

21ST March, 2022

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

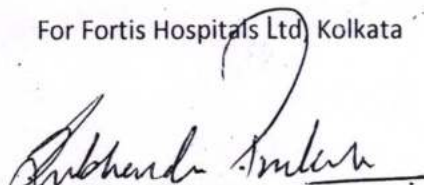
Dear Sir/Madam

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 2021 as per the format specified by your Office.

Thanking You

For Fortis Hospitals Ltd, Kolkata



SUBHENDU PRAKASH

Facility Director



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 SUBHENDU PRAKASH
	(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	
	(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 31.07.2022
(xi). Status of Consents under Water Act and Air Act	: Valid up to: 31.07.2022	
2..	Type of Health Care Facility	: Day Care Centre
	(i) Bedded Hospital	: No. of Beds:10
	(ii) Non-bedded hospital	: NA
	(Clinic or Blood Bank or Clinical Laboratory or	

	Research Institute or other)	Veterinary Hospital	or any		
	(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 : 16.41 kg Red Category : 44.3kg White: :4.41kg Blue Category : 2.25 kg General Solid waste: NA.
5	Details of the Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the facility	on-site storage	:	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	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.	(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	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from-1ST Jan,2021 -31ST Dec 2021

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Subhendu Prakash
 Name and Signature of the Head of the Institution,
SUBHENDU PRAKASH.

Date:
 Place-Kolkata



MINUTES OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE MEETING

NAME OF UNIT: FHKI

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

1. Date & Time : 08.01.21 at 2.30pm
2. Total no. of Members in the committee: 14
3. Total Attendance: 12
4. Chairman, Convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: 0
6. Agenda circulated prior to meeting (Yes/No): Yes
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes

Action Items	Responsibility	Expected Closure Date	Inter dependency
<p><u>1) REVIEW OF PREVIOUS HIC MEETING'S MOM</u> Quick review of the Minutes of the last infection control Committee meeting held on 08.10.2020-Committee had reviewed previous minutes of the meeting. All the points were closed.</p>	<p>IPC team, Team- Medical & Nursing Administration</p>	<p>Closed</p>	<p>All concerned</p>
<p><u>2) KEY UPDATES FROM HMC:</u> AMS compliance data was presented in front of HMC and discussed about pairing use of restricted antibiotics with sending appropriate samples for culture/sensitivity testing.</p>	<p>IPC team, Team- Medical & Nursing Administration</p>	<p>Ongoing.</p>	<p>All concerned</p>
<p><u>3) INFECTION CONTROL DATA INCLUDING MOS & CESC & TREND ANALYSIS OF HAI'S,</u></p> <ul style="list-style-type: none"> ➤ NSI data presented and discussed. There were No CLABSI, CAUTI, VAP, SSI but there were few inflammations in the last quarter month. <p><u>4) BMW LICENSE, VENDOR AGREEMENT VALIDITY & REGULATORY REPORTS; -</u></p> <ul style="list-style-type: none"> ➤ BMW License validity & Vendor Agreement validity is up to date. <p><u>5) BMW AUDIT FINDINGS/ ISSUES /CONCERNS: -</u></p> <ul style="list-style-type: none"> ➤ BMW audit was done by as per set frequency covering all areas of the hospital; during audit few observations were found, corrected on the spot 			

NEEDLE STICK INJURY DATA, AUDITS: -

- one needle stick injury happened in December, 2020; necessary action taken & Documented.

7) INFECTION CONTROL & B.M.W TRAININGS:-

In the month of December Infection surveillance week was celebrated, emphasizing on hand hygiene, BMW segregation, Bundle-care & trainings conducted on Safe injection practices, Spillage management, Safe food handling of the food, followed by quiz competition.

8) SURVEILLANCE REPORTS: -

No growth in the surveillance culture reports.

9) VACCINATION RECORD UPDATE: -

There were 6 candidates for the vaccination this month. All of them were vaccinated - 100% compliance.

10) AMS REPORT UPDATION-

Progressive improvement seen in AMS compliance, but there is a gap in sending the cultures which was discussed during the HMC meeting. Presented the updated antibiogram

11) DATA VALIDATION REPORT: -

CAUTI, CLABSI, SSI, VAP were nil. C.E.S.C data collected & submitted to quality.

12) OT REPORT: -

OT round findings discussed. Presurgical prophylaxis and equipment reprocessing process discussed.

13) CSSD UPDATE: -

There was an issue related expiry dates over the sterile sets. (Raised during NABH audit), it is being corrected, kept under close observation.

14) CONSTRUCTION/REPAIR PLANNED: -

Nothing at present.

15) APPROVAL OF ANY NEW PRODUCTS: -

If there is a need for having a powdered product (as preferred by OT staffs) containing Peracetic acid then Procurement team may look forward to few available in market.

16) ANY ISSUES/ CONCERNS/ INCIDENTS

- Dengue-dengue cases are reduced in the nursing hostel. no more dengue cases during last two months.
- Taking initiative for the upcoming Covid vaccination, by conducting the on line training sessions, by the central Fortis.

