

5th March, 2023

The Sr.Environmental Engineer
West Bengal Pollution Control Board
Kolkata Regional Office
Mani Square 8th floor
164/1 M M Road,Kolkata-64



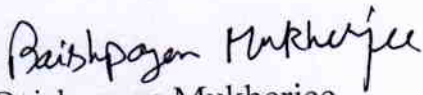
Dear Sir/Madam

Subject: Submission of Form- IV

Please find enclose the "Annual Report" of Bio-Medical Waste generated and disposed of from Fortis Medical Centre at 2/7, Sarat Bose Road, Kolkata-700029 for the year 2023 as per the format specified by your Office.

Thanking You

For Fortis Hospitals Ltd, Kolkata


Baishpayan Mukherjee
Facility Director

NOTE: *There were no occurrence of any type of incidents (minor/major) at Hospital during handling / transportation of BMW in the year 2023.*

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	:	FORTIS MEDICAL CENTRE
	(i) Name of the authorised person (occupier or operator of facility)	:	MR BAISHPAYAN MUKHERJEE
	(ii) Name of HCF or CBMWTF	:	FORTIS MEDICAL CENTRE
	(iii) Address for Correspondence	:	FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD , KOLKATA-700020, INDIA
	(iv) Address of Facility	:	FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD , KOLKATA-700020, INDIA
	(v) Tel. No, Fax. No	:	+91 33 24754096/4320,6620200
	(vi) E-mail ID	:	fmc@fortishealthcare.com
	(vii) URL of Website	:	http://www.fortishealthcare.com/india/hospitals-in-west-bengal/fortis-hospital-kidney-institute-kolkata/bmw
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude:22.53947578475152, Longitude:88.35523250474294
	(ix) Ownership of HCF or CBMWTF	:	Corporate
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: D0010504 valid up to 31.07.2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.07.2027
2.	Type of Health Care Facility	:	Day Care Centre
	(i) Bedded Hospital	:	No. of Beds:3
	(ii) Non-bedded hospital	:	NA

	(Clinic or Blood Bank or Research Institute or other)	Clinical Laboratory or Veterinary Hospital or any other)	
	(iii) License number and its date of expiry	CE License No:34229167 Validity 21.06.2024	
3.	Details of CBMWTF		: NA
	(i) Number healthcare facilities covered by CBMWTF		: NA
	(ii) No of beds covered by CBMWTF		:
	(iii) Installed treatment and disposal capacity of CBMWTF;		: NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		: NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 243.5 Kg (Average 20.29 Kg per month) Red Category : 584.5 Kg (Average 48.71 kg per month) White: 29.5 Kg (Average 2.46 kg per month) Blue Category : 32 Kg (Average 2.67kg per month) General Solid waste: NA	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision) NA	
	disposal facilities	Type of treatment Equipment	No of units Capacity Kg/day Quantity treatedo disposed in kg per annum

		Incinerators 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.) NA														
	(iv) No of vehicles used for collection and transportation of biomedical waste	NA														
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration			Ash			ETP Sludge				
	Quantity Generated	Where disposed														
Incineration																
Ash																
ETP Sludge																
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Medicare Environmental Management (P) Ltd HMC Dumping site Belgachia F-Road Howrah-107														
	(vii) List of member HCF not handed over bio-medical waste	NA														
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes														
7	Details trainings conducted on BMW															
	(i) Number of trainings conducted on BMW Management.	12(Sample copy Attached)														
	(ii) number of personnel trained	8														
	(iii) number of personnel trained at the time of induction	Nil														
	(iv) number of personnel not undergone any training so far	NIL														
	(v) whether standard manual for training is available?	YES														
	(vi) any other information)	NO														
8	Details of the accident occurred during the year															

	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NA
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12	Any other relevant information	:	NIL

Certified that the above report is for the period from-1ST Jan,2023 -31ST Dec 2023

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Baishyagan Mukherjee
Name and Signature of the Head of the Institution



Date: 05-03-2024.
Place-Kolkata

FORM - I
ACCIDENT REPORTING

1. Date and time of accident : NA
2. Type of Accident : NO
3. Sequence of events leading to accident : NO
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: NO
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.: NO
10. Does you facility has an Emergency Control policy? If yes give details: NA

Date : 5/03/2024

01/01/2023 - 31/12/2023

Place : KOLKATA

Signature *Baishpayan Mukherjee*
Name : BAISHPAYAN MUKHERJEE
Designation : FACILITY DIRECTOR



FORTIS MEDICAL CENTRE

277, SARAT BOSE ROAD,
KOL 700020, WEST BENGAL,
TEL: +91 033662020000



TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio medical waste segregation and handling.

