

To

The Environmental Engineer

Punjab Pollution Control Board

RO Gill Road, Ludhiana (Punjab) 3 Savitri Complex Dholowal Chowk (Ldh)

Subject: Submission of Annual Biomedical waste management Report for the year 2024

Dear Sir,

Please find enclosed the copy of the Annual report for the period (1st January 2024 to December 2024) for Hospitalia Eastern Private Limited, 84/13, Mall Road, Civil Lines, Ludhiana-Punjab with enclosures as below:

1. Annual Report Form IV
2. Accident report Form I
3. Biomedical waste management committee -Minutes of meeting
4. Details of the weight of the biomedical waste generated
5. Details of training month held

With best regards

Authorized signatory

Mr. Gurdarshan Singh Mangat

(Facility Director)

Hospitalia Eastern Private Limited

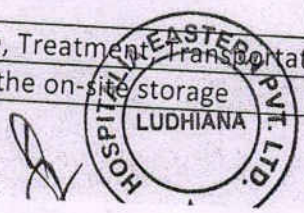
84/13, Mall Road, Civil Lines, Ludhiana-Punjab-141010



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)	:	Guridarshan Margat
	(ii) Name of HCF or CBMWTF	:	Guridarshan Margat
	(iii) Address for Correspondence	:	HEPLLDH
	(iv) Address of Facility	:	Heplldh 84/13, Civil lines, Mall Road, Ldh.
	(v) Tel. No, Fax. No	:	Heplldh 84/13, Civil lines, Mall Road, Ldh.
	(vi) E-mail ID	:	9643657023
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	http://cms.fortishealthcare.com
	(ix) Ownership of HCF or CBMWTF	:	20.9087810 75.8403812 (State Government or Private or Semi Govt. or any other) Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/Fresh/LDH3/2024/25126968 Valid upto: 30/09/2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Water Consent 2029-05-07 Air Consent 2029-05-07
2	Type of Health Care Facility		
	(i) Bedded Hospital	:	
	(ii) Non-bedded hospital	:	No. of Beds: 75
	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	:	-
	(ii) No. of Beds covered by CBMWTF	:	-
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	- Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	- Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 137.5 kg/month Red Category: 179.1 kg/month White: 4.21 kg/month Blue Category: 72.9 kg/month General Solid Waste:
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			
	Plasma Pyrolysis			
	Autoclaves .			
	Microwave			
	Hydroclave			
	Shredder			
	Needle tip cutter or destroyer			
	Sharps			
	Encapsulation or concrete pit			NA
	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, Tajpur 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	48
	(ii) Number of personnel trained	852
	(iii) Number of personnel trained at the time of induction	110
	(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	Nil
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

01/01/2024 to 31/12/2024



Name and Signature of the Head of the Institution

Date: 30/04/2025

Place: LUDHIANA

Annexure-1

Name of the Hospital : Hospitalia Eastern Private Limited
Address of the Hospital : 84/13, Mall Road, Civil Lines, Ludhiana-Punjab-141010

Details of Category wise, Biomedical Waste (Kgs.)

Bio Medical Waste Data Jan to Dec 2024										
TOTAL WEIGHT GENERATED IN KGS (Hospitalia Eastern Private Limited - Mall Road)										
DATE	RED CAT.		YELLOW CAT.		BLUE CAT.		CYOTOXIC/YELLOW		WHITE CAT.	
	Bag	Kg	Bag	Kg	Bag	Kg	Bag	Kg	PPC	Kg
24-Jan	67	81.22	52	46.7	1	2	0	0	0	0
24-Feb	140	153.665	110	108.37	5	17.79	0	0	0	0
24-Mar	107	168.13	86	112.228	11	43.33	1	3.2	7	1.24
24-Apr	92	161.371	90	113.104	12	60.433	0	0	3	1.25
24-May	35	177.67	35	109.72	8	34.106	2	6.2	1	0.23
24-Jun	91	178.74	91	135.63	26	62.55	9	19.09	15	2.44
24-Jul	71	166.97	66	118.707	19	59.103	6	9.508	20	18.13
24-Aug	111	190.214	114	155.1	33	94.23	11	10.609	12	5.115
24-Sep	172	215.983	150	178.097	31	141.598	13	9.808	19	8.034
24-Oct	137	223.998	114	182.86	27	127.526	4	1.894	5	1.751
24-Nov	121	204.764	103	160.311	27	121.63	10	11.426	12	4.559
24-Dec	109	226.49	80	141.896	29	110.879	16	16.631	17	7.867
Total:	1253	2149.2	1091	1562.7	229	875.18	72	88.366	111	50.61

