

To

The Environmental Engineering
Punjab Pollution Control Board
RO Gill Road Ludhiana (Punjab).

Subject: Annual Report under the Management and Handling of Bio – Medical Waste Rules 2016

Dear Sir,

Please find herewith enclosed copy of the annual report for the period (January 2022 till December 2022) Fortis Hospitals Limited Mundian Kalan Chandigarh Road Ludhiana Punjab.

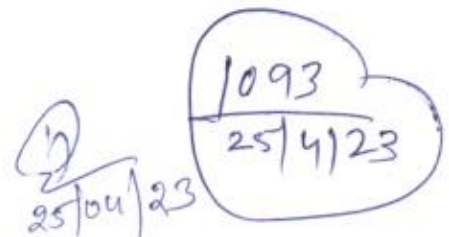
Sincerely,


Dr. Vishavdeep Goyal
Zonal Director

Fortis Hospitals Limited







A UNIT OF FORTIS HOSPITALS LIMITED

Regd. Office : Escort Heart Institute and Research Centre, Okhla Road, New Delhi-110 025.
Tel. +91-11-26825000, 26825001, Fax : +91-11-416258435 CIN - U93000DL2009PLC222166

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| Sl. No. | Particulars | | |
|---------|--|---|---|
| 1 | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or : operator of facility) | : | Dr. Vishardeep Goyal |
| | (ii) Name of HCF or CBMWTF | : | Fortis Hospital Ludhiana |
| | (iii) Address for Correspondence | : | Mundian Khurd |
| | (iv) Address of Facility | : | Chandigarh Road, Ludhiana |
| | (v) Tel. No, Fax. No | : | 0161-5222333 |
| | (vi) E-mail ID | : | Vishardeep.goyal@Fortishealthcare.com |
| | (vii) URL of Website | : | http://cms.fortishealthcare.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 30.8894°N, 75.9353°E |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) Private |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No: BMW/Renewal/LDH/2021/15360624 Valid upto: 31/03/2025 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: Water Consent - 30/6/2025 Air Consent - 31/3/2026 |
| 2 | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 200 |
| | (ii) Non-bedded hospital | : | |
| | Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | - |
| | (iii) License number and its date of expiry | : | - |
| 3 | Details of CBMWTF | : | |
| | (i) Number of health care facilities covered by CBMWTF | : | 2991 |
| | (ii) No. of Beds covered by CBMWTF | : | 21681 |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | : | 7100 Kg / day |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | : | N/A Kg / day |
| 4 | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | : | Yellow Category: 940 kg/month Red Category: 1100 kg/month White: 34 kg/month Blue Category: 419 kg/month General Solid Waste: - |
| 5 | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility | : | |
| | (i) Details of the on-site storage | : | Size: - |

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Details Attached.

Details Attached

| facility | Capacity: Provision of on-site storage : (Cold storage or any other provision) | Type of treatment equipment | No of Units | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
|---|---|--|--------------------|-----------------|--|
| | | | | | |
| | | Plasma Pyrolysis | | | |
| | | Autoclaves | | | |
| | | Microwave | | | |
| | | Hydroclave | | | |
| | | Shredder | | | |
| | | Needle tip cutter or destroyer | | | |
| | | Sharps | | | |
| | | Encapsulation or concrete pit | | | |
| | | Deep burial pits | | | |
| | | Chemical disinfection: | | | |
| | | Any other treatment equipment: | | | |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category (like plastic, glass, etc.) | | | |
| (iv) No. of Vehicles used for collection and transportation of biomedical waste | : | N/A | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | | Quantity Generated | Where disposed | |
| | | Incineration | | | |
| | | Ash | N/A | | |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | | M/s Medicare Environmental Tajpur Road near Central Jail Luckhiana | | | |
| (vii) List of member HCF not handed over bio-medical waste. | | - | | | |
| 6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes, Attached minutes of meetings | | | |

lakh
2/19/2020

[Signature]

| | | | |
|----|---|--|--|
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management | | Attached |
| | (ii) Number of personnel trained | | Attached |
| | (iii) Number of personnel trained at the time of induction | | |
| | (iv) Number of personnel not undergone any training so far | | |
| | (v) Whether standard manual for training is available? | | |
| 8 | Details of the accident occurred during the year | | Attached |
| | (i) Number of Accidents occurred | | NIL |
| | (ii) Number of persons affected | | NIL |
| | (iii) Remedial Action taken (Please attach details if any) | | N/A |
| | (iv) Any Fatality occurred, details | | NIL |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | Standards maintained as per norms |
| | Details of Continuous online emission monitoring systems installed | | - |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | As per standard norms Liquid waste generated & treatment methods in place. |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | Standards maintained as per norms |
| 12 | Any other relevant information | | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

Jan 1st 2022 till 31st Dec. 2022

Name and Signature of the Head of the Institution

Date:

Place: Ludhiana

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BMW ANNUAL DATA 2022

| DATE | RED CAT. | | YELLOW CAT. | | BLUE CAT. | | CYOTOXIC/YELLOW | | WHITE CAT. | |
|------------------------|------------|----------|-------------|----------|------------|-----------|-----------------|-----------|------------|-----------|
| | NO. OF BAG | NO OF KG | NO. OF BAG | NO OF KG | NO. OF BAG | NO. OF KG | NO. OF BAG | NO. OF KG | PPC | NO. OF KG |
| JAN. 2022 | 308 | 926.1 | 233 | 781.44 | 60 | 249.72 | 22 | 84.82 | 55 | 17.28 |
| FEB. 2022 | 325 | 926.21 | 249 | 728.06 | 67 | 281.08 | 23 | 91.19 | 70 | 25.35 |
| MAR. 2022 | 373 | 1150.27 | 292 | 928.75 | 89 | 392.483 | 29 | 114.24 | 90 | 32.76 |
| APR. 2022 | 391 | 1255.132 | 309 | 989.432 | 82 | 415.67 | 24 | 102.91 | 68 | 24.62 |
| MAY. 2022 | 405 | 1147.12 | 306 | 1043.29 | 86 | 393.09 | 28 | 119.61 | 84 | 28.605 |
| JUN. 2022 | 405 | 1067.9 | 305 | 966.42 | 99 | 496.64 | 29 | 133.43 | 93 | 36.125 |
| JUL. 2022 | 444 | 1102.7 | 369 | 976.723 | 104 | 481.628 | 35 | 139.334 | 105 | 66.205 |
| AUG. 2022 | 460 | 1223.555 | 386 | 1029.284 | 112 | 561.452 | 29 | 134.06 | 78 | 42.278 |
| SEP. 2022 | 439 | 1221.265 | 403 | 1029.084 | 94 | 489.752 | 30 | 150.18 | 68 | 35.79 |
| OCT. 2022 | 454 | 1133.19 | 403 | 966.315 | 86 | 387.633 | 27 | 119.692 | 60 | 42.545 |
| NOV. 2022 | 474 | 1261.91 | 411 | 944.26 | 96 | 482.595 | 23 | 102.45 | 46 | 34.73 |
| DEC. 2022 | 427 | 1191.638 | 370 | 901.656 | 86 | 400.868 | 30 | 144.655 | 39 | 31.276 |
| | | | | | | | | | | |
| Total | 4905 | 13606.99 | 4036 | 11284.71 | 1061 | 5032.611 | 329 | 1436.571 | 856 | 417.564 |
| Average / <i>month</i> | | 1133.916 | | 940.3928 | | 419.38425 | | 119.71425 | | 34.797 |

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PUNJAB POLLUTION CONTROL BOARD

Vatavaran Bhawan, Nabha Road, Patiala

www.ppcb.gov.in

Office Dispatch No :

Registered/Speed Post

Date:

Registration ID: RI3LDH3241498

Application No : 15345642

To,

Mr Gautham Reddy,
Opposite-Central Jail, Tajpur Road
Ludhiana east, Ludhiana iii, 141010

Subject: Renewal of Authorization under Bio-Medical Waste Management Rules, 2016 framed under Environment (Protection) Act, 1986 for [Collection, Reception, Storage, Transportation, Treatment, Disposal] of Bio-Medical Waste.

With reference to your application for obtaining Authorization under Bio-Medical Waste Management Rules, 2016 framed under Environment (Protection) Act, 1986, you are, hereby authorized for handling/ managing Bio-Medical Waste under Bio-Medical Waste Management Rules, 2016 as per the details specified in this authorization.

1. Particulars of Applicant (Occupier/Operator)

| | |
|---------------------------------------|--|
| Name of Applicant (Occupier/Operator) | Mr Gautham Reddy |
| Designation : | Executive Director |
| Correspondent Address : | Mr Gautham Reddy, Opposite-Central Jail, Tajpur Road Ludhiana east, Ludhiana iii, 141010 |
| Mobile Number : | 9814801375 |
| Landline Number : | 0161-5287136 |
| Fax Number : | - |
| Email-ID : | sunilagggarwal@ramky.com |

2. Particulars of HCF/CBWTF

| | |
|-------------------------------------|---|
| Name of HCF/CBWTF | Medicare environmental management pvt ltd |
| Address of HCF/CBWTF premises | Medicare environmental management pvt ltd Opposite-central jail, tajpur road |
| Mobile Number : | 9814801375 |
| Facility Type and Subtype | CBWTF (Select HCF Type) |
| Ownership | Individual |
| No. of Beds/Dental Chairs (for HCF) | - |
| No. of HCF covered(for CBWTFs) | 2991 |
| No. of Beds covered | 21681 |
| No of Beds | 21681 |
| Area and Distance Covered by CBWTF | PATIALA,LUDHIANA,BARNALA AND SANGRUR |

| | |
|-------------------------------|----------------------------------|
| Mode of Transportation of BMW | BY FOUR WHEELER ENCLOSED VEHICLE |
|-------------------------------|----------------------------------|

3. Particulars of Authorization

| | |
|---------------------------------------|---|
| Authorization No. | BMW/Renewal/LDH3/2021/15345642 |
| Previous Authorization No | BMW/Renewal/LDH3/2020/12836482 |
| Previous Authorization Date of Issue | 10/09/2020 |
| Previous Authorization Date of Expiry | 31/03/2021 |
| Date of Issue | 18/06/2021 |
| Date of Expiry | 30/06/2024 |
| Authorization Type | Renewal |
| Activities authorized | [Collection, Reception, Storage, Transportation, Treatment, Disposal] |

4. Particulars of Bio-Medical Waste

| Waste category | Quantity permitted for handling | Unit |
|--------------------|---------------------------------|--------|
| Yellow | 3500.0 | kg/day |
| Red | 2100 | kg/day |
| White(Translucent) | 100 | kg/day |
| Blue | 1400 | kg/day |


6. Particulars of Treatment and Disposal Equipments

| 6) Install Treatment & Disposal capacity | | | |
|--|-------------------------------------|--------------|---|
| Equipment's Details | | | |
| Sl. No. | Treatment equipment | No. of Units | Type and Capacity of each unit |
| 1 | Incinerator | 1 | 200KG/HR |
| 2 | Plasma Pyrolysis | - | - |
| 3 | Autoclaves | 2 | TWO AUTOCLAVES (1250 LTR/BATCH AND 3000 LTR/BATCH CAPACITY) |
| 4 | Microwave | - | - |
| 5 | Hydroclave | - | - |
| 6 | Shredders | 3 | 1) GLASS SHREDDER 400 KG/HR 2) PLASTIC SHREDDER 350 KG/HR 3) PLASTIC SHREDDER 200 KG/HR |
| 7 | Needle tip cutter or Destroyer | - | - |
| 8 | Sharp encapsulation or Concrete pit | - | - |
| 9 | Deep burial pits | - | - |
| 10 | Chemical disinfection | - | - |

| | | | |
|----|-------------------------------|---|---|
| 11 | Any other treatment equipment | - | - |
|----|-------------------------------|---|---|

7. The HCE/CBWF shall discharge its effluent after treatment as prescribed under the Rules.

8. The Authorization is subject to the Terms and Conditions as specified in this Authorization and also to such conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.



18/06/2021

(Rohit Singla)
Environmental Engineer
For & on behalf

of

(Punjab Pollution Control Board)


PUNJAB

Encl. No.:

Dated:

1 copy of the above is forwarded to the following for information and necessary action please:

1. Chief Environmental Engineer, Punjab Pollution Control Board, Patiala, Bathinda, Jalandhar and Ludhiana.
2. Senior Environmental Engineer, Punjab Pollution Control Board, Zonal Office-Patiala-1/2, Ludhiana-1/2, Jalandhar, Amritsar and Bathinda.
3. Environmental Engineer, Punjab Pollution Control Board, Regional Office- Ludhiana-1/2/3/4, Patiala, Jalandhar, Amritsar, Bathinda, Sangrur, Faridkot, Fatehgarh Sahib, Hoshiarpur, Batala, Ropar and Mohali



18/06/2021

(Rohit Singla)
Environmental Engineer
For & on behalf

of

(Punjab Pollution Control Board)

GDA BMW TRAINING DATA

| S.NO | Training By | Training | Date | No. of training employee |
|-------|-----------------|----------|------------|--------------------------|
| 1 | Sr. Baneet kaur | BMW | 2022-01-04 | 44 |
| 2 | Sr. Baneet kaur | BMW | 2022-01-11 | 32 |
| 3 | Sr. Baneet kaur | BMW | 2022-01-18 | 36 |
| 4 | Sr. Baneet kaur | BMW | 2022-01-25 | 47 |
| 5 | Sr. Baneet kaur | BMW | 2022-02-10 | 43 |
| 6 | Sr. Baneet kaur | BMW | 2022-03-10 | 47 |
| 7 | Sr. Baneet kaur | BMW | 2022-04-12 | 31 |
| 8 | Sr. Baneet kaur | BMW | 2022-05-12 | 35 |
| 9 | Sr. Baneet kaur | BMW | 2022-11-06 | 52 |
| 10 | Sr. Baneet kaur | BMW | 20-07-2022 | 49 |
| 11 | Sr. Baneet kaur | BMW | 2022-08-10 | 36 |
| 12 | Sr. Baneet kaur | BMW | 2022-08-17 | 38 |
| 13 | Sr. Baneet kaur | BMW | 2022-08-31 | 33 |
| 14 | Sr. Baneet kaur | BMW | 2022-09-07 | 38 |
| 15 | Sr. Baneet kaur | BMW | 14-09-2022 | 36 |
| 16 | Sr. Baneet kaur | BMW | 21-09-2022 | 43 |
| 17 | Sr. Baneet kaur | BMW | 2022-10-07 | 62 |
| 18 | Sr. Baneet kaur | BMW | 2022-10-14 | 42 |
| 19 | Sr. Baneet kaur | BMW | 2022-10-21 | 40 |
| 20 | Sr. Baneet kaur | BMW | 2022-10-28 | 49 |
| 21 | Sr. Baneet kaur | BMW | 2022-04-11 | 58 |
| 22 | Sr. Baneet kaur | BMW | 2022-11-11 | 48 |
| 23 | Sr. Baneet kaur | BMW | 18-11-2022 | 50 |
| 24 | Sr. Baneet kaur | BMW | 25-11-2022 | 54 |
| 25 | Sr. Baneet kaur | BMW | 2022-02-12 | 50 |
| TOTAL | | | | 1093 |