TRAINING CONDUCTED BY: Pampa Das, Nivedhishana Eticha.

DATE: 10-01-2023.

SL NO	NAME OF THE STAFF	SIGNATURE
1	Tarak Parikshit	TARAK PARIKSHIT
2	Snimanta Naskar	Snimanta Naskar
3	Rajkumar Sharma	Rajkumar Sharma
4	Suvajit Hazari	Suvajit Hazari
5	Mamata Pramanick	Mamata Pramanick
6	Suvuchi Haldar	Suvuchi Haldar
7	Biswajit Chakraborty	Biswajit Chakraborty
8	Kartick Chandra Jana	Kartick ch-Jana
9	Chumki Saha	Chumki Saha
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16		

Pampa Das
Signature of HK In charge



Nivedhishana
10/1/23



FORTIS MEDICAL CENTRE

2/7, SARAT BOSE ROAD,
KOLKATA 700020, WEST BENGAL.
TEL: 91 03366202000

TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: *Bio-medical waste segregation and handling.*

TRAINING CONDUCTED BY: *Pampa Das,*

DATE: *11-04-2023.*

SL NO	NAME OF THE STAFF	SIGNATURE
1	Rajkumar Sharma	Rajkumar Sharma
2	Biswajit Chakraborty	Biswajit Chakraborty
3	Srimanta Naskar	Srimanta Naskar
4	Suruchi Haldar	Suruchi Haldar
5	Surajit Hazari	Surajit Hazari
6	Mamata Pramanick	Mamata Pramanick
7	Tarak Parikshit	TARAK PARIKSHIT
8	Kartick Chandra Jana	Kartick Ch. Jana.
9	Chumki Saha	Chumki Saha
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Pampa Das.
Signature of HK In charge



FORTIS MEDICAL CENTRE

277, SARAT BOSE ROAD,
KOL 700020, WEST BENGAL.
TEL: 91 033662020000

TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: *Bio-medical waste segregation and handling*

TRAINING CONDUCTED BY: *Pampa Das.*

DATE: *18-07-2023.*

SL NO	NAME OF THE STAFF	SIGNATURE
1	<i>Surechi Haldar</i>	<i>Surechi Haldar</i>
2	<i>Simonta Naskar</i>	<i>Simonta Naskar</i>
	<i>Tarak Parikshit</i>	<i>TARAK PARIKSHIT</i>
4	<i>Mamata Pramanick</i>	<i>Mamata Pramanick</i>
5	<i>Surajit Hazari</i>	<i>Surajit Hazari</i>
6	<i>Biswajit Chakraborty</i>	<i>Biswajit Chakraborty</i>
7	<i>Rajkumar Sharma</i>	<i>Rajkumar Sharma</i>
8	<i>Kartick chandra Jana</i>	<i>Kartick Ch-Jana.</i>
9	<i>Chumki Sahu</i>	<i>Chumki Sahu</i>
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Pampa Das.
Signature of HK In charge



FORTIS MEDICAL CENTRE

2/7, SARAT BOSE ROAD,
KOL-700020, WEST BENGAL
TEL- +91 033662020000

TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio-medical waste segregation and handling.

TRAINING CONDUCTED BY: *Haridas Das, Pampa Das, Anceekshana Bii*

DATE: 14-11-2023.

