

October 13, 2025

BLK/ZHEVP/2025/OCT/19

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 July 2025 to September 2025.

Yours Sincerely,

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

Dr. Sanjay 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

RECEIVED 25

Haryana State Pollution Control Board

Dr. B. L. Kapur Memorial Hospital (A Unit of Lahore Hospital Society) Pusa Road, New Delhi-110 005 24-Hour Helpline: +91-11-3040 3040 E: info@blkhospital.com





Jul-25

Aug-25

Sep-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

p.i.e			Particulare					
No 1	<u></u>	Name address of the Hospital	Particulars  Medical Clinic, Rohtak, 1st Floor, Landmark Building Medcal Mor, Rohtak Haryana, Part of Dr. B. L. Kapur					
1		Name address of the Hospital						
			Memorial Hospital					
			Pusa Road, New Delhi 110005					
2		No. of authorized/sanctioned beds	N/A					
3		Name of the occupier(MS/Director)	Dr. Sanjay Mehta					
4		Phone No. Fax,E-mail	011 30403040 & 30653961					
5		Whether authorization from Delhi Pollution control committee obtained?	Yes					
6		If Yes, No. date of issue and validity	Yes					
7		Whether in house treatment facility available?	No					
	7 A	If Yes, write	N/A					
_		If No., how is the BMW treated?	Outsourced-S.D BioMedical waste Management Company					
-								
0	1.0	Whether tie up with CBWTF Operator  Yes - S.D BioMedical waste Management Company  Whether Nodal Officer for BMW Management designated?  Yes						
8		Whether Nodal Officer for BMW Management designated?						
_	8.A	If Yes-please give name & phone No.	Mr. Jitender Kumar Sharma , 01130653770					
9	-	Whether Biomedical Waste management Committee formed?	Yes					
	9.A	If yes, give name of the members	Members- 23 invited-02					
	9.B	Date of last meeting	20.06.2024					
0		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-degradal					
1	1	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-degradal					
2	1	Whether using Biohazard and Cytoxic Symbols	Yes					
3								
	-	Whether Packaging & labeling Practised	Yes					
4	-	Whether Puncture proof sharps containers available?	Yes					
5		Is there any provision internal storage?	Yes					
6		Whether there are any use of wheel barrow/trolleys?	Yes					
7		is there any seperate provision of washing facilities for containers	Yes					
	17. A	If No, where these containers are washed?	N/A					
8	1	Is there any centralized storage site?	Yes					
	10 A	Is there any provision of lock and key for BMW	Yes					
	10.A		No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to Bio					
9	_	Whether needle destroyer available?						
0	_	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					
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					
	23 A	If Yes, whether verified by the Chairman/Nodal officer	Yes					
4		Whether there is daily supervision?	Yes					
			Yes					
	24.A	If Yes, Whether the records are maintained						
5		Is there any provision of separates waste weighing machine	Yes					
	25.A	If Yes, whether daily record of of weight maintained	Yes					
6		Whether there is any injury register	Yes					
	26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes					
7		Is there any separate Budget here for BMW?	Yes					
В		Whether SOPs/ guidelines available	Yes					
9		Is there any provision of Training/Retraining in BMW management	Yes					
		If Yes, the. No of personnel trained during the quarter	Doctors -127 Nursing- 690 Technicians and Paramedics- 105 GDA & Housekeeping- 210					
		****						
		Is there any IEC/Community awareness	GDA & Housekeeping: 210 No					
)		Is there any IEC/Community awareness Whether waste Audit carried out?						
)		Whether waste Audit carried out?	No					
)	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution	No Yes Yes					
1	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS	No Yes Yes N/A					
) L	31.A	Whether waste Audit carried out? If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS	No Yes Yes N/A Yes					
2	31.A	Whether waste Audit carried out? If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Annual Monthly Report submitted to DPCC	No Yes Yes N/A Yes Yes					
2 3	31.A	Whether waste Audit carried out? If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS	No Yes Yes N/A Yes Yes Yes					
2 3 1	31.A	Whether waste Audit carried out? If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Annual Monthly Report submitted to DPCC	No Yes Yes N/A Yes Yes					
2 3 5 5	31.A	Whether waste Audit carried out?  If 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	No Yes Yes N/A Yes Yes Yes					
0 1 2 3 3 4 5 7	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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	No Yes Yes N/A Yes Yes Yes Yes Yes					