IPC team,
Team- medical
& non-medical
admin,
Nursing
Administration,
Housekeeping,
Quality

Ongoing

All
concerned

IPC team,
Team- Medical
& Nursing
Administration

Ongoing.

All
concerned

➤ Maintaining the 3 crucial steps for the prevention of further Covid spread, by maintaining proper hand washing, wearing mask, & social distention.

Minutes prepared By: Sr Nireekshana Elisha- Infection Prevention & Control.

Approved by: Dr. Arindam Chakraborty- Microbiologist and Infection Control Officer



AGENDA FOR HOSPITAL INFECTION CONTROL COMMITTEE MEETING
FORTIS HOSPITAL AND KIDNEY INSTITUTE, RASHBEHARI, KOLKATA

VENUE: Annex. Building Conference Room

DATE & TIME: 8th March 2021, 4:00 pm onward.

Essential Agenda:

- a. Action Taken Report on previous committee minutes (08.01.2021).
- b. Any Key update from HMC
- c. Infection Control Data including MOS & CESC & trend analysis of HAIs
- d. BMW License, Vendor Agreement validity & regulatory reports
- e. BMW Audit findings/ issues /concerns
- f. Needle Stick Injury data, Audits
- g. Infection Control & BMW Trainings
- h. Surveillance reports
- i. Vaccination Record update
- j. AMS update
- k. Data Validation Report
- l. OT Report
- m. CSSD Update
- n. Construction/Repair planned
- o. Approval of any new products.
- p. Any issues/ Concerns/ Incidents.
- q. Important Matters for decision & direction- Infection control and COVID19 2nd wave.
- r. Important Matters for Information- Presentation of Antibigram (Jan-Mar, 2021).

Agenda Prepared By: Sr. Nireekshana Elisha

Approved by: Dr. Arindam Chakraborty



MINUTES OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE MEETING

NAME OF UNIT: FHKI

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

- Date & Time: 11.06.2021 at 3.30 pm onwards
- Total no. of Members in the committee: 16
- Total Attendance: 15
- Chairman, Convener & Mandatory Members present (Yes/No): Yes
- Details of essential members who neither attended nor sent a representative: 0
- Agenda circulated prior to meeting (Yes/No): Yes
- Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes

Action Items	Responsibility	Expected Closure Date	Inter dependency
Quick review of the Minutes of the last infection control Committee meeting held on 08.04.2021- <i>Committee had reviewed previous minutes of the meeting. All the points were closed.</i> The Infection control team requested for improved mandatory participation from clinical consultants during monthly meeting. Quality team to share the updated HIPACC in accordance with "Revised Committee Framework".	IPC team, Team-Medical & Nursing Administration	30 th June, 2021	All concerned
Infection Control Data including MOS, CESC & trend analysis of HAIs, NSI, BMW and Hand hygiene audit were tabled. Decision made to improve HAI & AMS data collection so that cases are not missed, especially SSI cases. The following methods will be used to capture SSI cases: -Culture report from Microbiology lab, -Data on post-op wound condition from OPD procedure room, -File audit in readmitted cases/Concerns raised from surgeons.	ICU team ICM ICO	With immediate effect	All concerned
OT/CSSD updates: Validation of HEPA filters completed; reports will be shared with IC team once ready.	Maintenance Admin IC team	30 th June, 2021.	All concerned

<ul style="list-style-type: none"> - Key update from HMC- discussed. - BMW License, Vendor Agreement validity & regulatory reports- all documents up-to-date; - Infection Control & BMW Trainings- in-service and monthly training conducted. - Surveillance culture reports- presented by ICN and discussed. All samples were culture negative - Vaccination Record update- presented by ICN and discussed; 100% staffs requiring vaccination up-to-date. 	<p>IC team Teams Admin, Housekeeping</p>	<p>Closed</p>	<p>All concerned</p>
<p>AMS update: The problem of not finding enough surgeries where pre-surgical antibiotic prophylaxis was used as per recommendation in SOP was discussed. The points of sticking to the guidelines and sending appropriate pre-op cultures for all those cases where restricted antibiotics were used anticipating contamination/infection in the surgical tract were decided. The AMS data to be collected real time and shared for further query/analysis and actions.</p>	<p>MS ICO Quality, ICN & AMS Nurse</p>	<p>31st July, 2021.</p>	<p>Team Quality AMS nurse.</p>
<p>Any issues/Concerns/ Incidents: To improve general infection control and AMS practices, it was decided to intensify integrated IC rounds with on spot discussion, correction and training of staffs</p>	<p>IC team Teams Admin, Nursing Quality</p>	<p>With immediate effect</p>	<p>All concerned</p>

Minutes prepared by: Sr. Nireekshana Elisha- Infection Control Nurse.

Approved by: Dr. Arindam Chakraborty- Microbiologist and Infection Control Officer.