SL NO	NAME OF THE STAFF	SIGNATURE
1	Biswajit Chakraborty	Biswajit Chakraborty
2	Suvajit Hazari	Suvajit Hazari
3	Mamata Pramanick	Mamata Pramanick
4	Tarak Parikshit	TARAK PARIKSHIT
5	Rajkumar Sharma	<i>Rajkumar</i>
6	Srimanta Naskar	Srimanta Naskar
7	Susuchi Halder	Susuchi Halder
8	Kartick Chandra Jana	Kartick Ch- Jana
9	Chumki Saha	Chumki Saha
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Pampa Das
Signature of HK In charge



NSD
14/11/23

Haridas Das
14/11/2023

MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: FORTIS HOSPITAL AND KIDNEY INSTITUTE

1. Date & Time: 22.09.2023 at 4.00pm
2. Total no. of Members in the committee: 16
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative:
None
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes
7. Action Taken Report (ATR) of previous meeting---
 - a. Action Taken Report on previous committee minutes- Dr Arindam
 - b. Any Key update from HMC – Dr Partha
 - c. Infection Control Data including MOS & CESC & trend analysis of HAIs
 - d. BMW License, Vendor Agreement validity & regulatory reports – Ms Pampa
 - e. BMW Audit findings/ issues /concerns-ICN
 - f. Needle Stick Injury data, Audits- ICN
 - g. Infection Control & BMW Trainings- ICN
 - h. Surveillance reports- ICN
 - i. Vaccination Record update- ICN
 - j. AMS update - Dr Arindam/Sr. Ramandeep
 - k. Data Validation Report
 - l. OT Report- ICN
 - m. CSSD Update-
 - n. Construction/Repair planned-
 - o. Approval of any new products-
 - p. Any issues/ Concerns/ Incidents -
 - q. Important Matters for decision -
 - r. Important matters for Information.

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	Session on AMS policy to be conducted with the doctors.	21.06.23	Medical admin	30.08.2023	Will be planned in August	30.08.2023(Closed)
2	Ultrasonic cleaner for scopes	Discussed in the committee about the need to have one	Will be placed in the next CAPEX	Will be placed in the next CAPEX	Biomedical team Medical admin	20.09.23(Open) Waiting for the capex to approve.
3	Anti fungal painting required in the anteroom of KT	Discussed in the committee	Maintenance engineer will address it urgently.	30.08.23	Maintenance	To follow up the matter with the maintenance. 20.10.23(open)
4	Requirement of Chicken pox vaccination in Dialysis	Discussed in the meeting	Committee decided That 1 st priority to be given for KT,ICU,HDU.nurses who are dealing with Isolation rooms.	22.08.23	Incharges&ICN	Closed with immediat effect
5	Fumigation to be done to prevent the fungus over the walls	Discussed in the committee	As fumigation is under process.&to maintain .further.	20.09.23	House keeping&ICN	Closed (22.09.23)
6	Culture to be sent from the oxygen humidifier.	Discussed in the committee.	Plan to send the culture from the oxygen humidifier.	15.08.23	ICN	Closed (15.08.23)
7	Maintenance bundle to be set for the OPD central lines to prevent infection	Discussed in the committee	Plan to send the culture from the oxygen humidifier	20.09.23	HIPACC&Quality	Open(Expected date-20.10.23)

8	Do's&Dont's for the common people In using antibiotics	Discussed in the committee	Planning to produce pamphlet by quality	20.09.23	AMS group &Quality.	Open(Expected date-20.10.23)
9	Half yearly antibiogram discussions by ICO.&to be displayed in the OPD, Wards,&OT	Half yearly antibiogram discussed by ICO in the committee	Planning to display the Antibiogram copy at Ward,OPD&OT.	20.08.23	AMS Nurse.	Closed(25.08.23)
10	Boys&Girls hostel Cleanliness needs To be maintained properly.	Discussed in the committee.	Plan to implement.	20.08.23	House keeping dept.	Partially implimented

8.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	Satisfactory	--	--	--
2	CESC – HAI Score / trend / Analysis / Concerns	There is no HAI noted	--	--	--
3	BMW License / Vendor Agreement validity / regulatory reports status	All documents updated.	--	HK Admin	23.09.2024

4	Needle Stick Injury data / concerns	None reported in April, 2023.	Smaller auto-sealed sharp container blunt needles for medicine reconstitution.	ICN	Will be monitored for continued compliance.
5	Infection Control & BMW Trainings update	Minor noncompliance in waste disposal in some areas.	To continue training of all staffs on BMW management.	ICN	Ongoing process.
6	Surveillance reports (High Risk Areas)	All the surveillance reports show - no growth.	--	--	--
7	Vaccination status update	100% updated	--	--	--
8	AMS status & concerns	Worsening practices of surgical antimicrobial prophylaxis discussed.	Also decided by HIPACC was to implement audit of empiric antimicrobial practice by using tool provided by central AMS team. The empiric AMS policy shared by central AMS team to implemented across. A session has been planned on AMS policies.	Medical Admin ICO HIPACC AMS Nurse	31.09.2023 and ongoing
9	Data Validation Report	Presented and discussed	--	--	--

10	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters	All reports satisfactory	--Planing of changing the Hepafilters	Maintanance Engineer.	20.10.23
11	CSSD Indicators	Nothing significant	To continue the good work	CSSD OT team	--
12	Construction / Repair planned	None at present	--	--	--
13	Any new products for Approval	None at present	--	--	--

9. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	Hepafilters needs to be changed	Discussions done by commitee	Planing of changing the hepafilters	Maintenance engineer	30.09.23
2	Kitchen hygienic status needs to be improved	Discussions done by commitee	Processing is going on	Quality&F&B	30.09.23
3	Food samples needs to be kept for 48hrs in the refrigerator	Discussions done by commitee	Action taken immediately	Quality&F&B.	23.09.23

4	AMS group should be focussed on antibiotic prophylaxis.	Discussions done by committee	It is an ongoing process.AMS group is focusing on that issue.	Quality&AMS group	20.10.23
5	Proper function of autoclave sensor	Discussions done by committee	Action taken	Biomedical Engineer	22.09.23(closed)
6	Water report from ND.Mitra international	Discussions done by committee.	Following up for the report	Maintenance Engineer	30.09.23

Signature of Convener



Pulak Mukherjee
Signature of Chairman

MSOG/HICC.MOM/20220401



MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: FORTIS HOSPITAL AND KIDNEY INSTITUTE

1. Date & Time: 16.11.2023 at 4.00pm
2. Total no. of Members in the committee: 16
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative:
None
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes
7. Action Taken Report (ATR) of previous meeting---
 - a. Action Taken Report on previous committee minutes- Dr Arindam
 - b. Any Key update from HMC – Dr Partha
 - c. Infection Control Data including MOS & CESC & trend analysis of HAIs
 - d. BMW License, Vendor Agreement validity & regulatory reports – Ms Pampa
 - e. BMW Audit findings/ issues /concerns-ICN
 - f. Needle Stick Injury data, Audits- ICN
 - g. Infection Control & BMW Trainings- ICN
 - h. Surveillance reports- ICN
 - i. Vaccination Record update- ICN
 - j. AMS update - Dr Arindam/Sr. Ramandeep
 - k. Data Validation Report
 - l. OT Report- ICN
 - m. CSSD Update-
 - n. Construction/Repair planned-
 - o. Approval of any new products-
 - p. Any issues/ Concerns/ Incidents -
 - q. Important Matters for decision -
 - r. Important matters for Information.

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	Anti fungal painting required in the anteroom of KT	Discussed in the committee	Planning to implement during durga puja time.	30.08.23	Maintenance Engineer.	Closed (23.10.23)
2	Boys & Girls' hostel Cleanliness needs To be maintained properly.	Discussed in the committee.	Cleaning process is going on	20.12.23	House keeping dept.	Ongoing process
3	HEPA filters status in OT.	Discussions done by committee.	Validation tests done in March and reports submitted – ok. Subsequent validation planned in December this year.	10.12.23	Maintenance engineer.	10.12.23
4	Kitchen hygienic status needs to be improved	Discussions done by committee	Processing is going on	7.12.23	Quality & F&B	Ongoing process
5	AMS group should be focused on antibiotic prophylaxis.	Discussions done by committee.	It is an ongoing process.	20.12.23	Quality & AMS group	Ongoing process
6	Biomedical waste Site visit.	Discussed in the Committee.	Planning to visit B.M.W site.	12.12.23	Housekeeping manager & ICN	12.12.23

	B.M.W- Agreement renewal.	Discussed in the Committee.	Process initiated.	20.10.23	Quality & House keeping manager.	30.11.2023
6	Dialysis central line dressings should be appropriate.	Matter has been discussed in the committee.	Dialysis, central line dressings to be done properly Without exposing of the leads	12.10.23	HIPACC & Dialysis Manager.	Closed

8. 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	Satisfactory	--	--	--
2	CESC – HAI Score / trend / Analysis / Concerns	There is no HAI noted	--	--	--
3	BMW License / Vendor Agreement validity / regulatory reports status	All documents updated.	--	HK Admin	23.09.2024
4	Needle Stick Injury data / concerns	None reported in April, 2023.	Smaller auto-sealed sharp container blunt needles for medicine reconstitution.	ICN	Will be monitored for continued compliance.

5	Infection Control & BMW Trainings update	Minor noncompliance in waste disposal in some areas.	To continue training of all staffs on BMW management.	ICN	Ongoing process.
6	Surveillance reports (High Risk Areas)	All the surveillance reports show - no growth.	--	--	--
7	Vaccination status update	100% updated	--	--	--
8	AMS status & concerns	Worsening practices of surgical antimicrobial prophylaxis discussed.	Also decided by HIPACC was to implement audit of empiric antimicrobial practice by using tool provided by central AMS team. The empiric AMS policy shared by central AMS team to implemented across. A session has been planned on AMS policies.	Medical Admin ICO HIPACC AMS Nurse	20.11.2023 and ongoing
9	Data Validation Report	Presented and discussed	--	--	--
10	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters	All reports satisfactory	--Planing of changing the Hepafilters	Maintanance Engineer.	20.10.23

11	CSSD Indicators	Nothing significant	To continue the good work	CSSD OT team	--
12	Construction / Repair planned	None at present	--	--	--
13	Any new products for Approval	None at present	--	--	--

9. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	Urgent maintenance and infection control requirement in the base kitchen	As per Anandapur team's base kitchen visit findings the FHKI team also planning to visit and area for surveillance and follow ups.	Planning to visit the area with guidance on actionable and surveillance culture if applicable.	ICN	20.11.2023.
2	Proper water supply at ICU hand washing area.	Discussed in the committee	As soon as possible water supply corrections will be done	HIPACC & Maintenance Engineer.	20.11.2023
3	Dr. Mustafa will co-ordinate with the consultants whenever	Discussed in the committee.	Planning to implement.	Quality	With immediate effect

	escalation & De-escalations are not taking place.				

Signature of Convener.



Handwritten signature of the Convener.

Pulak Mulcheyan
Signature of Chairman.

MSOG/HICC.MOM/20220401

MSOG/HICC.MOM/20220401



MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: FORTIS HOSPITAL AND KIDNEY INSTITUTE

1. Date & Time: 23.08.2023 at 4.00 pm
2. Total no. of Members in the committee: 16
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative:
None
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes
 - a. Action Taken Report on previous committee minutes- Dr Arindam
 - b. Any Key update from HMC – Dr Partha
 - c. Infection Control Data including MOS & CESC & trend analysis of HAIs
 - d. BMW License, Vendor Agreement validity & regulatory reports – Ms Pampa
 - e. BMW Audit findings/ issues /concerns-ICN
 - f. Needle Stick Injury data, Audits- ICN
 - g. Infection Control & BMW Trainings- ICN
 - h. Surveillance reports- ICN
 - i. Vaccination Record update- ICN
 - j. AMS update - Dr Arindam/Sr. Ramandeep
 - k. Data Validation Report
 - l. OT Report- ICN
 - m. CSSD Update-
 - n. Construction/Repair planned-
 - o. Approval of any new products-
 - p. Any issues/ Concerns/ Incidents -
 - q. Important Matters for decision -
 - r. Important matters for Information.
7. 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 (the point was open for previous two meetings)
1	Smaller sized auto-sealed sharp container for on-site disposal of scalpel blades, stylets and other sharps. Also need blunt end needles for medicine reconstitution.	19.04.2023	Purchase	17.08.2023	Auto sealed sharp containers arranged in all the wards.	Closed
2	New Vaccination policy	23.03.2023	HR Head HIPACC.	17.08.2023	All staffs in KT area for checked history of chicken pox disease. All the high-risk area nurses tested & vaccinated where applicable.	Closed
3.	Hand washing basins in all patient care areas.	22.01.2023	Maintenance HIPACC	31.07.2023.	ICU sink yet to be changed due to alterations in the maintenance team	To be closed by 31.08.2023.