0 1 2 3 3 5 7 8	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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	No Yes Yes N/A Yes					
) L 2 3 4 5 7	31.A	Whether waste Audit carried out?  If 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  If yes, attach copy of laboratory report authorized by DPCC	No Yes Yes N/A Yes					
	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Quarterely Report sumitted 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 If yes, atjach copy of laboratory report authorized by DPCC Whether personal protective Equipment (PPE) used BMW staff	No Yes Yes N/A Yes					
) L 2 3 3 4 5 7	31.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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  If yes, atjach copy of laboratory report authorized by DPCC  Whether personal protective Equipment (PPE) used BMW staff  Whether the staff posted at BMW is medically examined	No Yes Yes N/A Yes					
2 3 4 5 7 8 9	31.A 41.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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  If yes, atjach copy of laboratory report authorized by DPCC  Whether personal protective Equipment (PPE) used BMW staff  Whether the staff posted at BMW is medically examined  If, Yes, how frequently	No Yes Yes N/A Yes					
D 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	31.A 41.A	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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  If yes, atjach copy of laboratory report authorized by DPCC  Whether personal protective Equipment (PPE) used BMW staff  Whether the staff posted at BMW is medically examined	No Yes Yes N/A Yes					
D 1 2 3 3 4 5 5 7 7 3 3 9 D 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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 Sewage treatment plant (STP) Installed in the Hospital  If 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  If, Yes, how frequently  Whether immunized againts Tetanus and Hepatitis B	No Yes Yes N/A Yes N/A Yes					
2 3 1 5 5 7 3 1 1 1 1 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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  If 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  If, Yes, how frequently  Whether immunized againts Tetanus and Hepatitis B  Quantum of waste generated	No					
D 1 2 3 3 4 5 5 7 7 3 3 9 D 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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 Sewage treatment plant (STP) Installed in the Hospital  If 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  If, Yes, how frequently  Whether immunized againts Tetanus and Hepatitis B	No   Yes   Yes					
D 1 2 3 3 4 5 5 7 7 3 3 9 D 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted 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  If 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  If, Yes, how frequently  Whether immunized againts Tetanus and Hepatitis B  Quantum of waste generated	No   Yes   Yes					
0 1 2 3 4 5 6 7 8 9 0 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Quarterely Report sumitted 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 If 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 If, Yes, how frequently Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable	No   Yes   Yes					
0 1 2 3 4 5 5 6 7 8 9 0 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Quarterely Report sumitted 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 If 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 If, Yes, how frequently Whether immunized againts Tetanus and Hepatitis B  Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses	No   Yes   Yes					
0 1 2 3 4 5 6 7 8 8 9 0	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution  Whether monthly report submitted to DHS  Whether Quarterely Report sumitted to DHS  Whether Quarterely Report sumitted 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  If 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  If, yes, how frequently  Whether immunized againts Tetanus and Hepatitis B  Quantum of waste generated  Incinerable  Autoclavable/Microwavable  Blue Puncture proof boxes for glasses  White puncture proof for Sharps	No   Yes   Yes   Yes   N/A   Yes   Yes					
0 1 2 3 4 5 5 6 7 8 9 0 1	31.A 41.A 41.B	Whether waste Audit carried out?  If Yes, Whether the report submitted to the head of the institution Whether monthly report submitted to DHS Whether Quarterely Report sumitted to DHS Whether Quarterely Report sumitted 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 If 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 If, Yes, how frequently Whether immunized againts Tetanus and Hepatitis B  Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses	No   Yes   Yes					

