

To,

The Environmental Engineer

Punjab Pollution Control Board

RO Gill Road Ludhiana (Punjab).

Subject: Submission of Annual Biomedical waste Report for the year 2023

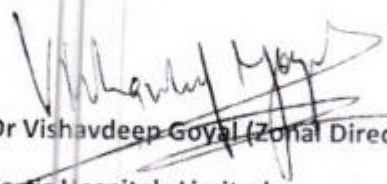
Dear Sir,

Please find herewith enclosed copy of the annual report for the period (1st January 2023 to December 2023) Fortis Hospitals Limited Mundian Kalan Chandigarh Road Ludhiana Punjab with enclosures as below: -

1. Annual Report -Form (IV)
2. Accident Report -Form (I)
3. BMW Committee – Minutes of Meeting
4. Details BMW generated

With Best Regards

Authorised Signatory



Dr Vishavdeep Goyal (Zonal Director)

Fortis Hospitals Limited,

Village Mundian Khurd & Mundian Kalan,

Chandigarh Road, Ludhiana East-141015



A UNIT OF FORTIS HOSPITALS LIMITED

Regd. Office : Escort Heart Institute and Research Center, Okhla Road, New Delhi-110 023.

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. Vishandeep Goyal
	(ii) Name of HCF or CBMWTF	:	Fortis Hospital Limited, 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	:	vishandeep.goyal@fortishealthcare.com
	(vii) URL of Website	:	http://cms.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	:	30.8893°N - 75.9351°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.: HWM/renew/LDH3/2022/15466789 Valid upto: 31/03/2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Water Consent - 30/06/2025 Air Consent - 31/03/2026
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	:	- NA -
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	- NA - Kg/day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	- NA - Kg/day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 1056.94 Kg/month Red Category: 2296.12 Kg/month White: 35.27 Kg/month Blue Category: 505.17 Kg/month General Solid Waste: 3255 Kg/month
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: -

facility		Capacity: Provision of on-site storage : (Cold storage or any other provision)			
(ii)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
		Incinerators	NA		
		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	M/S Medicare Environmental Management Pvt. Ltd., opposite Central Jail, Tappur Road, Ludhiana			
(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, Minutes of meeting attached			

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	82 trainings conducted
	(ii) Number of personnel trained	1950 staff trained
	(iii) Number of personnel trained at the time of induction	404
	(iv) Number of personnel not undergone any training so far	NIL
	(v) Whether standard manual for training is available?	Yes
8	Details of the accident occurred during the year	Form I (Attached)
	(i) Number of Accidents occurred	NIL
	(ii) Number of persons affected	NIL
	(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?	Yes Nil
	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?	Treatment done as per standard norms
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Standard norms followed. NIL
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01/01/2023 - 31/12/2023

Date:

Place:



Name and Signature of the Head of the Institution

Vidhant Singh

Jan-2023

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: Feb 2023 Signature: Banet Karg 70832
Place: Fortis Ludhiana

Banet
IWO

luth
(HK HOD)

Ankush Kohli
CSO

June
(MS)



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 March 2023* Signature: *Bimeet Kaur 70833*
Place: *Fortis Ludhiana*

Bimeet
ISO

CSO
(HR HOD)

Ankush Kohli
CSO

(MS)



March-2023

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 01-4-2023. Signature... *Banshi Kaur* 2023
Place Fortis Ludhiana

Wah

[Signature]
(MS)

Banshi
(FIO)



Amrinder Kohli
CSO

April 2023

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: *21-05-2023* Signature: *Barnet Kang*
Place: *Fortis Ludhiana*

Unsh

Unsh
(MS)

Barnet
ICD



Amresh Kohli
CSO

May 2023

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 June 2023*... Signature: *Baneet Korg*...