After Generation, Segregation, Collection & Storage of Bio Medical Waste, handed over to Authorized Outsourced Agency M/s Medicare Environmental management pvt. Ltd, opp: central jail, Tاجر Road, Ludhiana for treatment & disposal as per PPCB norms.



Signature

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: 1. Jan., 2024.... Signature: Shirani... 1001195
Place: FORTIS, LUDHIANA

[Signature]
1001195
30/01/24

H/2
[Signature]
22155

[Signature]
1002289
1/01/24

[Signature]
Ico



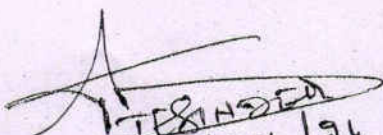
[Signature]

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. Feb, 2024.... Signature..... Shirani..... 10.01195
Place: Fortis..... Hospital, LUDHIANA

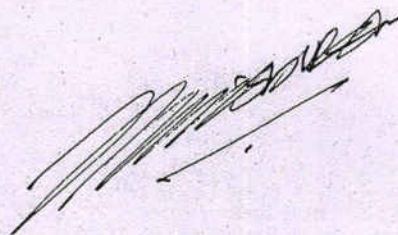

30/02/24

1412
Anil Dhillon
20/5/5

Shalini R
1003389
1/02/24

Benish
Doo





FORM I

ACCIDENT REPORTING

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

Date...1. March, 2024. Signature.....*Shivani*.....1001195
Place...*FORTIS*.....*LUDHIANA*

Shivani R
1001195
11/03/24

A
12814528

HK
Pulay
72115

Benuk
700



[Handwritten signature]

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: 2 April, 2024. Signature: Shwani... L.00.1195
Place: FORTIS, Ludhiana

Shwani R
1002389
10/04/24

HEALTH

HK
Pachy W

Berit
FCO



[Signature]

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 May, 2024*... Signature: *Shivani*... *20195*
Place: *Fathis*... *Ludhiana*

Shivani R
1005389
1/05/24

HK

Pachy *Wu*
22/50

[Signature]
ICU

Bavik
ICU



[Signature]

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: June, 2024. Signature: Shirani... 1001195
Place: Fardes, Ludhiana

[Handwritten signature]
118745220

HK
[Handwritten signature]
24/75

[Handwritten signature]
11/08/24
1003389

[Handwritten signature]
Benji
ICO



[Handwritten signature]

FORM I

ACCIDENT REPORTING

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

Date: 1 July, 2024... Signature: Shrani Loo 191...

Place: Fatis, Ludhiana

HK

Pradeep Dew
72135

Shalin K
11/07/24
1002289

RESERVED

Berit
FCO



DA. 2024/07/11

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 August, 2024. Signature: Shivani 7001195

Place: Fortis, Ludhiana

70628

214769

05/08/2024

Bevik
ICO



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 September, 2015 Signature: *Shivraj* 1001195
Place: Fortis, Ludhiana

Shivraj
214769

[Signature]
70688

[Signature]
214800

Beerk
ICW



[Signature]
214800

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... 11 Oct / 2024 ... Signature..... Shirrani / 101192
Place... Fortis Hospital, Ludhiana

Signature
21/7/24

Signature

Signature
1013687

Benish
PCO



Signature

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... 11/11/2024..... Signature... Shironi..... 21/11/25
Place... Fortis Hospital, Mall Road, Ludhiana.

[Handwritten signature]
2008

[Handwritten signature]
21/11/25

[Handwritten signature]
2/10

[Handwritten signature]
21/11/25



FORM I

ACCIDENT REPORTING

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

Date 2.12.24..... Signature..... Shiran
Place Fortis Hospital, Ludhiana.

201125
20628

[Handwritten signature]

[Handwritten signature]
214209

[Handwritten signature]

Benish
ICU



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: NIL
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: 01.01.2025..... Signature: [Signature]
Place: fordis Hospital, Ludhiana (roll 195...)

Bundi
200

[Signature]
VIESINDER

[Signature]
10628

[Signature]
214165



HEPL Attendance Sheet

Programme Name		Biomedical waste Management Committee Meeting		
Program Date		Hospital Infection Control Committee Meeting		
		25 October, 2024.		
S No	Participant Name	Department	Global ID	Signature
1	Dr Mudit Kumar	GI Surgeries		Mudit
2	DR Dinesh Gupta	Medicine		D Gupta
3	Dr. Vishavdeep Goyal			Vishav
4	Dr. Saurabh Arora	Endo		S Arora
5	DR SANDEEP SINGH ARORA			S Arora
6	Dr. Hospital Infection Control			
7	Hareem Bani	Inf.	180390	Hareem
8	Bhumi Roy Singh	CSSD	222815	Bhumi
9	Rizwan	HK Sup	214769	Rizwan
10	Fuldeep Pawar	Quality Assurance	211631	Fuldeep
11	COUPAR	BMB	223936	Coupar
12	Rupendra Singh	F&B	1012404	Rupendra
13	GURDEEPAN NAGAT	CENTER HEAD	222944	G Nagat
14	Dr. Bani	ICU	201710	Bani
15	Alice Kurian	CNO	(Joined Online)	Alice
16	Shivani	ICU	1001195	Shivani
17	Dr. Varun	UKOLOGY		Varun



NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 25/10/2024, 2.30 PM
2. Total number of Members in the committee: 20
3. Number of members attended: 17
4. Chairman, convener & Mandatory Members present (Yes/No): YES
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators -SSI of September,2024
 - Hand hygiene compliance data discussed
 - Care bundle findings discussed
 - OT and CSSD issues discussed
 - Dialysis issues discussed
 - Antimicrobial stewardship data discussed

8. Action Taken Report (ATR) of previous two meetings:

S. No.	Agenda Item from meeting	Actionable	Responsibility	Timeline	STATUS
1.	To train link nurse in OPD on hand hygiene data collection	Nurse to be identified by Ms Harmeet and trained by ICN	Ms Harmeet, Ms Shivani	10/10/2024	CLOSED
2.	Care bundle trainings and auditing to be strengthened		ICN	20/10/2024	CLOSED. 51 staff covered
3.	Biomedical waste management trainings to be strengthened	Waste should be segregated properly by the user at point of care	ICN	20/10/2024	CLOSED. 30 staff covered

4	SCM to ensure that only safety engineered cannula is provided	Nursing to raise the issue if any other device is provided	SCM head, Ms Harmmeet	With immediate effect	CLOSED
5	Mesh filter of dialysis to be replaced		Mr Jagdish	10/10/2024	CLOSED on 11/10/2024
6	Sterile gown pack to be provided in OT for the movement of staff outside OT		Mr Bhumi, Ms Priyanka, Mr Varinder	05/10/2024	CLOSED. Green gown provided
7	ICN to train link nurses on hand hygiene data collection. Attendants' data not to be captured	Only staff data to be captured-category wise	Ms Shivani	10/10/2024	CLOSED
8	Hand hygiene compliance of OT, ER decreased.	Staff to be trained by ICN. And name-wise data to be collected	Ms Shivani, Link nurses	10/10/2024	CLOSED. Training done.
9	It was discussed that surgical prophylaxis data of LSCS shall be improved. The specific cases shall be followed up by ICN during the stay.	Gynecologist to reduce the duration of antibiotic to 48hours and consider stopping the use of additional antibiotics in elective LSCS.	Gynae team	With immediate effect	ONGOING. No case informed to IC team
10	Consultants to fill and sign the restricted antimicrobial form on rounds.	Nurse will put form in file. MO to fill it and get it signed by consultants on rounds.	Consultants, Dr Mishal	With immediate effect	ONGOING. Further strengthenir required

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

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1	MOS - HAI Concerns / Scores	CAUTI-100%, CLABSI-100%, VAP-100%, SSI-97%		ICN	10/11/2024
2	CFSC - HAI Score / trend / Analysis / Concerns	1 SSI	Post op advice and care instructions to be given properly	Surgeons	With immediate effect
3	BMW License / Vendor Agreement validity / regulatory reports status	Valid till 2028		HK HOD	
4	Needle Stick Injury data / concerns	No Case			

	Infection Control & BMW Trainings update	Staff covered-191			
	Surveillance reports (High Risk Areas)	Satisfactory			
7	Vaccination status update	Doctors-2, Nursing-6, GDA-2			
8	AMS status & concerns	RJF & AMS audit implemented.	Data discussed with consultants	Dr Benika	
9	Data Validation Report	Total culture positive samples =17 (11 IPD sample, 06 OPD sample)			
10	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters	Satisfactory			
11	CSSD Indicators	Satisfactory			
12	Construction / Repair planned	Nil		Engineering head	

10. Other Agenda Items

S. No.	Agenda Item from meeting	Actionable	Responsibility	Timeline
1.	Biomedical waste treatment plant visit pending	HK head to ensure compliance	Ms Priyanka	26/10/2024
2.	Food sample cultures from PAU lab are pending. Last done on 26.04.2024	F&B head to ensure compliance and submit the report	Mr Rajendra	30/10/2024
3.	Training on biomedical waste to be done for doctors	Training and assessment shall be planned	Dr Benika, Ms Shivani	30/11/2024
4.	Hand hygiene data of nurses in the OPD has decreased to 61%	Name-wise data of OPD staff to be submitted. And trainings of the identified to be done by ICN	Ms Harmmeet, Ms Shivani	20/11/2024
5.	Aeration time of ETO was discussed. The cycle time and aeration time of items was found to be satisfactory.	It was decided to inform the cases of post op sore throat to the ICO, so that aeration time of the	Dr Sandeep	With immediate effect

		items issued can be tracked.		
6	Significance of sending relevant baselines cultures before starting or escalating antibiotics was discussed.	It was decided to send cultures on day of insertion of lines if any infective etiology is suspected or if patient had outside lines.	All consultants, MO in Emergency	With immediate effect
7	The plan to reduce the duration of surgical prophylaxis was discussed.	It was decided that LSCS cases will be followed by ICN to audit all IC protocols. And case to case discussion will be done with gynae team by involving Dr Sandeep and Dr Mudit. The whole idea is to build confidence of gynae team so that surgical prophylaxis drug selection & duration can be regulated.	Dr Benika, Dr Sandeep, Dr Mudit Kumar, Ms Shivani	All cases for month of November
8	All restricted antibiotics justification forms to be submitted to champion within 48 hours of starting the antibiotic.	All forms to be filled and signed by consultants on rounds.	Ms Harmeet, All consultants	With immediate effect

Benika

Signature of Convener

(I Co)

Dinesh Gupta


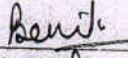
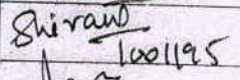

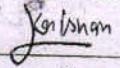
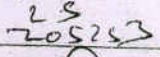
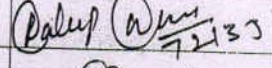
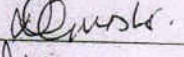


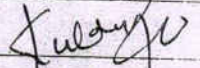
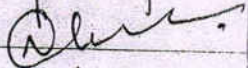
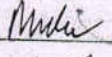
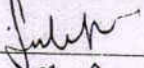
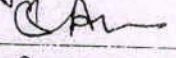

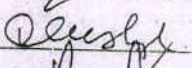

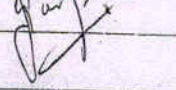
Signature of Chairperson

Dr. DINESH GUPTA
 MBBS, MD (Internal Medicine)
 Director - Internal Medicine
 PMC No. - 25401
 Fortis Hospitals, Ludhiana

MSOG/HICC.MOM/20220401

FHL Attendance Sheet

Programme Name: Hospital Infection Control Committee Meeting & Biomedical Waste Management Committee Meeting
 Program Date: 23 May, 2024

S No	Participant Name	Department	Global ID	Signature
1.	Dr. KAMAL	EMERGENCY & MEDICAL ADMIN	964225	
2.	Dr. Parika	ICO	CO1710	
3.	Shirani	ICN	1001195	
4.	GOURAV	Biomedical	223936	
5.	Krishan Deyal	CSSD	1000429	
6.)	Lalil Shan	Nursing	205252	
7.	Paardeep Verma	MK	214796	
8	Diresha Gupta	Medicine		
9	Dr. Astig Tuli	OBG		
10	Poojini Raut	Engineering	212484	
11	Fuldeep Kaur	Quality	219637	
12	DR NARJOT KALEK	NEONATOLOGY		
13	A. Mudir-Kumar	GI Surgery		
14	Dr. Sandeep Ananthi	Anaesthi	1009847	
15	Dr. Saurabh Anand	Endocrinology		
16	Dr. Rajdeep	Radiology		
17	Dr. Vikas Gupta	Rheumatology	1007922	
18	Puneet Walia	Dietitian	221089	
19	Gurpreet Singh	UNIT NSAD	227944	



NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 23/05/2024, 12.30PM
2. Total no. of Members in the committee: 20
3. Number of members attended: 19
4. Chairman, convener & Mandatory Members present (Yes/No): YES
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators -HAI data
 - Hand hygiene compliance data discussed
 - BMW audit findings discussed
 - Any OT and CSSD issues
 - Dialysis issue discussed
8. Action Taken Report (ATR) of previous two meetings: NA

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

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1	MOS - HAI Concerns / Scores	CAUTI- 72%(Calculated manually for 21 cases), CLABSI-No case, VAF-No case	CAUTI Care bundle trainings to be done in all areas. MOS audit sheet not available with ICN.	ICN, Quality head to provide toolkit of MSOG	20.06.2024
2	CESC - HAI Score / trend / Analysis / Concerns	NIL.			
3	BMW License / Vendor Agreement			HK HOD	

	validity / regulatory reports status				
4	Needle Stick Injury data / concerns	1 NSI (Doctor)	Sharp safety trainings done	ICN	30/05/24
5	Infection Control & BMW Trainings update	98 Staff covered			
6	Surveillance reports (High Risk Areas)	Kitchen food and cook's hands culture positive on 11/04/2024. All cultures negative on 26.04.2024 after training and strict auditing by dietician.		F& B head, Dietician	30/05/2024
7	Vaccination status update	01 Dr, 06 GDA		ICN, HR	within 7 days of joining
8	AMS status & concerns	To implement Restricted antimicrobial forms		Clinical pharmacist	07/06/2024
9	Data Validation Report	Total culture positive- 10.	Bundle training & audits shall be strengthened	ICN, Link nurses	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		Engineering head	
13	Any new products for Approval				

A. Other Agenda Items

S. No.	Agenda Item from meeting	Actionable	Responsibility	Timeline
1.	Vaccination data to be maintained by IIR and supervised for ICN to ensure compliance with SOP.	Protocol to be implemented according to IIR SOP	IIR Head, ICN	With immediate effect
2.	Dialysis- Chlorine test kit not available in the unit to test RO water.		Engineering Head	10/06/2024

3.	Hand Hygiene- ICN to provide pocket cards to GDA/HK. Hand hygiene trainings to be strengthened with help of link nurses to target rate of above 80%.		ICN	20/06/2024
4.	Biomedical waste mixing- to be checked by housekeeping supervisors.	ICN to train the staff	ICN, IIK Supervisors	With immediate effect
5.	Trainings to be focused on Hand hygiene, biomedical waste, CAUTI bundle, Sharp injury in the next two months		ICN	With immediate effect
6.	Surveillance cultures- Dietician to do regular auditing of F&B staff and share filled audit tool with ICO. ICN to collect list of scopes used in the unit and culture them on rotational basis.		ICN, Biomedical Head	30/05/2024

Benid
Signature of Convener
(ICN)

D. Gupta
Signature of Chairperson

DR. DINESH GUPTA
MBBS, MD (Medicine)
Director : Internal Medicine
PMC No. 25401
Fortis Hospital, Ludhiana.

GDA TRAINING -2024

DATE	TOPIC	NO.OF TRAINEE	DURATION	TRAINER
08/04/2024	HAND WASHING/HOURLY ROUND OF THE PATIENT/BMW	5	30 MINUTES	ICN/HK SHIFT INCHARGE
10/06/2024	BMW,GENERAL INFORMATION REGARDING HOSPITAL,SELF INTRODUCTION	8	30 MINUTES	ICN/HK SHIFT INCHARGE
20/06/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW	10	30 MINUTES	ICN/HK SHIFT INCHARGE
27/06/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW	5	30 MINUTES	ICN/HK SHIFT INCHARGE
09/07/2024	SHARP SAFETY &BMW HANDLING	3	30 MINUTES	ICN/HK SHIFT INCHARGE
17/07/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW/SHARP INJURY	7	30 MINUTES	ICN/HK SHIFT INCHARGE
29/7/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW/SHARP INJURY	6	30 MINUTES	ICN/HK SHIFT INCHARGE
08/08/2024	Sharp safety & BMW Handlindling	17	30 MINUTES	ICN/HK SHIFT INCHARGE
22/08/2024	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI/Cleaning of blood spills/sharp injury,	12	30 MINUTES	ICN/HK SHIFT INCHARGE
29/08/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	15	30 MINUTES	ICN/HK SHIFT INCHARGE
05/09/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	10	30 MINUTES	ICN/HK SHIFT INCHARGE
13/09/2024	Sharp safety & BMW Handlindling	10	30 MINUTES	ICN/HK SHIFT INCHARGE
05/10/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	12	30 MINUTES	ICN/HK SHIFT INCHARGE
23/10/2024	Sharp safety & BMW Handlindling	8	30 MINUTES	ICN/HK SHIFT INCHARGE
08/11/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	6	30 MINUTES	ICN/HK SHIFT INCHARGE
26/11/2024	Sharp safety & BMW Handlindling	12	30 MINUTES	ICN/HK SHIFT INCHARGE
06/12/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	9	30 MINUTES	ICN/HK SHIFT INCHARGE
21/12/2024	Sharp safety & BMW Handlindling	6	30 MINUTES	ICN/HK SHIFT INCHARGE
		161		



