staff.   | of Mr Mani            |                         | NA NA                |
| hei   | Purabi informed of the new meeting<br>Id on 9.4.2025 and 18.4.2025 to the | Shortage of sterile green sheets across  |  | een sheets to be kept in Surplas sheets in  |                       | Mr Sitender             |                      |
| HIC   | CC members  | the hospital  2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non complianc ehave been noted.  | s Hou  | e inventory  usekeeping Head to sort out thi slong adding problem and streamline the process  |                       | Mr Jitender Mr Jitender | As early as possible |
|       |   | Dilution of Hydrogen peroxide by the automated diluter is unrelaible.  | Hou  | usekeeping Head to sort out this long<br>iding problem and streamline the process<br>see alterante methods.   |                       | Mr Jitender             | Immediate            |
| 1     |   | 4. OT staff nurse to be trained in Foley's   | 1  |   |                       |                         |                      |
| 1     |   | catherization  | A po   | ool of trained nurses to be prepared for  | Sis Anumoi/           | Sis Shifall             | Immediate            |
| 1     |   |  |  | AHU to be kept running in OT all through  | -                     |                         | 10000000             |
| -     |   | 5. Air circulation in OT   |  | the day.  | Mr Ramesh             |                         | Immediate            |
|       | ¥5  | is. Traffic in OT  | Traff<br>w.r.t                               | fic in OT has to be minimized, especially<br>t vendors etc. Vendors have to betold to<br>w OT etiquettes  | Dr Atish/Sis          | Susan/Dr Valecha        | Immediate            |
|       |   | 7. Manpower in OT after 4pm  |  | r 4 pm, one Senior Nursing staff to<br>lle the OT responsibilities should be be<br>able.  | Sis Anumol            |                         | Immediate            |
|       |   |  | used   | s in OT and other areas should not be<br>for jobs for which they are not<br>leged.  | Dr Atish/ Mr<br>Durga | Jitender/ Mr            | Immediate            |
|       |   |  |  | ekeeping Head to streamline cleaning cetion in between patinet in the OT  | Mr Durga/ M           | r Jitender i            | Immediate            |
|       | 1   | .0. PPE usage in OT and OT etiquettes  | many<br>the ho<br>scrubs<br>top of<br>contan | e same time, it has been observed that move out of OT to different areas of splittal and enter the OT in the same is, not even putting a sterile gown on it. This may be a cause of cross mination. Staff and doctors have to be elided to follow OT eniquettes | Dr Atish/ Dr V        | alecha i                | mmediate             |



| S.No.  |   | Sinutes of Infection Control meeting 19.   | /05/202  | 25   |                 |                          |         |                   |  |       |
|--------|---|--|--|--|-----------------|--------------------------|---------|-------------------|--|-------|
| 1      | Dr. Rk Singhal  | Chairperson  |  | Attended   |                 |                          |         |                   |  |       |
| 3      | Dr. Purabi Barman<br>Dr. Rajesh Pande   | Secretary  |  | Attended   |                 | -                        |         |                   |  |       |
| 4      | Dr.Ramji Mehrotra   | Member<br>Member   |  | Attended   |                 |                          |         |                   |  |       |
| 5      | Dr Jasjit Bhasin/ Dr Rachna   | Member   | 77.2   | Not Attended<br>Not Attended   |                 | -                        |         |                   |  |       |
| 7      | Dr Sajjan Purohit<br>Dr Sunil Prakash   | Member   |  | Not Attended   | _               |                          |         |                   |  |       |
| 8      | Dr U Valecha  | Member   |  | Not Attended   |                 |                          |         |                   |  |       |
| 9      | Dr Sanjeev  | Member<br>Member   |  | Attended   |                 |                          |         |                   |  |       |
| 10     | Dr.Gurbachan Singh  | Member   | _  | Attended<br>Attended   |                 |                          |         |                   |  |       |
| 11     | Dr Atish Sinha  | Member   |  | Attended   | _               |                          |         |                   |  |       |
| 12     | Dr Shimpi<br>Dr Deepak  | Invited Member   |  | Attended   |                 |                          |         |                   |  |       |
| 14     | Sis Rosamma/ Sis Anumoi   | Member   |  | Not Attended   |                 |                          |         |                   |  |       |
| 15     | Mr Ramesh / Mr Siby   | Member<br>Member   |  | Attended   |                 |                          |         |                   |  |       |
| 16     | Mr Durga Prasad   | Member   | _  | Attended   |                 |                          |         |                   |  |       |
| 17     | MS Nutan -ICN   | Member   |  | Attended<br>Attended   |                 | -                        |         |                   |  |       |
| 18     | Ms Aksita- ICN  | Member   |  | Attended   | _               | -                        |         |                   |  |       |
| 19     | Ms Himanshi   | Member   | 1417   | Attended   |                 |                          |         |                   |  |       |
| 21     | Ms Shifali<br>Sister Monika   | Member   |  | Attended   |                 |                          |         |                   |  |       |
| 22     | Mr Vivek Trikha   | Member<br>Member   |  | Attended   |                 |                          |         |                   |  |       |
| enda o | f the Meeting :   |  |  | Attended   |                 |                          |         |                   |  |       |
| 1      | HAI and other HIC Indicators-April  | 2025   |  |  | _               | -                        |         |                   |  |       |
|        | Review of previous MOM  |  |  |  |                 |                          |         |                   |  |       |
| -      | MUM SURVEY PROPERTY OF  |  |  |  |                 |                          |         |                   |  |       |
|        |   |  |  |  |                 |                          |         |                   |  |       |
|        | MOM of previous meeting   | Discussion   |  |  |                 |                          |         |                   |  |       |
| 7      |   | Discussion   |  | Decision   | _               | Responsi                 | Hitty   | Time              | eline State  |       |
| 1      | Reuse policy  | Dr Purabi discussed that Barcode syst<br>Reuse items be introduced in the<br>organisation.   | tem for  | The HICC members approve same. DR Atth to look into feasibility of introducing the Barcode system for Reuse it Mani, CSSO incharge, too si work on it.                                   | the<br>ems. A   | Dr Atish/ Mr A           | (Ani/   | End of Ju<br>2025 | Tagging of all SUD<br>Barcode software   |       |
| +      |   |  | Disc   | sussion of Present meeting   | 100             |                          |         | _                 |  |       |
| +      |   | Discussion   |  | Decision   |                 | Responsibi               | lity    | Timeli            | ine Statu  | -     |
|        | HAI   | Healthcare associated infection data<br>2025 was presented. The HAI rates for<br>1.45 per 1000 ventilator days, CLABSI<br>per 1000 central ine days, CAUTI is 1<br>1000 foleys cather days, SSI rate is 0  | 1.884<br>.55 per                                       | TheCAUTI rate is just beyour<br>Internal benchmark. Emphas<br>traing on Care bundles to be out.  | is and          | 8899                     |         | NA                |  |       |
|        | Needle stick injury   | NSI data of April 2025 was present<br>incidence of NSI were 0.62 per 1000<br>days. The number has reduced signifi  | patient  | Training and awareness of st<br>be done on proper handling<br>sharps.  | aff to          | KT                       |         | NA                | Under monit  | oring |
|        | Biomedical waste disposal   | The audit report of BMW disposal for 2025 was presented. Compliance to Segregation was 97%, storage was 981 Transportation was 97%.  | to   | NA   |                 | КТ                       |         | NA                | Under monit  | oring |
|        | Hand hygiene  | Hand hygiene data for the month of N<br>2025 was presented. Hand hygien<br>compliance has decreased across the ho  | .  | The HICC members emphasised focus on continued training  |                 | КТ                       |         | NA                | Under monito   | ring  |
|        | all event in CSSO   | Or Purabl discussed the Recall event in C The plasma sterilization cycle 25200 test with Biological indicator failed the OC pri Few Rems were not released but none w used. All keems were recalled. Sterilizer was checked by the Biomedical taem and found satisfactory functioning. Sterilizer was checked again v the Bi in the 25212 cycle with negative result and folio by 25213 cycle. Bit failure apparently due to Over load. Training imparted to all steff on proper loading procedure and sterilizer operation. Regular Maintenance: Schedule regular maintenance of sterilizer equipment | ed ocess. with Therwood o                              | e HICC members emphasised (<br>sining of CSSO staff,   | on M            | Ir Mani                  | NA.     |                   | Under monitor  | ne    |
| held o | rabi informed of the new meeting<br>on 9.4.2025 and 18.4.2025 to the<br>members | Shortage of sterile green sheets across thospital  |  | en sheets to be kept in Surples  |                 | Durga/ Mr                |         | irly as           | Open.  | -     |
|        |   | 2. Cleaning disinfection in clinical areas is  | _  | ets in the inventory<br>sekeeping Head to sort out thi   | _               | ender                    | possi   | ble               |  |       |
|        |   | questionaibe. Multiple instances of non<br>complianc ehave been noted.  3. Dilution of Hydrogen peroxide by the  | strea  | g pending problem and<br>amiline the process.<br>sekeeping Head to sort out the  | Jite            | Durga/ Mr<br>inder       | Imme    | ediate            | Open.  |       |
|        |   | automated diluter is unrelaible.  4. OT staff nurse to be trained in Foley's   | strea  | pending problem and<br>imline the process or use<br>ante methods.  | Jite            | Durga/ Mr<br>nder        | Imme    |                   | Open.  |       |
| 13/1   |   | catherization  | prepa  | ared for OT  | Sis /           | knumol/ Sis Shifa        | Immed   | diate             | Staff has been trained in<br>catherization. Closed                               |       |
|        |   | 5. Air circulation in OT<br>6. Traffic in OT   | all the  | UHU to be kept running in OT rough out the day.  | Mrs             | tamesh                   | Immed   | llate             | The AHU is kept function during the whole day Clo                                |       |
|        |   |  | Vendo  | c in OT has to be minimized,<br>ially w.r.t vendors etc.<br>ors have to betold to follow<br>quettes  | Dr Ai           | ish/ Sis Susan/Dr<br>cha | Immed   | late              | Dr Atish has discussed an counselled the OT staff. ( monitoring, Closed          |       |
|        |   | 7. Manpower in OT after 4pm  | to han<br>should                                       | I pm, one Senior Nursing staff<br>idle the OT responsibilities<br>I be be available.   | Sis A           | numol                    | Immedi  | ate               | OT manpower is available<br>4 pm. Closed   | after |
|        | 88  | 8.Job responsibilities of GDA  | not be<br>are not                                      | prevnegau,   | Mr Ji<br>Durga  | tender/ Mr               | Immedi  |                   | Open   |       |
|        | 5   | 8. Cleaning disinfection in OT   | cleanin  |  | Mr Du<br>Jitend | rga/ Mr<br>er            | Immedia | te                | Or Atish has discussed and<br>counselled the OT staff. Or<br>monitoring. Closed. |       |
|        | 1   | 0. PPE usage in OT and OT etiquettes   | observe<br>OT to di<br>and ent<br>scrubs, i<br>gown or | name time, it has been not that many move out of ifferent areas of the hospital er the OT in the same not even putting a sterile not po of it. This may be a forces contamination. Staff | Or Atis         | h/ Dr Valecha            | Immedia |                   | Or Atish has discussed and counselled the OT staff. On nonitoring Closer         |       |



|         | AND AND ADDRESS OF A STATE OF A S | of Infection Control meeting 20/06/2025   | i  |                          |                      |   |
|---------|--|---|--|--------------------------|----------------------|---|
| S.No.   | The state of the s | 29  |  |                          |                      |   |
| 1       | Dr. Rk Singhal   | Chairperson   | Attended   |                          |                      |   |
| 2       | Dr. Purabi Barman  | Secretary   | Attended   |                          |                      |   |
| 3       | Dr. Rajesh Pande   | Member  | Attended   |                          |                      |   |
| 4       | Dr.Ramji Mehrotra  | Member  | Not Attended   | $\neg$                   |                      |   |
| 5       | Dr Jasjit Bhasin/ Dr Rachna  | Member  | Not Attended   | _                        |                      |   |
| 6       | Dr Saijan Purohit  | Member  | Not Attended   |                          |                      |   |
| 7       | Dr Sunii Prakash   | Member  | Not Attended   | -                        |                      |   |
|         |  |   |  |                          |                      |   |
| 8       | Dr U Valecha   | Member  | Not Attended   |                          |                      |   |
| 9       | Dr Sanjeev   | Member  | Attended   |                          |                      |   |
| 10      | Dr.Gurbachan Singh   | Member  | Not Attended   |                          |                      |   |
| 11      | Dr Atish Sinha   | Member  | Attended   |                          |                      |   |
| 12      | Dr Deepak  | Member  | Not Attended   | _                        |                      |   |
| 13      | Sis Rosamma/ Sis Anumol  | Member  |  | -                        |                      |   |
|         |  |   | Attended   | _                        |                      |   |
| 14      | Mr Jitendra  | Invited member  | Attended   |                          |                      |   |
| 15      | Mr Ramesh / Mr Siby  | Member  | Attended   |                          |                      |   |
| 16      | Mr Durga Prasad  | Member  | Not Attended   |                          |                      |   |
| 17      | MS Nutan -ICN  | Member  | Attended   |                          |                      |   |
| 18      | Ms Aksita- ICN   | Member  | Attended   | -                        |                      |   |
| 19      | Ms Himanshi  |   |  | -                        |                      |   |
|         |  | Member  | Attended   | _                        |                      |   |
| 20      | Ms Shifali   | Member  | Attended   | 4                        |                      |   |
| 21      | Sister Monika  | Member  | Attended   |                          |                      |   |
| 22      | Mr Vivek Trikha  | Member  | Attended   |                          |                      |   |
| genda d | of the Meeting:  |   |  |                          |                      |   |
|         | 1 HAI and other HIC Indicators-May 202   | 5   |  | 1                        | -                    |   |
|         | 202  |   | 1  | 1                        |                      |   |
| - 3     | Review of previous MOM   |   |  |                          | 1                    |   |
|         |  | 1   |  | -                        | -                    | +   |
|         |  |   |  |                          |                      |   |
|         |  |   |  | 1                        |                      |   |
|         | MOM of previous meeting  | Discussion  | Decision   | Responsibility           | Timeline             | Status  |
|         |  |   | 1  | y                        | 1                    |   |
| 1       | Reuse policy   | Dr Purabl discussed that Barcode system for<br>Reuse Items be introduced in the<br>organisation.  | The HICC members approved of the same. DR Atlah to look into the feasibility of introducing the Barcode system for Reuse items. No Mani., CSSD incharge, too shall work on it. | Dr Atish/ Mr MAni/       | End of June<br>2025  | Tagging of all SUDs in the right Barcode software is compline Endoscopy. It is in progrethe Ots. Closed |
|         |  | Dis   | cussion of Present meeting   |                          |                      |   |
|         |  | Discussion  | Decision   | Responsibility           | Timeline             | Status  |
| 1       | HAI  | Healthcare associated infection data of Mey 2023 was presented. The HAI rates for VAE is .3.9 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.48 per 1000 centra line days, CAUTI is 0.98 per 1000 foleys cathe days, SSI rate is 0.26%.  | Emphasis and traing on Care<br>bundles to be carried out.  | іст                      | NA NA                | Under monitoring  |
| 2       | Needle stick injury  | NSI data of May 2025 was presented.<br>Incidence of NSI were 0.67 per 1000 patient<br>days. The number has reduced significantly  | Training and awareness of staff to<br>be done on proper handling of<br>sharps.   | іст                      | NA                   | Under monitoring  |
| 3       | Biomedical waste disposal  | The audit report of BMW disposal for May<br>2025 was presented. Compliance to<br>Segregation was 94%, storage was 94% and<br>Transportation was 96%.  | NA.  | ІСТ                      | NA                   | Under monitoring  |
| •       | Hand hyglene   | Hand hygiene data for the month of May<br>2025 was presented, Hand hygiene<br>compliance has decreased across the hospital  | The HICC members emphasised the focus on continued training.   | ict                      | NA .                 | Under monitoring  |
| 5 F     | Recall event in CSSD   | Dr Purabi discussed the Recali event in CSSD. The plasma sterilization cycle 25209 tested with Biological indicator false the CC process Few Items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Steriliser was checked again with the Bi in the 25212 cycle with negative result and followed by 25213 cycle. Bi failure apparently due to Over load. Training imparted to all staff on proper loading procedure and sterilizer operation.  Regular Maintenance: | The HICC members emphasised on training of CSSD staff.   | Mr Mani                  | NA                   | No further events have<br>occurred. Closed  |
| 6 h     | or Purabi Informed of the new meeting<br>reld on 9.4.2025 and 18.4.2025 to the<br>IICC members   | Shortage of sterile green sheets across the hospital  | Green sheets to be kept in Surplas<br>sheets in the inventory  | Mr Durga/ Mr<br>Jitender | As early as possible | Inventory count has been don<br>In rocess to procure new stoc<br>Open                                   |
|         |  | Cleaning disinfection in clinical areas is<br>questionalise. Multiple instances of non<br>compilanc ehave been noted.   | Housekeeping Head to sort out thi<br>slong pending problem and<br>streamline the process.  | Mr Durga/ Mr<br>Jitender | Immediate            | Open.   |
|         |  | Dilution of Hydrogen peroxide by the automated diluter is unrelaible.   | Housekeeping Head to sort out this<br>long pending problem and<br>streamline the process or use<br>alterante methods.  | Mr Durga/ Mr<br>Jitender | Immediate            | Open.   |
|         |  |   | GDAs in OT and other areas should not be used for jobs for which they  | Mr Jitender/ Mr          | Immediate            | Open.   |