Place: *Fortis Ludhiana*

[Signature]
(MS)

[Signature]

Baneet
ICO



Ankush Kohli

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 July 2023* Signature: *Banet Singh*
Place: *Forts Ludhiana*

(HK MOD)
Banet Singh
20
Amrinder Kohli
(CSO)
(MS)



July 2023

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 *01/8/2023*..... Signature *Bansit Kang 70833*
Place *Forts Ludhiana*

Saini
(HK Mon)

Bansit
Sw

Dr. Kart. Kohli
(CSO)

Sw
(MS)



Aug-2023

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 Sep 2023 Signature: Banjit Kang 71832
Place: Fortis Ludhiana

(HK HOD)

*Banjit
ICU*



(MS)

*Dr. K. K. Kohli
(CSO)*

Sep 2023

FORM I

ACCIDENT REPORTING

1. Date and time of accident: *nil*
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 have an Emergency Control policy? If yes give details: *NA*

Date: *3/10/23*..... Signature: *Baneet Kang 70833*
Place: *FORTIS Ludhiana*

[Signature]
(MS)

[Signature]
(HK HOD)

[Signature]
I/O



Amkush Kohli
(CSO)

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 Nov 2023* Signature: *Barnet Kang 70233*
 Place: *Fortis Ludhiana*



[Signature]
(MS)
Barnet
Ico

Ankush Kohli
CCSO

[Signature]
(HK Mob)

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 Dec 2023 Signature: Banerit Karg

Place: FORTIS Ludhiana

[Signature]
(MS)

Banish
Ito

[Signature]
(HK HOD)

Ankush Kohli
(CSO)



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 Jan 2024* Signature: *Bansit Kang*
Place: *Feroze Ludhiana*

[Signature]
(MS)

[Signature]
(HK HOD)

[Signature]
(CS)

Bansit
ICG



Annexure-1

Name of the Hospital - Fortis Hospital Limited, Ludhiana

Address of the Hospital - Fortis Hospital Limited, Village Mundian Khurd & Mundian Kalan,
Chandigarh Road, Ludhiana East Ludhiana (iii)-141015

Year - 1-1-2023 to 31-12-2023

Details of Generated waste, Category Wise (In kg)

QUANTITY OF BMW GENERATED										
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
23-Jan	429	1032.274	348	895.071	85	433.517	41	164.914	53	42.599
23-Feb	401	850.931	353	809.573	73	361.023	28	115.862	38	36.848
23-Mar	458	1324.72	422	930.177	85	417.188	32	133.018	36	35.529
23-Apr	543	2542.402	443	1174.153	87	431.081	29	109.729	60	32.378
23-May	550	2663.782	437	1215.647	96	542.051	27	112.179	54	43.643
23-Jun	560	2866.869	432	1173.702	97	511.287	28	127.806	66	37.409
23-Jul	567	2897.036	472	1229.01	122	647.578	31	132.843	62	34.821
23-Aug	547	2844.695	480	1095.956	164	800.4044	34	137.675	55	34.057
23-Sep	543	2582.513	435	975.68	111	557.171	29	118.701	39	30.568
23-Oct	586	2701.27	468	1090.459	95	480.948	29	123.369	55	31.266
23-Nov	577	2488.115	443	1003.338	80	402.64	25	106.252	46	29.906
23-Dec	536	2558.951	450	1090.565	92	477.262	27	119.826	46	34.271
TOTAL	6297	27553.658	5163	12683.331	1187	6062.1504	360	1502.174	610	423.295
AVERAGE MONTH	2296.129833		1056.94425		505.1792		125.1811667		35.27458333	