MINUTES OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE MEETING

NAME OF UNIT: FHKI

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

- Date & Time: 15.07.2021 at 3.30 pm onwards
- Total no. of Members in the committee: 16
- Total Attendance: 15
- Chairman, Convener & Mandatory Members present (Yes/No): Yes
- Details of essential members who neither attended nor sent a representative: 0
- Agenda circulated prior to meeting (Yes/No): Yes
- Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes

Action Items	Responsibility	Expected Closure Date	Inter dependency
Quick review of the Minutes of the last infection control Committee meeting held on 11.06.2021. Committee reviewed previous minutes of the meeting. All the points were closed.	All concerned	Closed	All concerned
Infection Control Data including MOS, CESC & trend analysis of HAIs, NSI, BMW and Hand hygiene audit were tabled: No HAIs were reported in the month of June, 2021. SSI data collection to be revamped as planned previously which is yet to be fully in place. It was decided to have a training session involving nursing in-charges and supervisors on IPC policies and preventive bundle care approach.	IPC team Nursing Quality	31 st August, 2021.	All concerned
OT/CSSD updates: Specific biological indicator for ETO machine and Class to chemical indicators (Bowie dick test) to test efficacy of steam penetration and air removal during pre-vacuum cycle of autoclaving. OT needs separate hand washing and equipment washing areas. The teams to find out a solution.	Purchase team Admin IPC team	-31 st August, 2021. -31 st October, 2021.	All concerned
<ul style="list-style-type: none"> - Key update from HMC- discussed. - BMW License, Vendor Agreement validity & regulatory reports- all documents up-to-date; - Infection Control & BMW Trainings- in-service and monthly training conducted. - Surveillance culture reports- presented by ICN and discussed. Correctives action taken against aquaguard water report were shared. 	All concerned	31 st August, 2021	All concerned

<ul style="list-style-type: none"> - Training to be given on proper method of surveillance sample collection and frequencies. - Vaccination Record update- presented by ICN and discussed; 100% staffs requiring vaccination up-to-date. 			
<p>AMS updates shared and updated antibiogram was explained with possible choices of antibiotics for empiric usage. Henceforth Antibiogram will be shared 6 monthly.</p> <p>Need to improve presurgical antibiotic usage data collection with increased sample size and better randomization.</p> <p>A meeting to be arranged with senior clinicians to increase awareness on different AMS policies.</p>	<p>MS ICO Quality, ICN & AMS Nurse</p>	<p>31st August, 2021.</p>	<p>All concerned.</p>

Minutes prepared by: Sr. Nireekshana Elisha- Infection Control Nurse.

Approved by: Dr. Arindam Chakraborty- Microbiologist and Infection Control Officer.



AGENDA FOR HOSPITAL INFECTION CONTROL COMMITTEE MEETING
FORTIS HOSPITAL AND KIDNEY INSTITUTE, KOLKATA

VENUE: Online through Microsoft Teams

DATE & TIME: 22nd November 2021 at 3:00 pm.

Essential Agenda:

- a. Action Taken Report on previous committee minutes- Dr Arindam
- b. Any Key update from HMC – Dr Gautam
- 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- Mr. Baishpayan
- o. Approval of any new products-
- p. Any issues/ Concerns/ Incidents -
- q. Important Matters for decision - Infection Control during Rising cases of COVID19
- r. Important matters for Information.

Agenda Prepared by: Sr. Nireekshana Elisha

Approved by: Dr. Arindam Chakraborty



MINUTES OF MEETING OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospital and Kidney Institute (FHKI), Kolkata

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

1. Date & Time: 22nd December, 2021 at 3 pm
2. Total no. of Members in the committee: 16
3. Number of members attended (attach attendance sheet): 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 prior to meeting (Yes/No): Yes
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes
8. Details of action items open from previous meeting: None
9. Details of action items open from previous two meetings: None
10. Summary of discussion on Reports / documents of all essential Agenda items presented: Infection Control Data including MOS, CESC & trend analysis of HAI, NSI data, AMS compliance data, training reports, audit summary, surveillance C/S reports and vaccination updates were presented.
11. Timelines & responsibilities:

Action Item	Responsibility	Expected Closure Date	Inter dependencies
AMS actionable: AMS Working Group member structure have already been outlined by team AMS & Quality and approved during HIPACC. A meeting of the AMS WG has been planned in the month of January.	Medical Head ICO AMS WG	31.01.2022	All concerned
The ETO equipment has issue with simultaneous double chamber usage. The Biomedical team to mend it asap.	Biomedical Infection control	15.01.2022	Admin
Discussion regarding need to perform COVID19 testing (RAT/RT PCR) before admission to facility for any	All concerned	Continuous compliance	--

decision on respective consultants. But looking at the sharp rise of cases and surge of Omicron variant, the country is staring at a potentially rampant 3rd wave of the Pandemic. With that changed situation, the Hospital would suggest that patients should submit a negative COVID19 report (preferably RT PCR) in the preceding 48 hours prior to admission.

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12. Signature of Chairman and Convener:

