

To,  
The environment engineer  
Punjab pollution control board  
RO-3 gill road Ludhiana (Punjab)

Subject - Annual report under the management & handling of bio medical waste rule 2016.

Dear Sir,

Please find hear with enclosed copy of annual report for the period from (1st January 2017 to December 2017) Fortis hospital Chandigarh road Ludhiana (PUNJAB).



Thank you

*[Handwritten signatures and initials]*

**FORM IV**

**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)]

S.No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	: Mr Vivan singh gill
	(ii) Name of HCF	: Fortis hospital
	(iii) Address for Correspondence	: Mundina Khurd Chandigarh road Ludhiana
	(iv) Address of Facility	: Ludhiana
	(v) Tel. No, Fax. No	: 0115222333
	(vi) E-mail ID	: Vivan .gill @fortishealthcare.com
	(vii) URL of Website	: <a href="http://cms/fortishealthcare.com/site/login">http://cms/fortishealthcare.com/site/login</a>
	(viii) GPS coordinates of HCF or CBMWTF	: 30.8894 N - 75.9353 E
	(ix) Ownership of HCF or CBMWTF	: Private
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: ZO-II/LDH/RO-III/BMW/2017-18/F-38 .....valid up to 31-03-2018.
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: Water Consents - 31/03/2021 Air Consents - 31/03/2021
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of beds 200



S.No.	Particulars	
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: Blood bank and laboratory only.
	(iii) License number and its date of expiry	: ZO-II/LDH/RO-III/BMW/2017-18/F-38 ..... .....valid up to 31-03-2018.
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	: N/A
	(ii) No. of beds covered by CBMWTF	: N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	: __ N/A __ Kg per day
	(iv) Quantity of biomedical 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) <i>(* Interpretation – Month wise and Total Annual Quantity)</i>	: Yellow Category: Attached Red Category: Attached White: Attached Blue Category : Attached General Solid waste: Attached(general waste aprox weight.)
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility <i>* Interpretation – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) &amp; rest of the points are for the operator of common Bio-medical Waste treatment facility.</i>	
	(i) Details of the on-site storage facility	Size: Capacity: . . . Provision of on-site storage : (cold storage or any other provision)

S.No.	Particulars				
	(ii) Disposal facilities	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or 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.)			
	(iv) No of vehicles used for collection and transportation of biomedical waste				
	(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	<b>Medicare Environmental Management Pvt. Ltd.,) Regional Office at: Behind Satluj Action Water Treatment Plant, Opp. Central Jail, Tajpur Road, Ludhiana 141007</b>			
	(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, Minutes of the meeting attached			






S.No.	Particulars	
7.	Details trainings conducted on BMW	-
	(i) Number of trainings conducted on BMW Management.	Attached
	(ii) number of personnel trained	-
	(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?	-
	(vi) any other information)	-
8.	Details of the accident occurred during the year	Monthly accident forms attached with details
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	-
	(iv) Any Fatality occurred, details	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	-
	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 forms.




Ravi K. Singh



S.No.	Particulars	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	As per standard norms.
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from – 1<sup>st</sup> January 2017 to 31<sup>st</sup> December 2017.

Date:

Name - Mr. Vivan Singh Gill. (Facility Director)

Fortis Hospital Ludhiana.

Signature of the Head of the Institution.



*Roni Singh*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*Roni Singh*  
25/1/18

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2))

**ACCIDENT REPORTING**

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

Date : *4/1/18*  
Place: *Ludhiana*

Signature ..... *Buiko*  
Designation ..... *Ico*

*[Handwritten signature]*

*[Handwritten signature]*  
*Harmanjeet B*  
*70029*

*[Handwritten signature]*

*[Handwritten signature]*

November-2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *1/12/2017*.....

Place: *Ludhiana*.....

*Pamir Vart*

Signature ..... *Benita*.....

Designation ..... *ICO*.....

*[Signature]*

*[Signature]*

*[Signature]*  
(MS)

*Tendered 11. 70502 (JEW)*

October 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *1/11/17*  
Place: *Ludhiana*

Signature *Benib*  
Designation *ICO*

*Sanjiv*  
*(Hob-HK)*

*[Signature]*  
*(MS)*

*Tarjinder Kaur*  
*(70502)*  
*(ICN)*

*[Signature]*

Sept 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *3/10/17*  
Place: *Ludhiana*

Signature *Bensik*  
Designation *F.C.A.*

*Harjinder*  
(H.K.HOD)

*[Signature]*  
(NS)

*[Signature]*

*Tinderjit Kaur*  
(70502)  
(F.C.N)

August 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : 1/9/2017.....  
Place : Ludhiana.....

Signature Bandy.....  
Designation ICO.....

*[Handwritten signature]*

*[Handwritten signature]*  
70020

*[Handwritten signature]*

*[Handwritten signature]*  
20582

July 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *3/8/17*.....

Place: *Ludhiana*.....

Signature ..... *Bensh*.....

Designation *I.C.O.*.....

*[Handwritten signature]*

*[Handwritten signature]*  
*Harmanpreet*  
*70502*

*Indyjit Singh*  
*70502*

June-2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *4/7/17*  
Place: *Landhi area*

Signature ..... *Benshu*  
Designation .. *ICA* .....

*Rajinder Kaur*

*[Signature]*

*[Signature]*

*Rajinder Kaur*  
*70502*

May, 2017

FORM - I

[ (See rule 4(o), 5(i) and 15 (2))

ACCIDENT REPORTING

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

Date : ... 1/6/17 .....

Place: ... Ludhiana .....

Signature Burk .....

Designation ..... I.C.O. ....

Burk

ES

[Signature]

Indrajit Kaur  
70502

April 2017

**FORM - I**  
**[ (See rule 4(o), 5(i) and 15 (2)) ]**

**ACCIDENT REPORTING**

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

Date : *11/5/17*  
Place: *Ludhiana*

Signature *Bavika*  
Designation *J.C.O.*

*Ram Kumar*

*AS*

*[Signature]*

*Indrajit Kaur*  
*7050 2*

March, 2017.

**FORM - I**  
**[ (See rule 4(o), 5(i) and 15 (2)) ]**

**ACCIDENT REPORTING**

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

Date : ...1/4/17.....  
Place: ...Ludhiana.....

Signature .....  
Designation .....  
*Barik*  
*ACO*

*[Signature]*

*[Signature]*

*[Signature]*

*Inolupt/Kas*  
*70502*

Feb 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *11/3/17*.....  
Place: *Ludhiana*.....

Signature *Bavla*.....  
Designation *JCO*.....

*Kamran*

*Pr*  
*[Signature]*

*Indrajeet Kaur*  
*70502*

Jan 2017

**FORM - I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]

**ACCIDENT REPORTING**

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

Date : *1/2/17*  
Place: *Ludhiana*

Signature *Bunib*  
Designation *TCO*

*[Handwritten signatures and marks]*

Bio-Medical Waste Report (Date Wise) in kgs

Final Bio Medical Waste Annual Report

[JAN-2017 TO DEC-2017]

S. No	Month	Total Bags	Total Wt.	Yellow Category		Cytotoxic/ Yellow Category		White Category			
				Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.		
1	Dec 2017	651	1634.86	434	1088.84	28	138.12	98	478.63	63	55.21
2	Nov 2017	675	1744.5	411	1127.82	29	168.76	95	466.81	54	83.08
3	Oct 2017	680	1892.83	402	1081.4	29	160.32	120	601.23	65	67.29
4	Sep 2017	626	1711.69	421	1035.58	26	128.64	105	542.24	81	56.39
5	Aug 2017	701	1714.210	480	1072.090	26	144.620	94	512.940	82	64.460
6	Jul 2017	714	1837.830	479	1155.560	27	139.580	111	552.770	72	62.410
7	Jun 2017	686	1820.330	512	1189.380	28	152.540	114	518.590	74	57.280
8	May 2017	677	1953.080	485	1151.900	31	147.680	108	537.070	87	66.830
9	Apr 2017	686	2069.780	535	1378.56	27	127.430	119	575.390	76	92.230
10	Mar 2017	749	1838.700	555	1324.230	31	142.930	143	550.300	64	55.630
11	Feb 2017	677	1562.760	522	1074.970	28	121.150	114	475.920	48	43.840
12	Jan 2017	659	1462.040	530	1087.630	27	131.510	114	497.150	73	71.330

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# ANNUAL REPORT OF BMW 2017

		RED BAG		YELLOW BAG		CARD BOX (BLUE TEP)		CYOTOXIC/YELLOW		SHARP CO.	
		NO. OF BAG	NO OF KG	NO. OF BAG	NO OF KG	NO. OF BAG	NO OF KG	Black	NO OF KG	PPC	NO OF
MONTH OF JANUARY 2017	TOTAL	659	1462.04	530	1087.63	114	497.15	27	131.51	73	73.3
MONTH OF FEBRUARY 2017	TOTAL	677	1562.76	522	1074.97	114	475.92	28	121.15	48	43.8
MONTH OF MARCH 2017	TOTAL	749	1838.7	555	1324.23	143	550.3	31	142.93	64	55.6
MONTH OF APRIL 2017	TOTAL	686	2069.78	535	1378.56	119	575.39	27	127.43	76	92.23
MONTH OF MAY 2017	TOTAL	677	1953.08	485	1151.9	108	537.07	31	147.68	87	66.83
MONTH OF JUNE 2017	TOTAL	686	1820.33	512	1189.38	114	518.59	28	152.54	74	57.28
MONTH OF JULY 2017	TOTAL	714	1837.83	479	1155.56	111	552.77	27	139.58	72	62.41
MONTH OF AUGUST 2017	TOTAL	701	1714.21	480	1072.09	94	512.94	26	144.62	82	64.46
MONTH OF SEPTEMBER 2017	TOTAL	656	1711.69	471	1035.58	105	542.24	26	126.64	81	56.39
MONTH OF OCTOBER 2017	TOTAL	680	1892.83	402	1081.4	120	601.23	29	160.32	65	67.29
MONTH OF NOVEMBER 2017	TOTAL	675	1744.5	411	1127.82	95	466.81	29	168.76	54	83.08
MONTH OF DECEMBER 2017	TOTAL	661	1634.86	434	1088.84	98	478.63	28	138.12	63	55.21
TOTAL		8221	21242.61	5816	13767.96	1335	6309.04	337	1701.28	839	777.98

*[Handwritten Signature]*

### REPORT OF GENERAL WASTE 2017

<b>MONTH</b>	<b>TOTAL K.G.</b>
<b>JANUARY</b>	<b>8094</b>
<b>FEBRUARY</b>	<b>7949.2</b>
<b>MARCH</b>	<b>7517</b>
<b>APRIL</b>	<b>7955</b>
<b>MAY</b>	<b>7613.5</b>
<b>JUNE</b>	<b>7802.6</b>
<b>JULY</b>	<b>7462.8</b>
<b>AUGUST</b>	<b>7733.6</b>
<b>SEPTEMBER</b>	<b>7981.7</b>
<b>OCTOBER</b>	<b>7964.9</b>
<b>NOVEMBER</b>	<b>7496.3</b>
<b>DECEMBER</b>	<b>7836.7</b>
<b>TOTAL ANNUAL WEIGHT</b>	<b>93407.3</b>



## MINUTES OF MEETING

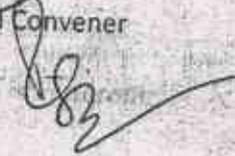
NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 21.12.2017 @ 1:30 PM
2. Number of members attended: 16
3. Names of Members Present:
  - Dr. A.P Singh
  - Dr. Rajiv Kundra
  - Dr. Sanjeev Mahajan
  - Dr. Vinay Singhal
  - Dr. Benika Kajla
  - Dr. V.K. Sharma
  - Dr. Balbir
  - Dr. Gurpreet
  - Ms Arpita
  - Sis. Asha Osmond
  - Sis Inderjeet kaur
  - Sis. Kirandeep
  - Mr. Mahesh
  - Mr. Parminder
  - Mr. Ravikesh
  - Mr. Sunit Kumar
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
  1. Regular Calibration of weighing machine for BMW.
  2. Validation of BMW license in Jan.2018
  3. Non Chlorinated Blood bags are still not available.
  4. Any other issue/concern
6. Details of action items open from previous meetings:0

7. Timelines & responsibilities to be defined for changed BMW rules 2016

Action Item	Responsibility	Expected Closure Date	Inter dependencies
To apply for BMW license in Jan. 2018	Col. Darshan	07 <sup>th</sup> Jan. 2018	MS/ Head admin
Requirement of NON Chlorinated blood bags	Dr. Ravneet to follow up from terumo	With immediate effect	IC
Requirement of slippers (green) in OT and record of washing frequency (including personal slippers of doctors)	Mr. Ravikesh/ Mr. Mahesh	15. Jan. 2018	IC/OT incharge (Dr. Sheetal Garg)

8. Signature of Chairman and Convener

*Bevilo*  


# FHL Training Attendance Sheet

**1**  
 Program Date: BMW Committee meet  
2/12/2017  
 Trainer:  
 Duration:  
 Unit:

FHL DH

S.No	Employee ID	Participant Name	Department	Signature
1	00110	Dr. Barika	Labo cont. Dept	<i>[Signature]</i>
2	70026	Parnada R	IT	<i>[Signature]</i>
3	70004	Ravi KESH	H-X	<i>[Signature]</i>
4	70213	DR. BAIRI KAIR	Clinical Pharmacy	<i>[Signature]</i>
5		Dr. Vik Sharma	IT	<i>[Signature]</i>
6	70960	MAHESH SHARMA	IT	<i>[Signature]</i>
7	80111	B. Vinay Kumar	IT	<i>[Signature]</i>
8	71200	Aspita Chatterjee	Quality	<i>[Signature]</i>
9	71036	Ananya	Quality	<i>[Signature]</i>
10	6747	Dr. Gabriel	IT	<i>[Signature]</i>
11	111586	Dr. Jayaram	IT	<i>[Signature]</i>
12	711134	Dr. Jayaram	IT	<i>[Signature]</i>
13	71134	Dr. Jayaram	IT	<i>[Signature]</i>
14	70802	Dr. Jayaram	IT	<i>[Signature]</i>
15	71105	Dr. Jayaram	IT	<i>[Signature]</i>
16		Dr. Jayaram	IT	<i>[Signature]</i>
17		Dr. Jayaram	IT	<i>[Signature]</i>
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

RECORDING MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 10.11.2017 @ 1:30 PM
2. Number of members attended: 21
3. Names of Members Present:
  - Dr. Rajiv Kundra
  - Dr. Vinay Singhal
  - Dr. Prashant
  - Dr. Benika Kajla
  - Dr. Gaurav Bindal
  - Dr. Sanjeev Mahajan
  - Dr. Ashwani Singal
  - Dr. Poonam Rastogi
  - Dr. Vaneet Kaur
  - Dr. Ashish Jindal
  - Dr. Balbir
  - Ms Arpita
  - Dr. Munish
  - Dr. V.K. Sharma
  - Dr. Ishita
  - Mr. Ripudaman
  - Mr. Gagan Sharma
  - Sis. Asha Osmond
  - Sis Inderjeet kaur
  - Sis. Kirandeep
  - Mr. Mahesh
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:

1. NSI Training and reinforcement (Planned class by Romson's on 10<sup>th</sup> Nov.2017.
2. HAI data (including BMW audit reports and sharps injury).
3. Any other issue/concern.

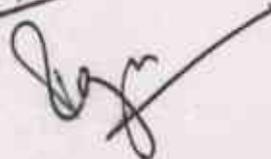
6. Details of action items open from previous meetings:2

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Indent 10% Sodium Hypochlorite on monthly basis for ETP installed in OT, Lab and other areas (manual ETP)	Nursing	30.9.2017 Closed	HK
Lab testing report for non chlorinated gloves, garbage bags.	Mr. Ripudaman	Mail came (CPU) from support office and support office is following the same and certificate received from vendor. Closed.	IC

**7. Timelines & responsibilities to be defined for changed BMW rules 2016**

Requirement of big white sharp containers in OT	Purchase	With immediate effect	IC, HK
In view of breach in infection Control practices and increased no. of NSI, CME on NSI planned on 10.Nov.2017 and experience wise reporting of the staff responsible for breach in IC practices is planned to start.	CON, CI, ICN	With immediate effect Closed (CME done on 10.11.2017 and reporting started in dally report to stakeholders).	IC, MS

**8. Signature of Chalrman and Convener**

*Bevilo*  


FHL Training Attendance Sheet

BMD (Court House) null  
10.11.17

S.No	Program Date	Trainer	Duration	Unit	S.No
1	70369	DR SHEENA GARI			1
2	70370	Dr. Anurag			2
3	70371	Dr. Anurag			3
4	70713	DR. BALBIR KAPR			4
5	70368	RAN. LIGYA			5
6	70369	DR. DEVIKA			6
7	71005	GATE CAMP			7
8	71200	DR. ANAND			8
9	71008	DR. ANAND			9
10	71096	DR. SAKITA			10
11	71134	DR. SAKITA			11
12	90018	DR. SAKITA			12
13	70560	DR. SAKITA			13
14	90018	DR. SAKITA			14
15	71105	DR. SAKITA			15
16	70014	DR. SAKITA			16
17	70014	DR. SAKITA			17
18	111365	DR. SAKITA			18
19	70369	DR. SAKITA			19
20	70572	DR. SAKITA			20
21		DR. SAKITA			21
22		DR. SAKITA			22
23		DR. SAKITA			23
24		DR. SAKITA			24
25		DR. SAKITA			25
26		DR. SAKITA			26
27		DR. SAKITA			27
28		DR. SAKITA			28
29		DR. SAKITA			29
30		DR. SAKITA			30
31		DR. SAKITA			31
32		DR. SAKITA			32
33		DR. SAKITA			33
34		DR. SAKITA			34
35		DR. SAKITA			35
36		DR. SAKITA			36
37		DR. SAKITA			37
38		DR. SAKITA			38
39		DR. SAKITA			39
40		DR. SAKITA			40
41		DR. SAKITA			41
42		DR. SAKITA			42
43		DR. SAKITA			43

Signature  
Department

Handwritten signatures and names in the left column of the table, including names like 'DR. SAKITA', 'DR. ANURAG', and 'DR. BALBIR KAPR'.

RECORDING MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 16.9.2017 @ 1:00 PM
2. Number of members attended: 14
3. Names of Members Present:
  - Dr. Rajiv Kundra
  - Dr. Vinay Singhal
  - Dr. Prashant
  - Dr. Benika Kajla
  - Dr. Gaurav Bindal
  - Dr. Sanjeev Mahajan
  - Dr. Ashwani Singal
  - Dr. Poonam Rastogi
  - Dr. Vaneet
  - Dr. Ashish Jindal
  - Dr. Balbir
  - Dr. Manvi Narang
  - Dr. Munish
  - Dr. V.K. Sharma
  - Dr. Ishita
  - Mr. Ripudaman
  - Mr. Ankit
  - Sis. Dimpny
  - Sis Inderjeet kaur
  - Sis. Kirandeep
  - Mr. Mahesh
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
  - ETP maintenance In LAB & OT
  - Phase-out Chlorinated gloves and blood bags
6. Details of action items open from previous meetings:2

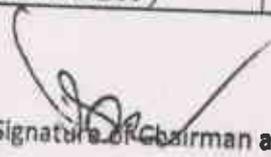
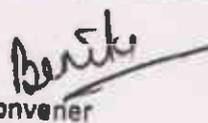
Action Item	Responsibility	Expected Closure Date	Inter dependencies
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Annual health checkup records of outsourced facilities	Mr. Ankit, Dr. Prashant	closed	MS
To initiate phasing out chlorinated blood bags and gloves.	Mr. Ripu Daman Mahajan	30.07.2017	IC Team

7. Timelines & responsibilities to be defined for changed BMW rules 2016

Lab testing report for gloves, garbage bags.	Mr Ripudaman/	30.9.2017	IC
Indent 10% Sodium Hypochlorite on monthly basis for ETP installed in OT, Lab and other areas (manual ETP)	Nursing	30.9.2017	HK

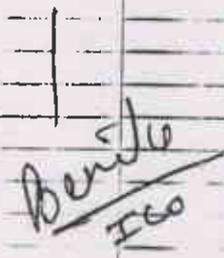
8. Signature of Chairman and Convener

## FHL Training Attendance Sheet

S.No	BMW Committee meet
Program Date	16/9/17
Trainer	
Duration	1PM to 2:30PM
Unit	FHL 17M.

S.No	Employee ID	Participant Name	Department	Signature
1	71004	Kamlesh	H.K.	[Signature]
2	71036	Asha Gomand	C. a. N.	[Signature]
3	70118	Gagan Sharma	HR	[Signature]
4	70707	Dr. Suresh	Anaesthesia	[Signature]
5	71096	Dr. Sudeep	Medical Securi	[Signature]
6	71006	Archeena Robertson	Quality Nurse	[Signature]
7	70845	Dr. Chhwan Kaur	Med Admin	[Signature]
8		Dr. Suresh	HR	[Signature]
9	116365	Dr. Pooja Kowale	Med Services	[Signature]
10				
11	188062	M. Chhvi	CT	[Signature]
12	182088			
13	70713	DR. BALAR VAR	Clinical Pharmacy	[Signature]
14	70502	Rudrajit Kaur	I.C. (Nsg)	[Signature]
15	71106	[Signature]	[Signature]	[Signature]
16				
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## RECORDING MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 30.06.2017 @ 2:00 PM
2. Number of members attended: 21
3. Names of Members Present:
  - Dr. Rajiv Kundra
  - Dr. Vinay Singhal
  - Dr. Prashant
  - Dr. Benika Kajla
  - Dr. Gaurav Bindal
  - Dr. Sanjeev Mahajan
  - Dr. Ashwani Singal
  - Dr. Poonam Rastogi
  - Dr. Varieet
  - Dr. Ashish Jindal
  - Dr. Balbir
  - Dr. Manvi Narang
  - Dr. Munish
  - Dr. V.K. Sharma
  - Dr. Ishita
  - Mr. Ripudaman
  - Mr. Ankit
  - Sis. Dimpy
  - Sis Inderjeet kaur
  - Sis. Kirandeep
  - Mr. Mahesh
4. Agenda **circulated** prior to meeting (Yes/No): YES
5. Agenda **for the meeting:**
  - ETP In LAB & OT
  - Cutting and Shredding at source
  - **Annual report**
  - **Phase-out Chlorinated gloves and blood bags**
  - **Annual health checkup records of outsourced facilities.**
6. Details **of action items** open from previous meetings:2

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Cutting and shredding of plastic items going in red bin to be stopped at source.	Nursing Team	Closed	MS, IC Team, Mr. Ravikesh.
Annual health checkup records of outsourced facilities	Mr. Ankit, Dr. Prashant		MS
To initiate phasing out chlorinated blood bags and gloves.	Mr. Ripu Daman Mahajan		IC Team

**7. Timelines & responsibilities to be defined for changed BMW rules 2016**

Annual health checkup records of outsourced facilities	Mr. Ankit, Dr. Prashant	30.07.2017	MS
To initiate phasing out chlorinated blood bags and gloves.	Mr. Ripu Daman Mahajan	30.07.2017	IC Team

B. Signature of Chairman and Convener

*Benish*



**RECORDING MINUTES OF MEETING**

**NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA**

1. Date & Time: 02.03.2017 & 3:00 PM

2. Number of members attended: 15

3. Names of Members Present:

- Dr. Rajiv Kundra
- Dr. Vinay Singhal
- Dr. Prashant
- Dr. Benika Kajla
- Mr. Shiv Kumar Singh
- Dr. Harcharan Kaur
- Dr. Balbir
- Dr. Kavita Shrivastav
- Dr. Sheetal
- Sis. Kuldip
- Mr. Ravikesh
- Sis Inderjeet kaur
- Sis. Ritu
- Sis. Ridhima.

4. Agenda circulated prior to meeting (Yes/No): YES

5. Agenda for the meeting:

- ETP in LAB
- Cutting and Shredding at source
- Annual report
- Phase-out Chlorinated gloves and blood bags
- Annual health checkup records of outsource facilities.

6. Details of action items open from previous meetings:4

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Availability of proper articles (K-Trey) in all areas to prevent NSI incidents.	In-charges to indent K-treys as per their requirement	15.sep.2016	Sis. Dimpy, Mr. Parminder, Mr. Deepak. <u>Done</u>

# FHL Training Attendance Sheet

<b>Program Name</b>	Infection Control Committee meet, B.M.W
<b>Program Date</b>	30/6/2017
<b>Trainer</b>	
<b>Duration</b>	
<b>Unit</b>	FHLPH

S.No	Employee ID	Participant Name	Department	Signature
1	70398	Dr. Manoj Narang	Quality	[Signature]
2	70066	[Signature]	C. D. CON. D	[Signature]
3	70713	Dr. Baljit Kaur	Clinical Pharmacology	[Signature]
4	CO1710	Dr. Beena	Microbiology	[Signature]
5	70239	Dr. Prashant Suri	Emergency	[Signature]
6	70066	[Signature]	D. CON. D	[Signature]
7	7024	Dr. V. V. [Signature]	Anti Can	[Signature]
8		[Signature]	am	[Signature]
9		[Signature]	am	[Signature]
10		Dr. Munish	CRVE	[Signature]
11		[Signature]	CTVS	[Signature]
12	70078	A. Gaur & [Signature]	Med Adms	[Signature]
13	71096	Dr. [Signature]	Med Adms	[Signature]
14	70960	[Signature]	OR	[Signature]
15	70777	Ankit Gupta	HR	[Signature]
16		Dr. Poojita	OR	[Signature]
17		Dr. V. V. [Signature]	OR	[Signature]
18		Dr. [Signature]	Neurology	[Signature]
19		[Signature]	Medical Records	[Signature]
20	70560	Ripudaman	purchase	[Signature]
21	71105	Kishandeep Kaur	Infection Control	[Signature]
22	70550	[Signature]	TCAI (Infection Control)	[Signature]
23				
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## TRAINING REPORT - HOUSEKEEPING 2017

DATE	DAY	TOPIC	NO OF TRAINEE	DURATION	TRAINER
6-1-17	Fri	PPE,NSI,BMW mangement	45	30 min.	Preeti/Inderjeet Kaur
13-1-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	41	30 min.	Punima/Inderjeet Kaur
23-1-17	Mon	PPE,NSI,BMW mangement	34	30 min.	Preeti/Inderjeet Kaur
30-1-17	Mon	Hand Hygiene,Vaccination Policy,BMW mangement	33	30 min.	Punima/Inderjeet Kaur
6-2-17	Mon	PPE,NSI,BMW mangement	32	30 min.	Preeti/Inderjeet Kaur
13-2-17	Mon	Hand Hygiene,Vaccination Policy,BMW mangement	27	30 min.	Punima/Inderjeet Kaur
22-2-17	Wed	PPE,NSI,BMW mangement	37	30 min.	Preeti/Inderjeet Kaur
24-2-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	35	30 min.	Punima/Inderjeet Kaur
6-3-17	Mon	PPE,NSI,BMW mangement	30	30 min.	Preeti/Inderjeet Kaur
13-3-17	Mon	Hand Hygiene,Vaccination Policy,BMW mangement	26	30 min.	Punima/Inderjeet Kaur
22-3-17	Wed	PPE,NSI,BMW mangement	35	30 min.	Preeti/Inderjeet Kaur
29-3-17	Wed	Hand Hygiene,Vaccination Policy,BMW mangement	32	30 min.	Punima/Inderjeet Kaur
7-4-17	Fri	PPE,NSI,BMW mangement	37	30 min.	Preeti/Inderjeet Kaur
14-4-17	Fri	Hand Hygiene,Vaccination Policy,BMW	30	30 min.	Punima/Inderjeet Kaur
17-4-17	Mon	Hand Hygiene,Vaccination Policy,BMW	38	30 min.	Preeti/Inderjeet Kaur
24-4-17	Mon	PPE,NSI,BMW mangement	37	30 min.	Punima/Inderjeet Kaur
5-5-17	Fri	PPE,NSI,BMW mangement	28	30 min.	Preeti/Inderjeet Kaur
12-5-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	28	30 min.	Preeti/Inderjeet Kaur
22-5-17	Mon	PPE,NSI,BMW mangement	31	30 min.	Punima/Inderjeet Kaur
29-5-17	Mon	Hand Hygiene,Vaccination Policy,BMW mangement	35	30 min.	Punima/Inderjeet Kaur
7-6-17	WED	PPE,NSI,BMW mangement	34	30 min.	Preeti/Inderjeet Kaur
14-6-17	WED	Hand Hygiene,Vaccination Policy,BMW mangement	35	30 min.	Preeti/Inderjeet Kaur
23-6-17	FRI	PPE,NSI,BMW mangement	17	30 min.	Punima/Inderjeet Kaur
30-6-17	FRI	Hand Hygiene,Vaccination Policy,BMW mangement	33	30 min.	Punima/Inderjeet Kaur
7-7-17	FRI	PPE,NSI,BMW mangement	34	30 min.	Preeti/Inderjeet Kaur
14-7-17	FRI	Hand Hygiene,Vaccination Policy,BMW mangement	29	30 min.	Preeti/Inderjeet Kaur
24-7-17	MON	PPE,NSI,BMW mangement	28	30 min.	Punima/Inderjeet Kaur
31-7-17	MON	Hand Hygiene,Vaccination Policy,BMW mangement	30	30 min.	Punima/Inderjeet Kaur
4-8-17	FRI	PPE,NSI,BMW mangement	33	30 min.	Preeti/Inderjeet Kaur
11-8-17	FRI	Hand Hygiene,Vaccination Policy,BMW mangement	31	30 min.	Preeti/Inderjeet Kaur
23-8-17	WED	PPE,NSI,BMW mangement	38	30 min.	Punima/Inderjeet Kaur
30-8-17	WED	Hand Hygiene,Vaccination Policy,BMW mangement	36	30 min.	Punima/Inderjeet Kaur
6-9-17	WED	PPE,NSI,BMW mangement	37	30 min.	Inderjeet Kaur/Kirandeep
13-9-17	WED	Hand Hygiene,Vaccination Policy,BMW mangement	31	30 min.	Inderjeet Kaur/Kirandeep
15-9-17	FRI	PPE,NSI,BMW mangement	27	30 min.	Inderjeet Kaur/Kirandeep
22-9-17	FRI	Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Inderjeet Kaur/Kirandeep
6-10-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	39	30 min.	Inderjeet Kaur/Kirandeep
13-10-17	Fri	PPE,NSI,BMW mangement	31	30 min.	Inderjeet Kaur/Kirandeep
20-10-17	Fri	PPE,NSI,BMW mangement	22	30 min.	Inderjeet Kaur/Kirandeep
27-10-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	36	30 min.	Inderjeet Kaur/Kirandeep
8-11-17	Wed	Hand Hygiene,Vaccination Policy,BMW mangement	30	30 min.	Inderjeet Kaur/Kirandeep
17-11-17	Fri	PPE,NSI,BMW mangement	29	30 min.	Inderjeet Kaur/Kirandeep
24-11-17	Fri	PPE,NSI,BMW mangement	32	30 min.	Inderjeet Kaur/Kirandeep
30-11-17	Thu	Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Inderjeet Kaur/Kirandeep
1-12-17	Fri	PPE,NSI,BMW mangement	37	30 min.	Inderjeet Kaur/Kirandeep
8-12-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Inderjeet Kaur/Kirandeep
15-12-17	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	36	30 min.	Inderjeet Kaur/Kirandeep
22-12-17	Fri	PPE,NSI,BMW mangement	42	30 min.	Inderjeet Kaur/Kirandeep
			1589	24 hours	

*Punima*

**TRAINING REPORT - GDA 2017**

DATE	TOPIC	NO OF TRAINEE	DURATION	TRAINER
4-1-17	HW,PPE,NSI,BMW	90	30 min	SIS RITU / RADHIKA / PRIYANKA
11-1-17	BMW,HW,NSI,STANDARD PRECAUTION	28	30 min	SIS RITU / RADHIKA
18-1-17	PPE,NSI,BMW	50	30 min	SIS.INDERJIT KAUR / PRIYANKA
20-1-17	NSI	28	30 min	SIS.INDERJIT KAUR /RADHIKA
25-1-17	NSI	23	30 min	SIS.INDERJIT KAUR /RADHIKA
1-2-17	STANDARD PRECAUTION	18	30 min	SIS RITU / PRIYANKA
4-2-17	Hand Hygiene,NSI,BMW	28	30 min.	RADHIKA
8-2-17	BMW	42	30 min	SIS.INDERJIT KAUR /RADHIKA
11-2-17	Hand Hygiene,BMW	24	30 min	RADHIKA
15-2-17	LINEN & LAUNDRY,HW,BMW,NSI	45	30 min.	SIS.INDERJIT KAUR /RADHIKA
8-3-17	NSI,Vaccination Policy,BMW	40	30 min.	SIS.INDERJIT KAUR /RADHIKA
15-3-17	LINEN & LAUNDRY,BMW	40	30 min.	SIS.INDERJIT KAUR /RADHIKA
18-3-17	NSI,HW	24	30 min.	MR.MONEY / RADHIKA
22-3-17	Hand Hygiene,NSI,BMW	40	30 min.	SIS.INDERJIT KAUR /RADHIKA
27-3-17	NSI,BMW,VACCINATION,HW	58	30 min.	SIS.INDERJIT KAUR /RADHIKA
5-4-17	HW,NSI,BMW	35	30 min.	SIS.INDERJIT KAUR /RADHIKA
12-4-17	LINEN & LAUNDRY,BMW,NSI	19	30 min	SIS.INDERJIT KAUR /RADHIKA
15-4-17	HW,NSI,BMW	37	30 min	SIS.INDERJIT KAUR /RADHIKA
18-4-17	HW,NSI,BMW	60	30 min.	SIS.INDERJIT KAUR /RADHIKA
22-4-17	HW,NSI	26	30 min.	SIS.INDERJIT KAUR /RADHIKA
3-5-17	NSI,HW	22	30 min	MR.MONEY / RADHIKA
4-5-17	BMW	19	30 min	RADHIKA
11-5-17	HW,NSI,BMW	28	30 min.	PRIYANKA
17-5-17	HW,BMW,NSI	46	30 min.	MR.KUNDAN RAWAT / PRIYANKA
20-5-17	HW	35	30 min.	MR.KUNDAN RAWAT / PRIYANKA
8-6-17	HW	28	30 min.	SIS.INDERJIT KAUR / PRIYANKA
13-6-17	NSI,HW,BMW	23	30 min.	SIS.INDERJIT KAUR /RADHIKA
27-6-17	NSI,HW,BMW	25	30 min	SIS.INDERJIT KAUR /RADHIKA
4-7-17	DISINFECTION	22	30 min.	SIS.INDERJIT KAUR /RADHIKA
6-7-17	Hand Hygiene	18	30 min.	RADHIKA
11-7-17	BED DUSTING,NSI,HW	40	30 min.	SIS.INDERJIT KAUR /HARMANJEET SINGH
18-7-17	NSI / HW / EMPTYING OF DRAIN/DUSTING	35	30 min	SIS.INDERJIT KAUR /RADHIKA
25-7-17	HW/NSI/BED DUSTING	23	30 min.	SIS.INDERJIT KAUR /RADHIKA
1-8-17	BMW	23	30 min.	SIS.KIRANDEEP KAUR / PRIYANKA
8-8-17	DISINFECTION / HW / LINEN	21	30 min.	SIS.INDERJIT KAUR /RADHIKA
15-8-17	HANDLING LINEN	23	30 min.	PRIYANKA
22-8-2017	NSI/ HW/BMW	21	30 min.	SIS.KIRANDEEP KAUR / PRIYANKA
29-8-17	HOSPITAL WASTE	17	30 min.	SIS.INDERJEET KAUR / PRIYANKA
5-9-17	HW,NSI,BMW	24	30 min.	SIS.KIRANDEEP KAUR / PRIYANKA
12-9-17	HANDLING OF LINEN	22	30 min	SIS.INDERJEET KAUR / PRIYANKA
19-9-17	HW,NSI,BMW	30	30 min	SIS.KIRANDEEP KAUR / PRIYANKA
26-9-17	HOSPITAL WASTE	23	30 min	SIS.INDERJEET KAUR / PRIYANKA
3-10-17	HW,NSI,BMW,HOSPITAL WASTE	23	30 min.	SIS.KIRANDEEP KAUR / RADHIKA
10-10-17	HAND HYGIENE	24	30 min	SIS.KIRANDEEP KAUR / RADHIKA
17-10-17	HANDLING OF GLOVES/ HW/BMW	19	30 min.	SIS.KIRANDEEP KAUR / RADHIKA
24-10-17	HANDLING OF LINEN	23	30 min.	SIS.KIRANDEEP KAUR / RADHIKA
31-10-17	HOSPITAL WASTE	26	30 min.	RADHIKA
7-11-17	HW / HANDLING OF GLOVES	22	30 min	SIS.KIRANDEEP KAUR / RADHIKA
14-11-17	HW	26	30 min.	SIS.KIRANDEEP KAUR / RADHIKA
28-11-17	HW	22	30 min.	SIS.KIRANDEEP KAUR / PRIYANKA
5-12-17	HW,NSI,BMW	22	30 min.	SIS.KIRANDEEP KAUR / PRIYANKA
12-12-17	NSI,BMW	16	30 min	PRIYANKA
26-12-17	PPE, PRECAUTIONS,BMW	15	30 min	RADHIKA
		1561	24 hours	

*[Handwritten Signature]*

**Form IV-BMW ANNUAL TRAINING REPORT (PPCB )**

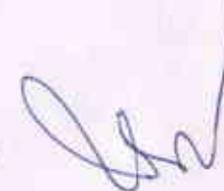
Details trainings	Departmen		SRL	Phsiothera py	Axis	Ace	Engg.	F&B	Housek eeping	GD A
(i) Number of trainings conducted on BMW Management.	HR	47								
(ii) number of personnel trained	HR	259	18	7	5	19	22	60	52	76
(iii) number of personnel trained at the time of induction	HR	99	2	0	2	2	6	87	DETAIL ATTECHED OF HK & GDA	
(iv) number of personnel not undergone any training so far	HR	0	0	0	0	0	0	0	0	0
(v) Whether standard manual for training is available?	HR	Infection Control Guide for all the new joiners, Flyers based on Hand Hygiene, Colour Bins, NSI have been regularly placed and floated in different areas.								
(vi) any other information)	HR	Clean Mission has been again successful in the second year consecutively. Package of BMW, NSI and Hand Hygiene and reaching out to the masses floor to floor, Class Rooms and Town Halls.								

*Shri Jyoti*      *2022*

*P. K. S.*

**Form IV-BMW ANNUAL TRAINING REPORT (PPCB )**

Details trainings conducted on BMW		Department	Remarks	Doctors	Nurses	Paramedics
(i)	Number of trainings conducted on BMW Management.	HR	61			
(ii)	number of personnel trained	HR	347	75	225	47
(iii)	number of personnel trained at the time of induction	HR	108	37	65	8
(iv)	number of personnel not undergone any training so far	HR	0	0	0	0
(v)	Whether standard manual for training is available?	HR	Infection Control Guide for all the new joiners, Flyers based on Hand Hygiene, Colour Bins, NSI have been regularly placed and floated in different areas.			
(vi)	any other information)	HR	Clean Mission has been again successful in the second year consecutively. Package of BMW, NSI and Hand Hygiene and reaching out to the masses floor to floor, Class Rooms and Town Halls.			

7. Timelines & responsibilities to be defined for changed BMW rules 2016

Cutting and shredding of plastic items going in red bin to be stopped at source.	Nursing Team		MS, IC Team, Mr. Ravikesh.
Requirement of ETP in Lab	Mr. Aswini		HK, IC Team
At least 50 K-Treys to be provided in all areas (List attached)	Mr. Ripu Daman Mahajan	11 March 2017	Nursing (to ensure availability in areas) <i>Done</i>
Annual report to be uploaded on PPCB Website	Mr. Ravikesh		IC Team
Annual health checkup records of outsourced facilities	Mr. Ankit, Dr. Prashant		MS
Sharp containers to be wall mounted	Mr. Ravikesh, Mr. Aswini	11 March 2017	Nursing team, IC team <i>Done</i>
To initiate phasing out chlorinated blood bags and gloves.	Mr. Ripu Daman Mahajan		IC Team

8. Signature of Chairman and Convener

*[Signature]*      *[Signature]*

Responsibility	Address Item
Availability of proper sharps bins in all areas of facilities	Availability of proper sharps bins in all areas of facilities
Availability of proper sharps bins in all areas of facilities	Availability of proper sharps bins in all areas of facilities