Signature of Nodal Office

nature of Medical Superintende

Dr. Kapil Goyla
Medical Superintendent
Medical Superintendent
Memorial Hospital
Dr. B. L. Kapur Memorial - 110005



	Minutes	of Infection Control meeting 23/09/2	025			
S.No.	Attended by			-		
1	Cr. Rk Singhal	Chairperson	Attended	-		
2	Dr. Purabi Barman	Secretary	Attended	-		
3	Dr. Rajesh Pande	Member	Not Attended	-		
4	Dr.Ramji Mehrotra	Member	Not Attended  Not Attended	-		
5	Dr Jasjit Bhasin/ Dr Rachna	Member		4		
6	Dr Sunil Prakash		Attended	_		
7	Dr U Valecha	Member	Not Attended	4		
8	Dr Shimpi	Member	Not Attended	4		
9		Invited member	Attended	_		
	Dr Sanjeev	Member	Attended	_		
10	Dr.Gurbachan Singh	Member	Attended			
11	Dr Tarun	Invited member	Attended			
12	Dr Pradyut Bag	Invited member	Attended	7		
13	Dr Pankaj Lohia	Invited member	Attended	1		
14	Dr Deepak	Member	Attended	1		
15	Sis Rosamma/ Sis Anumol	Member	Attended	1		
16	Mr Jitendra	Invited member	Attended	-		
17	Mr Ramesh / Mr Siby			-		
		Member	Attended	-		
18	Mr Durga Prasad	Member	Attended	-		
19	Mr Vivek Trikha	Member	Attended	]		
20	Ms. Shifali - ICN	Member	Attended	]		
21	Ms. Himanshi - ICN	Member	Attended	1		
22	Ms. Akshita - ICN	Member		1		
23	Ms. Nutan -ICN		Attended	1		
		Member	Attended	-		
24	Ms. Monika - ICN	Member	Attended	1		
25	Mr Ravinder	Invited member	Attended			
				-		
enda o	f the Meeting :					
1	HAI and other HIC indicators-Aug 2025					
	-					
2	Review of previous MOM					
3	Antibiogram 24-25					
	MOM of previous meeting	Discouries .	2.0			
	INOW or previous meeting	Discussion	Decision	Responsibility	Timeline	Status
	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirement:	Engineering departmnet to resolve the problem at th eearliest 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 for	Human Resource to implement the same in all staff	HR/ICT	30/9/2025	A meeting was hedl with HR 22.09.2025. It was decided t after completion of the thin
			Discussion of Present meeting			
		Discussion	Decision	Responsibility	Timeline	Status
			Decision	Responsibility	imeme	Status
i	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		The audit report of BMW disposal for Aug 2025 was presented. Compliance to Segregation was 97%, storage was 97% and Transportation was 98%.	NA NA	іст	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	NA	NA	Closed



	Min	nutes of Infection Control meeting 29/08/2025		7		
5.No.	Attended by Dr. Rk Singhal					
2	Dr. Purabi Barman	Chairperson Secretary	Attended Attended	+		
3	ur. Rajesh Pande	Member	Attended			
5	Dr.Ramji Mehrotra Dr Jasjit Bhasin/ Dr Rachna	Member Member	Not Attended Attended	4		
6	Dr Sajjan Purohit	Member	Not Attended	1		
8	Dr Sunil Prakash Dr U Valecha	Member Member	Not Attended Attended	-		
9	Dr Sanjeev	Member	Not Attended	-		
10	Or.Gurbachan Singh  Dr Atish Sinha	Member Member	Attended			
12	Dr Deepak	Member	Not Attended Attended	-		
13	Sis Rosamma/ Sis Anumol Mr Jitendra	Member	Attended	7		
15	Mr Ramesh / Mr Siby	Invited member Member	Attended Attended	+		
16	Mr Durga Prasad Mr Vivek Trikha	Member	Attended	1		
20	Mr. Manni	Member Invited member	Not Attended Attended	4		
21	Ms. Shifali - ICN	Member	Attended			
22	Ms. Himanshi - ICN Ms. Akshita - ICN	Member Member	Attended	-		
24	Ms. Nutan -ICN	Member	Attended Attended	+		
25	Ms. Monika - ICN	Member	Attended	1		
			1	-		
	the Meeting :					
	1 HAI and other HIC indicators-July 2025 2 Review of previous MOM					
				-		
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	Or Purabl informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	Shortage of sterile green sheets across the hospit:	Adequate Green sheets in the inventory but all Manpower storage of handling and packing of green sheets	Mr Durga/ Mr Render	As early as possible	Green linen will be added in CSSD as planen requirement shared by Mr. Mani phases. Current value of stock is 15. Is shift. In 12 And phase linen worth 4 lashs are ordered & will be added in circulation 3/2h, Aug 25. 3 gds are dedicated poste CSSD for packing linen. Closed
		Cleaning disinfection in clinical areas is questionalbe. Multiple instances of non complianc chave been noted.	Housekeeping Head to sort out the long pending problem and streamline the process.	Mr Durga/ Mr Render	Immediate	Batch of 20 Vidyarthi & all OSVE staffs were trained & briefed for continuous 15 days by nursing & it team. 7 Different colour-coded microfiber dusters for each day ha been introduced on the 7th floor Closed
		3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Manual dilution of disinfectant (hydrogen peroxide) non-complinaced with cleaning protocol evident from the presence of dity Measuring Jar and the disinfectant came.	Mr Durga/ Mr åkender	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 strengthning the process. Manual dilution process heen improved with three separate been improved with three separate cans identified by different the bands caps used on all cans, dilution charts displayed in the designated area, and regular hands-on training provided istaff. Daily dilution preparation vide 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. Meni/ICT	Immediate	Staff has been trained, Repeat audits hav been done. No non complinace has been observed during these audits Closed
			Discussion of Present meeting			
		Discussion	Decision	Responsibility	Timeline	Status
1	наг	Healthcare associated infection data of July 2025 was presented. The HAI rates for VAE is 1.2 per 1000 ventillate of age, however there were no PVAPs.  CLABSI 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.	кст	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.	icī	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	іст	NA	Under monitoring
	Hand hygiene	Hand hygiene data for the month of May 2025 was presented. Hand hygiene compliance has decreased across the hospital.	The HICC members emphasised the focus on continued training.	ict	NA	Under monkoring
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 th eeadlest 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