A UNIT OF FORTIS HOSPITALS LIMITED

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

BMW TRAINING REPORT-GDA				
JAN. TO DEC. 2023				
DATE	TOPIC	NO.OF TRAINEE	DURATION	TRAINER
06 January 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	82	30 min.	Sr. Baneet kaur/Priyanka
13 January 2023	Preventive Measures for needle stick injury/sharp handling/BMW Handling	32	30 min.	Sr. Baneet kaur/Priyanka
10 February 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	58	30 min.	Sr. Baneet kaur/Priyanka
17 February 2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	40	30 min.	Sr. Baneet kaur/Priyanka
10 March 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	26	30 min.	Sr. Baneet kaur/Priyanka
17 March 2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	41	30 min.	Sr. Baneet kaur/Priyanka
18 April 2023	Preventive Measures for needle stick injury/sharp handling/BMW Handling	55	30 min.	Sr. Baneet kaur/Priyanka
17 May 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	49	30 min.	Sr. Baneet kaur/Priyanka
29 May 2024	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	55	30 min.	Sr. Baneet kaur/Priyanka
08 June 2023	Preventive Measures for needle stick injury/sharp handling/BMW Handling	51	30 min.	Sr. Baneet kaur/Priyanka
15 June 2023	Hand Washing/Hourly round of the patient /BMW handling	38	30 min.	Sr. Baneet kaur/Priyanka
08 July 2023	Preventive Measures for needle stick injury/sharp handling/BMW Handling	32	30 min.	Sr. Baneet kaur/Priyanka
15 July 2023	Hand Washing/Hourly round of the patient /BMW handling	32	30 min.	Sr. Baneet kaur/Priyanka
07 August 2023	BMW Management /PPE/ NSI	59	30 min.	Sr. Baneet kaur/Priyanka
14 August 2023	BMW Management /VACCINATION/ NSI	32	30 min.	Sr. Baneet kaur/Priyanka
05 September 2023	Preventive Measures for needle stick injury/sharp handling/BMW Handling	50	30 min.	Sr. Baneet kaur/Priyanka
11 September 2023	Hand Washing/Hourly round of the patient /BMW handling	58	30 min.	Sr. Baneet kaur/Priyanka
06 October 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	36	30 min.	Sr. Baneet kaur/Priyanka
15 October 2023	BMW Management /VACCINATION/ NSI	55	30 min.	Sr. Baneet kaur/Priyanka
04 November 2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	39	30 min.	Sr. Baneet kaur/Priyanka
24 November 2024	Hand Washing/Hourly round of the patient /BMW handling	44	30 min.	Sr. Baneet kaur/Priyanka
09 December 2023	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI	40	30 min.	Sr. Baneet kaur/Priyanka
16 December 2023	Hand Washing / Hourly Round of the patients/BMW	37	30 min.	Sr. Baneet kaur/Priyanka
TOTAL		1021		

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BMW TRAINING REPORT-HK

JAN. TO DEC. 2023

DATE	TOPIC	NO.OF TRAINEE	DURATION	TRAINER
22/01/2023	BMW Management /PPE/ NSI	22	30 min.	Ms. Baneet
10/02/2023	BMW Management /PPE/ NSI	34	30 min.	Ms. Baneet
10/03/2023	BMW Management /PPE/ NSI	22	30 min.	Ms. Baneet
10/04/2023	BMW Management /PPE/ NSI	21	30 min.	Ms. Baneet
17/04/2023	BMW Management /PPE/ NSI	25	30 min.	Ms. Baneet
19/06/2023	BMW Management /PPE/ NSI	25	30 min.	Ms. Baneet
24/06/2023	BMW Management /PPE/ NSI	35	30 min.	Ms. Baneet
19/07/2023	BMW Management /PPE/ NSI	35	30 min.	Ms. Baneet
14/8/2023	BMW Management /PPE/ NSI	30	30 min.	Ms. Baneet
23/08/2023	BMW Management /PPE/ NSI	45	30 min.	Ms. Baneet
04/09/2023	BMW Management /PPE/ NSI	35	15 min.	Ms. Baneet
09/09/2023	BMW Management /PPE/ NSI	36	15 min.	Ms. Baneet
28/09/2023	BMW Management /PPE/ NSI	35	15 min.	Ms. Baneet
03/10/2023	BMW Management /PPE/ NSI	32	30 min.	Ms. Baneet
07/10/2023	BMW Management /PPE/ NSI	37	30 min.	Ms. Baneet
23/10/2023	BMW Management /PPE/ NSI	30	30 min.	Ms. Baneet
27/10/2023	BMW Management /PPE/ NSI	36	30 min.	Ms. Baneet
06/11/2023	BMW Management /PPE/ NSI	14	30 min.	Ms. Baneet
20/11/2023	BMW Management /PPE/ NSI	30	30 min.	Ms. Baneet
1/12/23	BMW Management /PPE/ NSI	30	30 min.	Ms. Baneet
11/12/2023	BMW Management /PPE/ NSI	28	30 min.	Ms. Baneet
TOTAL		635		

Ms. Baneet

FORTIS HOSPITALS LTD.
LUDHIANA

NAME OF UNIT – FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 29/12/2023, 1PM
2. Total no. of Members in the committee: 25
3. Number of members attended: 18
4. Chairman, convener & Mandatory Members present (Yes/No): YES
5. Details of essential members who neither attended nor sent a representative: NO
 - Infection control indicators
 - Summary of HAI Cases & Events of November discussed
 - Hand hygiene data discussed
 - BMW findings discussed
 - All ICU, Dialysis and CSSD issues

S. No.	Agenda Item from previous 2 meetings	Actionable	Responsibility	Timeline	STATUS
1	House-keeping cleaning schedules to be shared with HICC committee.	Schedule for dusting frequency, scrubbing, washroom checklist etc.	HK Head Mr Vikram	25/08/2023	CLOSED
2	IV flushing protocols to be prepared by nursing & quality team		CON Ms Alice, Mr Abhijit (Quality head)	30/08/2023	CLOSED

S. No.	Agenda Item from meeting	Actionable	Responsibility	Timeline	Status
1.	For SSI follow-up. Assign the list of surgeries to concerned co-ordinators for follow-up on 30 & 90 days of surgeries for s/s of SSI. Rest of the surgeries shall be followed up by ICN.	List to be prepared by ICN and MS to communicate to concerned co-ordinators.	ICN, OPD incharge	15.12.2023	Closed
2.	Hand hygiene data to be submitted by link nurses by 2pm every Wednesday. If not submitted by Thursday morning, data shall not be accepted and inform to HR Head for necessary action.	ICN to communicate to CON on one-to-one basis if data not submitted by Wednesday EOD.	ICN, CON	06.12.2023	Closed
1.	In case of absence of ICN, CON shall delegate data collection to identified staff so that work does not come to a standstill.	It is the discretion of nursing head to identify the staff. Chairperson suggested to identify either 2 proactive link nurses or incharges.	CON	With immediate effect	In process (staff to be nominated by CON)
4.	Hand rub consumption data to be sent to ICN by 5 th of every month by pharmacy.	Informed to pharmacy staff.	Mr Keshav	With immediate effect	Closed
2.	ICU incharge Dr Sanjeev had pointed out that 1:1 ratio is not available for patient in isolation procedure.	CON to manage the roster so that the clean and infected patients can be handled separately. It was suggested to shift infected patients in MICU2 and	CON, ICU nurse incharge	With immediate effect	Closed

NAME OF UNIT – FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 31/03/23, 1PM
2. Total no. of Members in the committee: 25
3. Number of members attended: 16
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 Cases & Events of February discussed
 - Surgical prophylaxis compliance data analysis discussed
 - Hand hygiene & AMS project discussed
 - Link nurse training program for second batch completed
 - AMS data discussed
 - BMW issues discussed
 - SUD Policy implemented
8. Action Taken Report (ATR) of previous meeting 2 meetings

S. No.	Agenda Item	Discussion	Responsibility	Timeline	STATUS
1.	Use of IV sets with air-vent to be worked out by nursing head.	Mr Robin to analyse how nursing team indents the IV sets with /without air vent. And its justification.	Mr Robin Bhatti	10/01/2023	closed.
2.	Price comparison	The indications of ECLIA will be	Head Lab	15/01/23	Closed

and TAT of Rapid card test and PCR for viral markers to be given by lab head to all clinicians	decided then by the clinicians				
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S. No.	Agenda item from previous meeting	Discussion	Actionable	Responsibility	Timeline	STATUS
1	IV sets with vents to be implemented	Bbraun sets to be introduced as discussed by CON		Nursing head & Purchase head	With immediate effect	CLOSED
2	Meeting of Clinical pharmacist to be done with nurse incharges	Regarding AMS restricted AMA form implementation		Quality head, Clinical pharmacist	15/03/23	CLOSED
3	Onco ward Infected ones to be shifted to GW2		Nursing supervisor to check daily	Nursing supervisor, ICN	With immediate effect	CLOSED
4	C.difficile kept on contact precaution - positive or suspected	Lab to give alert if any sample for C.difficile is sent. Patient to be put on contact precautions from that day.		Lab head, Nurse incharge	With immediate effect	CLOSED
	HR to decide if staff working in NICU, MCH, DAY CARE & KTP be vaccinated for varicella	To be discussed in other units		Head HR	15/03/23	UNDER DISCUSSION

		keep clean patient in MICU1. ICN to check patient placement on rounds.			
5.	Line necessity reminder not required if all lines are labelled properly with date and time. Lines to be changed on doctor's orders.	All lines to be labelled and audited by ICN on rounds.	Nurse incharges	With immediate effects	Closed
6.	Oral care to be done more frequently especially in patients undergoing surgery of oral cavity (commando surgery)	Number of mouth sets used for oral care shall be audited by nursing supervisors if any issue persists.	Nursing supervisors	With immediate effect.	Closed
7.	IV flushing protocols for the unit to be prepared by the nursing team.	Quality head to help in standardization of our protocol with other units.	CON, Quality head	25.12.2023	Closed