Housekeeping Training -2024

DATE	TOPIC	NO. OF TRAINEE	DURATION	TRAINER
08/04/2024	BIOMEDICAL WASTE	14	30 MINUTES	ICN/HK SHIFT INCHARGE
10/06/2024	BMW,GENERAL INFORMATION REGARDING HOSPITAL,SELF INTRODUCTION	9	30 MINUTES	ICN/HK SHIFT INCHARGE
20/06/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW	12	30 MINUTES	ICN/HK SHIFT INCHARGE
27/06/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW	9	30 MINUTES	ICN/HK SHIFT INCHARGE
09/07/2024	SHARP SAFETY &BMW HANDLING	7	30 MINUTES	ICN/HK SHIFT INCHARGE
17/07/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW/SHARP INJURY	9	30 MINUTES	ICN/HK SHIFT INCHARGE
29/7/2024	HAND HYGINE /INFECTION CONTROLPROTOCOL/NSI/BMW/SHARP INJURY	5	30 MINUTES	ICN/HK SHIFT INCHARGE
08/08/2024	Sharp safety & BMW Handlinding	13	30 MINUTES	ICN/HK SHIFT INCHARGE
22/08/2024	Hand Hygiene /Infection Control Protocols/Hospital acquired Infection/Standard Precautions/BMW/NSI/Cleaning of blood spills/sharp injury.	10	30 MINUTES	ICN/HK SHIFT INCHARGE
29/08/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	14	30 MINUTES	ICN/HK SHIFT INCHARGE
05/09/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	10	30 MINUTES	ICN/HK SHIFT INCHARGE
13/09/2024	Sharp safety & BMW Handlinding	10	30 MINUTES	ICN/HK SHIFT INCHARGE
05/10/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	12	30 MINUTES	ICN/HK SHIFT INCHARGE
23/10/2024	Sharp safety & BMW Handlinding	9	30 MINUTES	ICN/HK SHIFT INCHARGE
08/11/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	9	30 MINUTES	ICN/HK SHIFT INCHARGE
26/11/2024	Sharp safety & BMW Handlinding	12	30 MINUTES	ICN/HK SHIFT INCHARGE
06/12/2024	Preventive Measures for needle stick injury/sharp handling/BMW Handling	10	30 MINUTES	ICN/HK SHIFT INCHARGE
21/12/2024	Sharp safety & BMW Handlinding	9	30 MINUTES	ICN/HK SHIFT INCHARGE

183



Biomedical Waste Management Trainings 2024

Sr. No.	DATE	Training Topic	No of Trainees	Duration (Hrs)	Trainer Name
1	JANUARY	Bio medical waste segregation	14	1	Ms.Baneet (ICN)
2	FEBRUARY	BMW waste Management / Need and Segregation of BMW & Management in hospital	25	1	Ms.Baneet (ICN) / Dr. Benika Kajla (ICO)
3	MARCH	Infection Control process / BMW Management / HH & Moments, BMW	69	1	Ms.Baneet (ICN) / Ms. Shivani (ICN)
4	APRIL	Transportation of BMW / HH, Moments & BMW Management / BMW Management	30	1	Ms.Baneet (ICN) / Ms. Shivani (ICN)
5	MAY	Hand hygiene & moments and BMW Management	8	1	Ms. Shivani (ICN)
6	JUNE	Standard Precautions and BMW Management / HH, Moments & BMW Management / BMW Management	97	1	Ms. Shivani (ICN)
7	JULY	BMW Management / HH, Moments and BMW Management	62	1	Ms. Shivani (ICN)
8	AUGUST	Cleaning Protocols and BMW Management / Sharp Injury Protocols & BMW Management / Hand Hygiene, Types, Moments, BMW Management	29	1	Ms. Shivani (ICN)
9	SEPTEMBER	High Risk Activities & BMW Management / TBP & BMW Management / Segregation & Management of BMW	79	1	Ms. Shivani (ICN)
10	OCTOBER	Standard Precautions and BMW Management	8	1	Ms. Shivani (ICN)
11	NOVEMBER	Sharp Injury and BMW Management / HH, Moments & BMW Management / BMW Management	72	1	Ms. Shivani (ICN)
12	DECEMBER	Spill Management and BMW Management / HH, Moments & BMW Management / BMW Management	15	1	Ms. Shivani (ICN)
			508		