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HK BMW TRAINING DATA

| S.NO | Training By | Training | Date | No. of training employee |
|-------|-----------------|----------|----------|--------------------------|
| 1 | Sr. Baneet kaur | BMW | 1-1-22 | 40 |
| 2 | Sr. Baneet kaur | BMW | 1-2-22 | 43 |
| 3 | Sr. Baneet kaur | BMW | 2-3-22 | 42 |
| 4 | Sr. Baneet kaur | BMW | 1-4-22 | 47 |
| 5 | Sr. Baneet kaur | BMW | 2-5-22 | 41 |
| 6 | Sr. Baneet kaur | BMW | 2-6-22 | 43 |
| 7 | Sr. Baneet kaur | BMW | 1-7-22 | 43 |
| 8 | Sr. Baneet kaur | BMW | 2-8-22 | 40 |
| 9 | Sr. Baneet kaur | BMW | 1-9-22 | 37 |
| 10 | Sr. Baneet kaur | BMW | 3-10-22 | 41 |
| 11 | Sr. Baneet kaur | BMW | 2-11-22 | 37 |
| 12 | Sr. Baneet kaur | BMW | 18-11-22 | 36 |
| 13 | Sr. Baneet kaur | BMW | 2-12-22 | 41 |
| 14 | Sr. Baneet kaur | BMW | 16-12-22 | 35 |
| TOTAL | | | | 566 |

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72/12/28

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29/12/30

FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: Nil
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed immediately? NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does your facility have an Emergency Control policy? If yes give details: NA

Date: 1 Feb 2022 Signature: B. Anant Kary 70833

Place: FCI's Ludhiana

Shally
(MS)

Benish
(ICO)

Vishal
Sharma
(Security Officer)

Rohit Gaur

Feb 2022

FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 3. Sequence of events leading to accident: *NA*
- 4. Has the Authority been informed immediately? *NA*
- 5. The type of waste involved in accident: *NA*
- 6. Assessment of the effects of the accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does your facility has an Emergency Control policy? If yes give details: *NA*

Date: *1 March 2022* Signature: *Banwet Kang 917833*
 Place: *Kochi Hospital* Location: *.....*

Vijay Channa
70292
(Security Officer)

Rohit Contractor
 HK HEAD

Banwet
 ECO

FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 3. Sequence of events leading to accident: *NA*
- 4. Has the Authority been informed immediately? *NA*
- 5. The type of waste involved in accident: *NA*
- 6. Assessment of the effects of the accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does you facility has an Emergency Control policy? If yes give details: *NA*

Date: *1 April 2022* Signature: *Baneet Kang 70833*
 Place: *Fortis Hospital Ludhiana*

Prig
(CSO)

Fahd Crawlan
HR HEAD

Baneet
ICU

Shally

FORM I

ACCIDENT REPORTING

1. Date and time of accident: *NA*
2. Type of Accident: *NA*
3. Sequence of events leading to accident: *nil*
4. Has the Authority been informed immediately? *nil*
5. The type of waste involved in accident: *nil*
6. Assessment of the effects of the accidents on human health and the environment: *nil*
7. Emergency measures taken: *nil*
8. Steps taken to alleviate the effects of accidents: *nil*
9. Steps taken to prevent the recurrence of such an accident: *nil*
10. Does your facility has an Emergency Control policy? If yes give details: *nil*

Date: *2 May 2022* Signature: *Barnett Kang 77833*
 Place: *Fresh Luthiana*

(Assistant Housekeeping Sup.)
[Signature]
 70354

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 (MS)

[Signature]
 (CSO)
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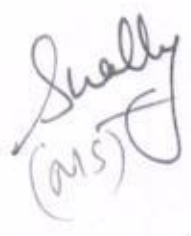
May 2022

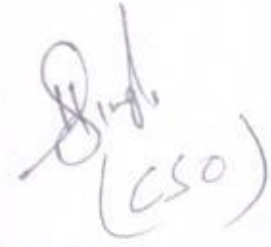
FORM I ACCIDENT REPORTING

1. Date and time of accident: *NA*
2. Type of Accident: *NA*
3. Sequence of events leading to accident: *nil*
4. Has the Authority been informed immediately? *nil*
5. The type of waste involved in accident: *nil*
6. Assessment of the effects of the accidents on human health and the environment: *nil*
7. Emergency measures taken: *nil*
8. Steps taken to alleviate the effects of accidents: *nil*
9. Steps taken to prevent the recurrence of such an accident: *nil*
10. Does your facility has an Emergency Control policy? If yes give details: *nil*

Date: *June 2022* Signature: *Bernie Kang 70833*
Place: *Fort's Luchiana*


(HK Head)


(MS)


(CSO)


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FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: *Nil*
- 2. Type of Accident: *Nil*
- 3. Sequence of events leading to accident: *NA*
- 4. Has the Authority been informed immediately? *NA*
- 5. The type of waste involved in accident: *NA*
- 6. Assessment of the effects of the accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does your facility has an Emergency Control policy? If yes give details: *NA*

Date *1 July 2022*... Signature *Poojit Kang*
 Place *F&S Hospital Ludhiana*

[Signature]
(CSO)

[Signature]
(HKHOD)

[Signature]

Benika
ICW

July-22

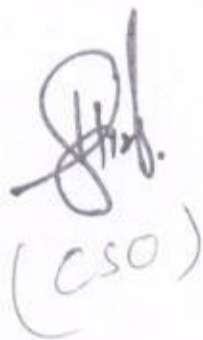
FORM I

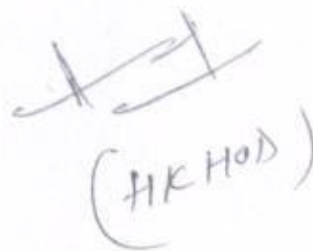
ACCIDENT REPORTING

1. Date and time of accident: Nil
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3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately? NA
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6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control policy? If yes give details: NA

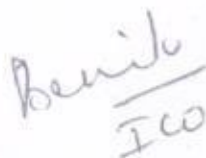
Date: 1 Aug 2022... Signature: Banwet Kang 70334

Place: F.O.P.S. Ludhiana


(CSO)


(HRHOD)




Benito
Ico

Aug-2022

FORM I

ACCIDENT REPORTING

1. Date and time of accident: Nil
2. Type of Accident: Nil
3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately? NA
5. The type of waste involved in accident: NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility has an Emergency Control policy? If yes give details: NA

Date: 1. Sep. 2022 Signature: Banerjee Karg
Place: FCB, Ludhiana

Jind
(CSO)

(HK HOD)

Shally

Banik
FIO

- - - Sep 2022

FORM 1

ACCIDENT REPORTING

1. Date and time of accident:
2. Type of Accident: *Nil*
3. Sequence of events leading to accident: *Nil*
4. Has the Authority been informed immediately? *NA*
5. The type of waste involved in accident: *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does your facility has an Emergency Control policy? If yes give details: *NA*

Date: *1 Oct 2021* Signature: *Benoit Kang 70833*
 Place: *FORTIS Luchina*

[Signature]
(CSO)

Benoit
ICO

[Signature]
(HK HON)

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FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 3. Sequence of events leading to accident: *NA*
- 4. Has the Authority been informed immediately? *NA*
- 5. The type of waste involved in accident: *NA*
- 6. Assessment of the effects of the accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does your facility has an Emergency Control policy? If yes give details: *NA*

Date: *1/11/22* Signature: *Banet Karg 70833*
 Place: *FDH Ludhiana*

[Signature]
(CSO)

[Signature]
(HK HOD)

[Signature]

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FORM I

ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
3. Sequence of events leading to accident: *NA*
4. Has the Authority been informed immediately? *NA*
5. The type of waste involved in accident: *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does you facility has an Emergency Control policy? If yes give details: *NA*

Date: *1 Dec 2022* Signature: *Banet Kang 70833*
 Place: *Forkis Ludhiana*

Banet
Ico

huh
(HK1012)

Amphi
(Security supervisor)
(and h/min)

FORM I

ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
3. Sequence of events leading to accident: *NA*
4. Has the Authority been informed immediately? *NA*
5. The type of waste involved in accident: *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does your facility have an Emergency Control policy? If yes give details: *NA*

Date: *2 Jan 2023* Signature: *Banect King 70333*

Place: *FORS Ludhiana*

Banect King
ICW

banect
(HK MOD)

Amkush Kohli
CSO

[Signature]
(MS)

NAME OF UNIT – FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 20/10/22, 12PM
2. Total no. of Members in the committee: 25
3. Number of members attended: 15
4. Chairman, convener & Mandatory Members present (Yes/No): YES
5. Details of essential members who neither attended nor sent a representative: NO
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators
 - Summary of HAI Events of September discussed
 - Surgical prophylaxis compliance data
 - Hand hygiene & VAM project discussed
 - Link nurse training program for second batch to be started in Nov, refresher course of first batch done.
 - Discussed that elbow taps were not connected to hot water supply & not appropriate in length. Previous taps were also not connected to hot water supply.
8. Action Taken Report (ATR) of previous meeting 2 meetings

| S. No. | Actionable Item from previous meeting | Date when the actionable was first decided | Responsibility | Timeline | Remarks on closure with date when closed |
|--------|---------------------------------------|--|----------------|----------|--|
| | | | | | |

| | | | | | |
|----|---|---------|-------------------------|----------|--|
| 1. | NICU terminal cleaning to be done after shifting babies to SPICU. Spicu fogging and cultures to be done before shifting babies | 29/9/22 | Nursing supervisor, ICN | 1/10/22 | 1/10/22 |
| 2 | Training of all NICU staff to be done on IC protocols. Locum doctors to be included | 29/9/22 | HOD, ICN | 7/10/22 | 22/10/22 (Delayed due to non-availability of locum doctors.) |
| 3 | Training of NICU staff on collection of blood sample aseptically | 29/9/22 | Nursing educator | 7/10/22 | Pending |
| 4 | Medicare visit pending | 29/9/22 | HK head | 30/10/22 | Planned |
| 5 | All HAI cases and Events will be discussed in HICC meeting Summary will be presented and suggestions on CAPA will be taken accordingly. Forms to be signed by primary consultants | 25/9/22 | ICO, ICN | W.I.E | Discussed in validation and HICC meeting |

9. Summary of discussion on Reports / documents of all essential Agenda items presented

| S. No. | Agenda Item | Updates / Points | Actionable | Responsibility | Timeline |
|--------|---|--|---|----------------|----------|
| 1 | MOS - HAI Concerns / Scores | CAUTI-99%, CLABSI-99%, VAE-100%, SSI-100% | Care bundle trainings to be done in ICU | ICN | 30/10/22 |
| 2 | CESC - HAI Score / trend / Analysis / Concerns | 2 CAUTI | | | |
| 3 | BMW License / Vendor Agreement validity / regulatory reports status | Valid till 19/8/2023 | | Head Admin | |
| 4 | Needle Stick Injury data / concerns | 2 cases of sharp injury in sept | Training & counselling | ICN | 30/9/22 |

| | | | | | |
|----|---|--|-----------------------------------|--|--|
| | Infection Control & BMW Trainings update | 290 Staff covered | Audit finding wise trainings done | | |
| 6 | Surveillance reports (High Risk Areas) | Satisfactory | | | |
| 7 | Vaccination status update | 4 Dr, 31 nurse, 12GDA, 1 Paramedic, 1 lab staff | | | |
| 8 | AMS status & concerns | case to case discussion on surgical prophylaxis NC to be done with surgeons. Improvement in CABG | Shared NC with MSOG for inputs | | |
| 9 | Data Validation Report | done | | | |
| 10 | Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters | Satisfactory | | | |
| 11 | CSSD Indicators | Satisfactory | | | |
| 12 | Construction / Repair planned | 3 RD floor store work planned in Nov | | | |
| 13 | Any new products for Approval | nil | | | |

A. Other Agenda Items

| S. No. | Agenda Item | Discussion | Actionable | Responsibility | Timeline |
|--------|---|---|---|--------------------------|----------|
| 1. | Swine flu vaccination list to be finalized. | Vaccine will be given to identified staff from ICU, ER, Anesthesia team | List to be mailed to MS | ICO, ICN | 30/10/22 |
| 2. | CABG surgical prophylaxis was discussed with cardiac surgeon Dr Nikhil Bansal | Advised to give cefuroxime alone or with Amikacin. Ofloxacin to be avoided. On discharge, if patient has erythema/increased | Data to be discussed in next HICC meeting | ICO, HOD Cardiac surgery | 30/11/22 |

| | | | | | |
|----|--|--|---|-----------------------------------|-----------------------|
| | | T.I.C. then to give amoxy-clav/Cefexime 200mg BD oral instead of Linezolid. | | | |
| 3. | For stable patients on airborne precautions, negative pressure to be created in single room. | Room no.4124 was identified for the same. | Feasibility to be worked on by engg team. | HOD ENGG, Head admin | 15/11/22 |
| 4. | VAM Project: CON to identify team for IV Nurses & mail to Dr Shivansh BD. | Anesthesia & ER residents also to undergo IV training. Dr Shivansh to give on ground training to the nominated residents | | MS(for doctors), CON (for nurses) | 15/11/22 |
| 5. | Curtains soiled mostly in CCU | Discussed with HK head. CCU incharge will get it changed when soiled and keep separate days for the two wings to change on weekly basis. | | CCU Incharge | With immediate effect |

Signature of Convener

Signature of Chairman

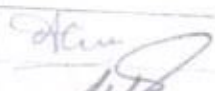
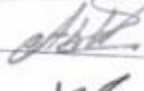



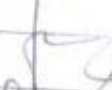
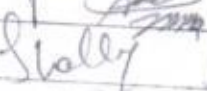
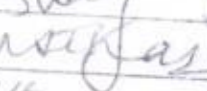
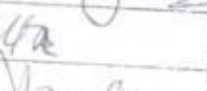
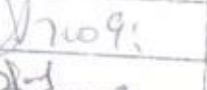
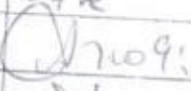
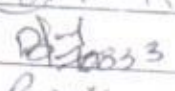
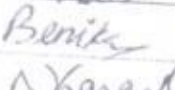
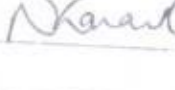
Shally

MSOG/HICC.MOM/20220401

FHL Attendance Sheet

Programme Name
 Program Date

HICC meeting and BMW meeting
 20th Oct 2022

| S No | Participant Name | Department | Global ID | Signature |
|------|------------------|----------------|-----------|---|
| 1 | Alice Kojan | Learning Admin | 2008282 |  |
| 2 | Mr. Tommaso | EP | |  |
| 3 | Dr. Muni Samil | UWS | |  |
| 4 | Amandeep | H.R | 184379 |  |
| 5 | Dr. Vindya | Cardio Care | |  |
| 6 | Dr. Kanna | Med | 71353 |  |
| 7 | Rahul Suri | CSSD | 199678 |  |
| 8 | Ms Shally | Med. adm. | 192747 |  |
| 9 | Dr. Nandap | Nephro | |  |
| 10 | Dr. Uta | Critical Care | |  |
| 11 | Arunita | Dietary | 192195 |  |
| 12 | Banuet Kang | IT | 186123 |  |
| 13 | Dr. Benika | ICO | 601700 |  |
| 14 | Dr. Naverh | Pharmacy | |  |
| 15 | Dr. Akshat | Uro | 905863 | |

MINUTES OF MEETING

NAME OF UNIT: INFECTION CONTROL

NAME OF COMMITTEE: HOSPITAL INFECTION CONTROL COMMITTEE

1. Date & Time: 31/01/2022
2. Total no. Of Members in the committee: 25
3. Number of members attended : 17
4. Chairman, convener & Mandatory Members present: YES
5. Details of essential members who neither attended nor sent a representative: NO
6. Agenda circulated prior to meeting: YES
7. Discussion on action taken report on action items/ recommendation from previous meeting : Yes
8. Details of action items open from previous two meetings: 0
9. Details of action items open from previous meetings: 0
10. Summary of discussion on Reports / documents of all essential Agenda items presented:-
 - a. HAI Data discussed.
 - b. CAUTI & CLABSI bundle to be audited
 - c. Hand hygiene data discussed
 - d. Surgical prophylaxis data discussed- Clinical audit with ortho team planned
 - e. Urobag & urometer with sampling port to be introduced
 - f. One day/month hospital-wide infection control training to be started
 - g. RT feed & kitchen audit discussed
 - h. OT audit findings discussed
11. Points discussed in the previous meeting:

| Action Item | status |
|---|----------|
| Swine flu vaccination for employees- List of all pending staff of ER for vaccine to be shared by ER Incharge | CLOSED |
| Catheter insertion training to be done for all ER nursing staff | CLOSED |
| Training for surgical set packing to be done in OT. | ON-GOING |
| Training and audit of reprocessing of catheters to be done in OT, Cath lab, Dialysis, Endoscopy, ICUs. | CLOSED |
| TBP form to be implemented in all areas | CLOSED |
| HAI information leaflet to be implemented for patient & visitors in bilingual language | CLOSED |
| Topics shared with HR dept to be covered in training calender (CL insertion & care, IV cannulisation, blood sample, catheter care, NSI) | ON-GOING |
| Catheter care hours to be fixed for all areas. ICN and nursing supervisors to audit catheter care | CLOSED |
| To implement VAP bundle checklist for NICU | CLOSED |
| RT Feed area audit and training of staff to be done on regular basis. | CLOSED |
| Dietician to discuss audit findings in HICC meetings. | CLOSED |
| HR to mail list of new joinees as per SOP(within 7 days of joining) | CLOSED |
| HODs to mail to HR the list of employees pending for 2 nd /3 rd dose of vaccination | |

12. Points discussed in the present meeting with responsibility of closure:

| SNO | ACTION POINTS | TIMELINES | RESPONSIBILITY |
|-----|--|-----------------------|----------------------------|
| 1. | Catheter insertion audit & training to be done in ER with support of 3 rd party | 10/02/2022 | Dr Benika Ms Alice |
| 2 | CLABSI & PLABSI bundle audit to be started with support from BD | 10/02/2022 | Dr Benika Ms Alice |
| 3 | One day will be dedicated for hospital-wide training on any one topic of infection control | 20/02/2022 | Ms Baneet ICN |
| 4 | OT audit findings to be shared with OT head and re-audit report after training will be shared with stakeholders regularly. | With immediate effect | Mr Rakesh Ms Baneet ICN |
| 5 | Sensitisation of doctors on antimicrobial stewardship to be done through a CME | 26/02/2022 | Dr Shally Dr Benika |

| | | | |
|---|--|------------|--|
| 6 | Clinical audit to be planned for TKR/THR Surgical prophylaxis | 20/02/2022 | Dr Sanjeev Mahajan Dr Benika Mr Rakesh |
|---|--|------------|--|

Vishal
Signature of Chairman and Convener

Benika
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FHL Attendance Sheet

| FHL Attendance Sheet | | | | | | |
|----------------------|-------------|---------------------------|-----------------|---------------------|---------------|-------------|
| Program Name | | BMW | | | | |
| Date | | 31 st Jan 2022 | | | | |
| Duration | | 3:30 PM - 4:30 PM | | | | |
| Unit | | FHL Locations | | | | |
| S.No | Employee ID | Global ID | Date of Joining | Participant Name | Department | Signature |
| 1 | | 210011 | 5/4/21 | Dr. Manuka | Med. Adm | [Signature] |
| 2 | 72118 | 214590 | 21/1/22 | Maj. Pooja Upadhyay | Asst. Mgr. OT | [Signature] |
| 3 | | 215825 | | Rohit K. Sharma | Qualif. | [Signature] |
| 4 | | 208282 | 15/1/2021 | Alie Kern | Nsg. Admi | [Signature] |
| 5 | 71095 | 192198 | 14/6/17 | Arumeb | Dietetics | [Signature] |
| 6 | 72006 | 212061 | 01/09/2021 | Rahul Kumar | HK | [Signature] |
| 7 | 71134 | 193325 | 02/09/2017 | SEWIT KUMAR | ENGL. | [Signature] |
| 8 | 71348 | 197747 | 2/7/2018 | Dr. Shally | Med. Edu | [Signature] |
| 9 | 71075 | 114584 | 6/8/2007 | APRIL | AD. IN. W. | [Signature] |
| 10 | 72021 | | | Dr. Vignesh | Gen. Care | [Signature] |
| 11 | 71599 | | | Dr. Anirban | ER | [Signature] |
| 12 | | | | Dr. J.P. Sharma | ANESTHESIA | [Signature] |
| 13 | | | | Dr. Vinayak | Gen. Care | [Signature] |
| 14 | 71442 | 199698 | 5/11/2018 | Rahul Sani | CRSD | [Signature] |
| 15 | 70833 | 186123 | 9/5/2016 | Bonnet King | ICU | [Signature] |
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MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 29.03.2022 @ 1:30 PM
2. Number of members attended: 15
3. Names of Members Present:
 - Dr. Vishavdeep Goyal
 - Mr. A.P. Singh
 - Dr. Shally
 - Dr. Vinay Singhal
 - Dr. Abhimainu
 - Dr. Benika Kajla
 - Dr. Monika
 - Dr. Gaurav Mittal
 - Mr. Rahul Gautam
 - Ms. Alice
 - Sis. Baneet Kang
 - Mr. Ram Udhar Rohilla
 - Mr. Sanjeev Rathor
 - Mr. Rahul Soni
 - Ms. Punima
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - BMW related issues- Audit findings, record maintenance, STP report.
 - Discussion on Medicare visit
 - Any other issue/concern.
6. Details of action items open from previous meetings: 0

| Action Item | Status |
|---|------------------|
| BMW ISSUES: <ul style="list-style-type: none">• Bins with paddles not working to be changed• Strict auditing and regular training on BMW segregation to be done in emergency. | Closed Closed |

7. Timelines and responsibilities to be defined.

| Action Item | Expected Closure Date | Responsibility |
|--|-----------------------|-------------------------------|
| BMW POINTS: - | | |
| a. Annual report to be prepared. | 20/04/2022 | Mr Rahul Gautam |
| b. Visit to Medicare facility | 20/04/2022 | Mr Rahul Gautam & ICN |
| c. Labelling of garbage bags to be done (i.e. Area wise) | With immediate effect | Mr Rahul Gautam / Ms. Purnima |

Shally *Bevika*

8. Signature of Chairman and Convener.

FHL Attendance Sheet

| Program Name | | BMW meeting | | | |
|--------------|-------------|--------------------|------------------|------------|-----------|
| Date | | 29 March 2022 | | | |
| Duration | | 1:00 PM to 2:00 PM | | | |
| Unit | | FHL - Lucknow | | | |
| S.No | Employee ID | Global ID | Participant Name | Department | Signature |
| 1 | 962217 | | J.P. SHARMA | ANESTHESIA | Jr |
| 2 | | | Dr. Ashwini | ER | |
| 3 | 959605 | | Dr. Anand Kumar | Paeds | |
| 4 | | 213825 | Rohit Kumar | Quality | |
| 5 | 71442 | 799678 | Rahul | ICU | |
| 6 | 71873 | 208787 | Alice Kumar | MSy, Adm | |
| 7 | 7071 | | Dr. V. V. Singh | ICU | |
| 8 | 211057 | | Sampat | ICU | |
| 9 | 215487 | 215480 | | | |
| 10 | 72165 | 215487 | R. K. Kalia | ER | |
| 11 | 72006 | 212061 | Rahul | HK | |
| 12 | 71523 | 114384 | Dr. Singh | Adm | |
| 13 | | 210088 | Dr. H. H. H. | Med. Adm | |
| 14 | 70833 | 186123 | Rohit Kumar | ICU | |
| 15 | | | Vijay Kumar | | |
| 16 | 70354 | 124646 | Punima Sharma | HK | |
| 17 | 701710 | | Dr. B. B. B. | ICU | |
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MINUTES OF MEETING

NAME OF UNIT: INFECTION CONTROL

NAME OF COMMITTEE: HOSPITAL INFECTION CONTROL COMMITTEE

1. Date & Time: 30/05/2022
2. Total no. Of Members in the committee: 25
3. Number of members attended: 16
4. Chairman, convener & Mandatory Members present: YES
5. Details of essential members who neither attended nor sent a representative: NO
6. Agenda circulated prior to meeting: YES
7. Discussion on action taken report on action items/ recommendation from previous meeting : Yes
8. Details of action items open from previous two meetings: 0
9. Details of action items open from previous meetings: 0
10. Summary of discussion on Reports / documents of all essential Agenda items presented:-
 - a. HAI data and RCA/CAPA discussed.
 - b. QIP on hand hygiene and VAM Project discussed.
 - c. Surgical prophylaxis data discussed
 - d. Surveillance cultures and action taken discussed
 - e. CSSD issue of torn linen discussed
 - f. BMW Audit findings discussed
 - g. Restricted antimicrobial form for AMS discussed

11. Points discussed in the previous meeting:

| SNO | ACTION POINTS | TIMELINES | RESPONSIBILITY | STATUS |
|-----|---|------------|--------------------------|---|
| 1. | AMS WG Meeting and agenda to be finalised | 20/05/2022 | Dr. Shally, Mr Rakesh | On-going |
| 2 | Tracheostomy care nurses identified and training to be planned with Dr Vinay | 15/05/22 | Dr Vinay Singhal | Pending |
| 3 | Batch of link nurses to be started | 25/05/22 | Ms Baneet | 17 Nurses identified. Planned in June |
| 4 | MOS Checklist data to be collected by link nurses also in addition to ICN | 15/05/22 | Ms Alice Ms Baneet | Pending. Ms Alice to identify nurses |
| 5 | TBP Sheet to be signed by all staff taking care of patients on TBP and audited by ICN | 20/05/22 | Ms Baneet | Audit findings to be presented by ICN in next Meeting |

| | | | | |
|---|--|----------|---------------|---|
| 6 | Set cleaning to be audited in OT. And Company person should be called to CSSD when opening their sets. | 15/05/22 | Mr Rahul Soni | On-going. Findings presented by CSSD technician |
|---|--|----------|---------------|---|

12. Points discussed in the present meeting with responsibility of closure:

| SNO | ACTION POINTS | TIMELINES | RESPONSIBILITY |
|-----|---|-----------------------|--|
| 1. | 15 staff for tracheostomy care nurses to be identified. List to be shared with Dr Vinay Singhal | 10/06/22 | Ms Alice(CON) |
| 2. | Neuro ICU staff training by Neurologist , ICU doctors & IC team to be planned | 20/06/22 | Ms Alice(CON) |
| 3. | Clean & contaminated patient wards to be separated. GW2 for contaminated/MDRO patients & oncology ward for clean patients (eg. Post-TKR) | With immediate effect | Ms Alice, ICN, Nursing incharges(wards) |
| 4. | TBP precautions form compliance audit findings to be presented by ICN in review & HICC | With immediate effect | ICN |
| 5. | Training of OT staff for set cleaning & packing to be done under supervision of consultant and OT Head. | With immediate effect | CSSD Incharge (Mr Rahul Soni) OT Manager(Ms Pooja) |
| 6. | Housekeeping to remove torn linen packs stored in CSSD | With immediate effect | HK (Ms Amandeep), CSSD Incharge(Mr Rahul) |
| 7. | OT cleaning training to be planned by HK Head with Mr Vivek(Alliance) & ICN HK Supervisor in OT to share non-compliance findings with ICO on daily basis | With Immediate effect | Hk (MS Amandeep) |
| 8. | Inter-departmental audit of hand hygiene compliance data to be done. Auditors to be identified by CON. Data will be presented in next HICC meeting. | With immediate effect | Ms Alice (CON), Area incharges, ICN |
| 9. | Kitchen food sample cultures to be taken and orthoscope cultures to be taken as part of surveillance. | 10/06/22 | ICN |

Signature of Chairman and Convener

Shane Danik

FHL Attendance Sheet

| Programme Name | | HICC meeting & BMW meeting | | |
|----------------|-------------------|----------------------------|-----------|-------------|
| Program Date | | 31 st May 2022 | | |
| S No | Participant Name | Department | Global ID | Signature |
| 1. | Dr. Anurag | ER | | [Signature] |
| 2. | Dr. Nandeepran | Nephrology | | [Signature] |
| 3. | Dr. Vignesh | Internal Med | | [Signature] |
| | Rakesh K. Sharma | Quality | 215825 | [Signature] |
| 4. | Kanika | ER | 212497 | [Signature] |
| 5. | Ananddeep | HK | 184379 | [Signature] |
| 6. | Rahul Saini | CSSD | 199638 | [Signature] |
| 7. | Dr. Shally | Med. adm. | 193747 | [Signature] |
| 8. | Alie Khan | Info. Admis | 208282 | [Signature] |
| 9. | A. S. Mahajan | Lab | | [Signature] |
| 10. | Dr. Navjit Kaur | Neonatology | | [Signature] |
| 11. | Dr. Rajiv Dhillon | GE | | [Signature] |
| 12. | Dr. Tejinder | IM | | [Signature] |
| 13. | Dr. Vignesh | Gen Med | | [Signature] |
| 14. | Dr. Anwar | Gen Med | 959605 | [Signature] |
| 15. | Dr. Benika | ICU | 601710 | [Signature] |
| 16. | Dr. Meet Kaur | ICU | 186123 | [Signature] |



PART B: AUDIT SHEET FOR WASTE TRANSPORT AND TREATMENT

➤ Audit to be done at least once in six months

| Audit Criteria | YES | NO |
|--|-----|----|
| BMW is transported to a pollution control board approved common waste treatment facility | Yes | |
| Waste is transported in a closed vehicle which conforms to the Pollution control board specifications & bears the name of the treatment agency | Yes | |
| Proper documentation of the waste records is maintained | Yes | |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|--|--|--------|
| (1) | (2) | (3) | (4) | |
| Yellow | (a) Human Anatomical Waste: Human tissues, organs, body parts and foetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time). | Yellow coloured non-chlorinated plastic bags | Incineration or Plasma Pyrolysis or deep burial* | Yes |
| | (b) Animal Anatomical Waste : Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary | | | Yes |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | hospitals or colleges or animal houses. | | | |
| | (c) Soiled Waste: Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | | <p>Incineration or Plasma Pyrolysis or deep burial*</p> <p>In absence of above facilities, autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.</p> | yes |
| | (d) Expired or Discarded Medicines: Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc. | Yellow coloured non-chlorinated plastic bags or containers | Expired cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 0C or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at >1200°C Or | yes |

Standard Operating Procedure for
Bio Medical Waste Management

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|---|---|--------|
| (1) | (2) | (3) | (4) | |
| | | | Encapsulation or Plasma Pyrolysis at >1200°C. All other discarded medicines shall be either sent back to manufacturer or disposed by incineration. | Yes |
| | (e) Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants. | Yellow coloured containers or non-chlorinated plastic bags | Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility. | Yes |
| | (f) Chemical Liquid Waste: Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X-ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, housekeeping and disinfecting activities etc. | Separate collection system leading to effluent treatment system | After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule-III. | Yes |
| | (g) Discarded linen, mattresses, beddings | Non-chlorinated | Non-chlorinated chemical | |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | contaminated with blood or body fluid. | yellow plastic bags or suitable packing material | disinfection followed by incineration or Plasma Pyrolysis or for energy recovery. In absence of above facilities, shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plasma Pyrolysis. | Yes |
| | (h) Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures. | Autoclave safe plastic bags or containers. | Pre-treat to sterilize with non-chlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration. | Yes |
| Red | Contaminated Waste (Recyclable) | Red coloured non-chlorinated | Autoclaving or micro-waving/hydroclaving | |

Standard Operating Procedure for
Bio Medical Waste Management

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|---------------------|---|---|---|--------|
| (1) | (2) | (3) | (4) | |
| | Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves. | plastic bags or containers | followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites. | Yes |
| White (Translucent) | Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | Puncture proof, Leak proof, tamper proof containers | Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State Pollution Control Boards or Pollution Control | Yes |



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Bio Medical Waste Management

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|--|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | | | Committees) or sanitary landfill or designated concrete waste sharp pit. | Yes |
| Blue | (a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes. | Cardboard boxes with blue coloured marking | Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or | Yes |
| | (b) Metallic Body Implants | Cardboard boxes with blue coloured marking | through autoclaving or microwaving or hydroclaving and then sent for recycling. | Yes |

Observations:

Auditor's Name and Signature:

Designation: HK HOD

Date: 30/10/2022

Infection Control Officer

(In case of improper waste treatment &/or disposal by outsourced vendor, please send relevant information to the State Pollution Control Board)

SINCG/BSMWT-ACL 20160701 1.0



PART B: AUDIT SHEET FOR WASTE TRANSPORT AND TREATMENT


➤ Audit to be done at least once in six months

| Audit Criteria | YES | NO |
|--|-----|----|
| BMW is transported to a pollution control board approved common waste treatment facility | ✓ | |
| Waste is transported in a closed vehicle which conforms to the Pollution control board specifications & bears the name of the treatment agency | ✓ | |
| Proper documentation of the waste records is maintained | ✓ | |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|--|--|--------|
| (1) | (2) | (3) | (4) | |
| Yellow | (a) Human Anatomical Waste: Human tissues, organs, body parts and foetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time). | Yellow coloured non-chlorinated plastic bags | Incineration or Plasma Pyrolysis or deep burial* | Yes |
| | (b) Animal Anatomical Waste : Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary | | | N/A |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | hospitals or colleges or animal houses. | | | |
| | (c) Soiled Waste: Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | | Incineration or Plasma Pyrolysis or deep burial* In absence of above facilities, autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery. | Yes |
| | (d) Expired or Discarded Medicines: Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc. | Yellow coloured non-chlorinated plastic bags or containers | Expired cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 °C or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at >1200°C Or | Yes |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|---|---|---|--------|
| (1) | (2) | (3) | (4) | |
| | | | Encapsulation or Plasma Pyrolysis at >1200°C. All other discarded medicines shall be either sent back to manufacturer or disposed by incineration. | |
| | (e) Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants | Yellow coloured containers or non-chlorinated plastic bags | Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility. | Yes |
| | (f) Chemical Liquid Waste: Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X-ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, housekeeping and disinfecting activities etc. | Separate collection system leading to effluent treatment system | After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule-III. | Yes |
| | (g) Discarded linen, mattresses, beddings | Non-chlorinated | Non-chlorinated chemical | |

| | | |
|---|--|------------------|
|  | FORTIS HEALTHCARE LIMITED | Page 91 of 93 |
| | Standard Operating Procedure for Bio Medical Waste Management | |