				7		
		Minutes of Infection Control meeting	ng 25/07/2025			
S.No.	Attended by					
1	Dr. Rk Singhal	Chairperson	Attended			
3	Dr. Purabi Barman	Secretary	Attended			
4	Dr. Rajesh Pande Dr. Ramji Mehrotra	Member	Attended			
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Not Attended			
6	Dr Sajjan Purohit	Member	Attended	1		
7	Dr Sunii Prakash	Member	Not Attended			
8	Dr U Valecha	Member	Not Attended			
9	Dr Sanjeev	Member	Attended	-		
10		Member	Attended	4		
	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	7		
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	┥		
21	Ms. Shifali - ICN	Member	Attended	-		
22	Ms. Himanshi - ICN	Member	Attended	-		
23				-		
24	Ms. Akshita - ICN Ms. Nutan -ICN	Member	Attended	-		
25	Ms. Monika - ICN	Member	Attended	-		
23	Ima, Monika + ICN	Member	Attended	4		
	the Meeting:					
1	HAI and other HIC indicators-JUNE 2025	5			100000000000000000000000000000000000000	
	n					
2	Review of previous MOM					
						Value - 100 mm (100 mm
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	Reuse policy	Dr Purabi discussed that Barcode system for Reuse Items be introduced in the organisation.	The HICC members approved of the same. DR Atish to look into the feasibility of introducing the Barcode system for Reuse items. Mr Mani , CSSD incharge , too shall work on it.	Dr Atish/ Mr MAni/ ICT/ Mr Azad	End of June 2025	The Barcode system for Re itmes has been implement across all areas. The iT teat
2	Dr Purabl informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	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 Jitender	As early as possible	Not Completely resolved
		Cleaning disinfection in clinical areas is questionalbe. Multiple instances of non complianc ehave been noted.	Housekeeping Head to sort out the long pending problem and streamline the process.	Mr Durga/ Mr Jitender	Immediate	Open.
		Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Manual d'Aution of disinfectant (hydragen peroxide) non-complinace with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.		Immediate	Open.
		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	Open.
		I	Discussion of Present meeting	1		
$\rightarrow$						
-+		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	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 1.2. per 1000 central ine days, CAUTI 1.1 per 1000 foleys cather days, SSI rate is 0.21%.	Emphasizing traing on Care bundles for all Healthcare Professionals.	ıcı	NA.	Under monitoring
2	Needle stick injury	NSI data of June 2025 was presented . Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly	Enhancing staff Trainig & Awarness on safe needle handling.	іст	NA	Under monitoring
	Biomedical waste disposal	The audit report of BMW disposal for June 2025 was presented. Compilance to Segregation was 96%, storage was 96% and Transportation was 96.7%.	NA NA	кт	NA	Under monitoring
	Hand hygiene .	Hand hygiene data for the month of May 2025 was presented. Hand hygiene compliance has decreased across the hospital.	The HICC members emphasised the focus on continued training.	ict	NA	Under monitoring
	Reuse policy Demostaration	Mr. Azad & Ms. Sonali from IT EXPLAINED the Bercode system for Reuse items which is implemented successfully introduced in the organisation.	Demostrated the Barcode system for Reuse Items by Mr Azad & Ms. sonall (IT), Mr. Mani CSSD incharge ensures the complete sterilisation process.	Dr Atish/ Mr Mani/ ICT/ Mr Azad	NA	Barcode sysytem for all Reu Items sucessfully completed in the area's.
	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	Emphasis on Cleaning & Disinfection of Surfaces and trolleys. Hinges Instrument needs to be kept open during the sterilization process.	Mr. Mani/ICT	immediate	Mr Mani to arrange for a train of staff and follow up. Open