4	Expiratory filters implementation for the ventilators.	19.04.2023	Purchase Head Nursing	30.07.23	Expiratory cassettes are being sterilized by ETO after each patient. A register will be maintained at ICU to record each cycle.	Closed
5	AMS Compliance	20.07.2023	Medical Admin AMS Nurse HIPACC	31.08.2023	Audit of empiric antimicrobial practice initiated. Posters shared in all nursing stations.	To be continued
6	Ultrasonic cleaner for scopes	20.07.2023	Biomedical team	2024	Will be placed in the next CAPEX	--
7	Infection control issues in OT	20.07.2023	ICN Quality ICO	20.08.2023	ICN has started generating reports following regular OT rounds. The reports to be sent in appropriate excel format for ease of access	Closed
8	Few OT door stoppers need to be arranged	20.07.2023	Maintenance team	15.08.2023	Fixed all the door stoppers	Closed
9	Antifungal painting required in the anteroom of KT room	20.07.2023	Maintenance team.	15.08.2023	The painting is due and will be completed soon. Stat fumigation to be used for one time effect.	To be followed up with Maintenance team. 15.09.2023 (open)

10	Sterilization of oxygen flow meters	20.07.2023	Nursing in-charges ICN Biomedical team	31.08.23	Oxygen flow meters being sent to CSSD for ETO Sterilization. A register is being maintained. Biomedical team to procure more flowmeters to manage inventory. ICN to collect samples of water from humidifier for surveillance culture.	Closed. To be followed up 30.09.2023 Random
11	Knife dishes have rust on them.	20.07.2023	HK team ICN Biomedical team	15.08.23	Procured better quality knife dishes and appropriate chemicals for removal of rust.	Closed

8.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	Satisfactory	--	--	--
2	CESC – HAI Score / trend / Analysis / Concerns	There is no HAI noted	--	--	--
3	BMW License / Vendor Agreement validity / regulatory reports status	All documents updated.	--	HK Admin	23.09.2024
4	Needle Stick Injury data / concerns	None reported in April, 2023.	--	ICN	Will be monitored for continued compliance.
5	Infection Control & BMW Trainings update	Minor noncompliance in waste disposal in some areas.	To continue training of all staffs on BMW management.	ICN	Ongoing process.
6	Surveillance reports (High Risk Areas)	All the surveillance reports show - no growth.	- Planning to filling up the forms for 6cases	-	-
7	Vaccination status update	100% updated	--	--	--
8	AMS status & concerns	Discussed regarding high use of Carbapenems as empiric choice and also choice and duration of	The issues to be raised in the next AMS session in HMC meeting. The Antibiogram for the first half of 2023 was also presented	Medical Admin ICO HIPACC	Will be followed up for continuous compliance

		surgical antibiotic prophylaxis.	and analyzed. The same to be shared in hard copy with all clinical teams and nursing stations. The AMS posters shared by central AMS team to be circulated in the form of posters, flyers along with other selected WHO posters intended for public awareness.	AMS Nurse	
9	Data Validation Report	Presented and discussed	--	--	--
10	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters	All reports satisfactory	--	--	--
11	CSSD Indicators	Nothing significant	To continue the good work	CSSD OT team	--
12	Construction / Repair planned	None at present	--	--	--
13	Any new products for Approval	None at present	--	--	--

9. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	Maintenance bundle to be set for the OPD central lines to prevent infection.	Discussed in the committee	Planning to set bundles for the OPD central lines to prevent infection.	HIPACC & Quality	20.09.23
2	RO water sampling from dialysis unit	RO water samples sent from dialysis unit has always been sterile.	While the same is good but we need to ensure sampling is done properly. Collecting sample from the dialyzer port will be ensured by ICN.	Dialysis in charge & ICN	31.08.2023
3	Boys & Girls hostel need cleanliness	Discussed in the committee regarding cleanliness and hygiene in the hostels	Housekeeping and Maintenance to ensure the same immediately and in future.	Housekeeping dept. Maintenance ICN	30.09.2023

Signature of Convener



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Parlak Mulebhoj
Signature of Chairman