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|--|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | contaminated with blood or body fluid. | yellow plastic bags or suitable packing material | disinfection followed by incineration or Plasma Pyrolysis or for energy recovery. In absence of above facilities, shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plasma Pyrolysis. | Yes |
| | (h) Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures. | Autoclave safe plastic bags or containers. | Pre-treat to sterilize with non-chlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration. | Yes |
| Red | Contaminated Waste (Recyclable) | Red coloured non-chlorinated | Autoclaving or micro-waving/hydroclaving | |



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Bio Medical Waste Management

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|---------------------|---|---|---|--------|
| (1) | (2) | (3) | (4) | |
| | Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves. | plastic bags or containers | followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites. | Yes |
| White (Translucent) | Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | Puncture proof, Leak proof, tamper proof containers | Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State Pollution Control Boards or Pollution Control | Yes |



Standard Operating Procedure for Bio Medical Waste Management

| Category | Type of Waste | Type of Bag or Container to be Used | Treatment and Disposal options | Yes/No |
|----------|--|--|---|--------|
| (1) | (2) | (3) | (4) | |
| | | | Committees) or sanitary landfill or designated concrete waste sharp pit. | |
| Blue | (a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes. | Cardboard boxes with blue coloured marking | Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling. | Yes |
| | (b) Metallic Body Implants | Cardboard boxes with blue coloured marking | | Yes |

Observations: *R. Shew*

Rakesh K. Sharma - Quality

Rahul Gautam

Rajmeet Kang (Jeri)
Auditor's Name and Signature:

Designation:

For Medica Environmental Management Pvt. Ltd.

Date: 27/4/22

Infection Control Officer *Bevinda*

Authorised Signatory: Med Supdt. *Shalby*

(In case of improper waste treatment &/or disposal by outsourced vendor, please send relevant information to the State Pollution Control Board)

MSK-0517-EZ-V.1.2-100501/1.0

NAME OF UNIT – FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 29/8/22, 12.30PM
2. Total no. of Members in the committee: 25
3. Number of members attended: 14
4. Chairman, convener & Mandatory Members present (Yes/No): YES
5. Details of essential members who neither attended nor sent a representative: NO
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators
 - Surgical prophylaxis compliance data
8. Action Taken Report (ATR) of previous meeting

| S. No. | Actionable Item from previous meeting | Date when the actionable was first decided | Responsibility | Timeline | Remarks on closure with date when closed | Remarks on escalation to next higher committee (if the point was open for previous two meetings) |
|--------|---|--|----------------|----------|--|--|
| 1 | OT cleaning findings to be shared with ICO/ICN on daily basis | 27/7/22 | HK Head | 1/8/22 | 1/8/22 | |
| 2 | To check feasibility of replacing syringes with vacutainer system | 15/7/22 | CON, ACON | 10/9/22 | ONGOING | |

| | | | | | | |
|---|---|---------|-----------------------------------|---------|---------|--|
| 3 | To replace handwashing area taps with elbow-operated taps | 27/6/22 | HK Head. Engg HOD | 25/8/22 | ONGOING | |
| 4 | High risk areas cleaning to be done as per SOP | 29/7/22 | HK Head. Nursing incharge of unit | 1/8/22 | CLOSED | |
| 5 | Nurse Incharge shall monitor line necessity & catheter to be removed when not required | 29/7/22 | Nurse incharge & CON | 1/8/22 | CLOSED | |
| 6 | Hand hygiene compliance to be increased to >90% in I.R. Onco ward & MICU | 29/7/22 | Link nurses & incharges | 1/8/22 | ONGOING | |
| 7 | 1.OT cultures shall be sent so as to cover all OT's in a month 2.All disinfectant /antiseptics bottles to be labelled with date of opening and stored properly with lid. | 29/7/22 | OT Incharge | 1/8/22 | CLOSED | |

9. Summary of discussion on Reports / documents of all essential Agenda items presented

| S. No. | Agenda Item | Updates / Points | Actionable | Responsibility | Timeline |
|--------|---|---|--|----------------|----------|
| 1 | MOS - HAI Concerns / Scores | CAUTI-98%, CLABSI-98%, VAE-100%, SSI-100% | Care bundle trainings to be done in areas(MICU & 2. CCU) | ICN | 15/9/22 |
| 2 | CESC - HAI Score / trend / Analysis / Concerns | NIL | | | |
| 3 | BMW License / Vendor Agreement validity / regulatory reports status | Valid till 19/8/2023 | | Head Admin | |
| 4 | Needle Stick Injury data concerns | 2 cases of sharp injury & 1 case of BBF in July | Training & counselling | ICN | 29/8/22 |
| 5 | Infection Control & BMW Trainings update | 387 Staff covered | Audit finding wise | | |

| | | | | | |
|----|---|---|---|--|--|
| | | | trainings done | | |
| 6 | Surveillance reports (High Risk Areas) | Satisfactory | | | |
| 7 | Vaccination status update | 5 Dr, 1 nurse, 3GDA | | | |
| 8 | AMS status & concerns | case to case discussion on surgical prophylaxis NC to be done with surgeons | Done with Cardiac surgeon. ABACUS protocol shared with MSOG | | |
| 9 | Data Validation Report | done | | | |
| 10 | Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters | Satisfactory | | | |
| 11 | CSSD Indicators | Satisfactory | | | |
| 12 | Construction / Repair planned | - | | | |
| 13 | Any new products for Approval | nil | | | |

A. Other Agenda Items

| S. No. | Agenda Item | Discussion | Actionable | Responsibility | Timeline |
|--------|--|--|-----------------------------------|-----------------|----------|
| 1. | All staff of engineering, Biomedical, f&b, dietician, physiotherapy etc shall be trained on basic IC protocols | Any staff other than those involved in direct patient care in ICU must be trained on IC practices. | Training to be arranged by HR | ICN | 15/9/22 |
| 2. | Disinfection of OT probes to be checked on OT audit | Disinfection to be ensured by OT staff | To be audited by OT manager & ICN | OT Manager, ICN | 10/9/22 |
| 3. | Antibiograms prepared and circulated | Antibiograms were sent by mail as well as hard copies to the clinicians | | Microbiologist | 1/9/22 |
| 4. | Refresher course of link nurses to be done | Link nurses will discuss the topics allotted to them. Will be moderated by Dr Vishavdeep | | CON, ICN | 20/9/22 |

| | | | | | |
|----|--|--|--|-------------------------|---------|
| | | Goyal & Dr Benika | | | |
| 5. | VAM project analysis report was presented to the admin team by BD. | Trainings will be planned for next 2-3 months and then reauditing will be done on same parameters including the cost analysis. | | CON, BD Team | 10/9/22 |
| 6. | Awareness on prevention of sharp injury to be increased | Sharp injury prevention protocol to be strictly implemented | | ICN, All concerned HODs | 25/9/22 |

Signature of Convener

Benika
(Iec)

Signature of Chairman

MSOG/HICC.MOM/2022/0401

Shally