6. 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-97%, VAE-100%	Care bundle trainings to be done in ICU	ICN	10/01/24
2	CESC - HAI Score / trend / Analysis / Concerns	CAUTI-1			
3	BMW License / Vendor Agreement validity / regulatory reports status	Valid till 31/3/2025		Head Admin	

4	Needle Stick Injury data / concerns	NIL			
5	Infection Control & BMW Trainings update	127 Staff covered			
6	Surveillance reports (High Risk Areas)	Kitchen culture and RT feed was positive	It was discussed that the issue should be taken as critical. MS should work on it with Dietician	MS, Ms. Gauri Dietician	15/01/2024
7	Vaccination status update	04 Dr, 05 nurse, 0 HK, 01 GDA, 01 Paramedics	Hep B revaccination pending for Dr Rajoo Singh	ICN	10/01/2024
8	AMS status & concerns	To be discussed in every PTC meeting		MS/ Clinical pharmacologist	15/01/2024
9	Data Validation Report	Total culture positive- 171. CAUTI event 2, CAUTI cases-0, CLABSI event -0, CLABSI case-0, VAP=0, SSI=0	Bundle training shall be reinforced	ICN, Nurse incharges	With immediate effect
10	Key concerns - OT C/S Report, environment surveillance (Temp/ Pressure / Humidity), HEPA Filters	SATISFACTORY			
11	CSSD Indicators	Satisfactory			
12	Construction / Repair planned	NIL			
13	Any new products for Approval	NA			

12	Construction Repair planned	NA			
13	Any new products for Approval	NA			

A. Other Agenda Items

S. No.	Agenda Item from previous meeting	Discussion	Actionable	Responsibility	Timeline
1.	IV sets with vents ordered from bbraun company.	OT nurse to give final decision on requirement of without vent sets for irrigation		CON, OT incharge, Head Pharmacy	07/04/2023
2.	VAM Project MOU pending for approval by MS	Dr Shivansh to discuss with Dr Anamica		MS	10/04/2023
3.	Regular feedback on hand hygiene to be given to doctors- Area wise			ICO/ICN	10/04/2023
4.	AMS Project update	AJF forms implemented for restricted antimicrobials	Pharmacist to discuss on weekly basis with AMS WG	Clinical pharmacist	With immediate effect
5.	Broken Paddle bins to be replaced in many areas.	To start replacement from ICU area		HK Head	15/04/2023
6.	Training on safety cannula to be done by Polymed for all staff	Hand on training planned		ICO/ICN	07/04/2023

Benita
Signature of Convener

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Signature of Chairman

MSOG/HICC/MOM/20220401



A. Other Agenda Items

S. No.	Agenda Item from meeting	Actionable	Responsibility	Timeline
1.	SSI follow-up staff to be assigned to medical admin and Quality head	It was discussed that Quality head will assign the SSI FU cases to relevant stakeholder e.g. Ms. Sapan already calling patients for outcome of surgeries	Mr. Kuldeep Rawat (Quality head)	15/01/2024
2.	Clean and septic/ MDRO patients to be separated in ICU	Critical care team to decided the patient placement in MICU 1 & MICU-2 according to the condition of the patient	Dr. Sanjeev	With immediate effect
3.	Oral care to be done frequently in patients of oral surgery	Dr. Anish Bhatia to be involved for training of nurses	CON	20/01/2024
4.	For Pre-op chlorohexidine to be made available in OP pharmacy.	Mr. Sanjeev had to process PO for both the units	Head purchase	15/01/2024
5.	Humidifier issue was discussed	Humidifier is important for ventilator patients. Dr Anamica to check what can be used for humidification and what will be the protocols for changing of water	Dr. Anamica and Dr. Sanjeev Singla	15/01/2024
6.	Rt feed has growth from last 2 months	It was discussed that the issue should taken as critical. MS should work on it with dietician	MS, Dietician	15/01/2024
7.	Covid protocols discussed	1. It was discussed that all HCWs shall wear mask in hospital premises	ICO, HOD	With immediate effect.

		2. Visitors and attendant shall wear mask 3. Any staff with S/S of ILI must wear mask and staff must inform their HOD and ICN		
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Signature of Convener
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Signature of Chairman

Dr. Rajoo Singh Gahra

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