

To

The Environmental Engineer
Punjab Pollution Control Board
RO Gill Road, Ludhiana (Punjab)

Subject: Submission of Annual Biomedical waste management Report for the year 2025

Dear Sir,

Please find enclosed the copy of the Annual report for the period (1st January 2025 to December 2025) 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



Received
24/3/26

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)]

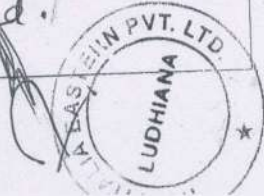
Sl. No.	Particulars	
1	Particulars of the Occupier	:
	(i) Name of the authorized person (occupier or : operator of facility)	Mr. Gurdarshan Singh Mangat
	(ii) Name of HCF or CBMWTF	HEPL LDH
	(iii) Address for Correspondence	Hopl 84/13, Civil lines, Mall Road, Ldh
	(iv) Address of Facility	Hopl 84/13, Civil lines, Mall Road, Ldh
	(v) Tel. No, Fax. No	9643657023
	(vi) E-mail ID	gurdarshan.mangat@fortishealthcare.com
	(vii) URL of Website	http://cms.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	30.9087810 75.8403872
	(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.: B.M.W./Fresh/LDH3/2024/2512696 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	No. of Beds: 75
	(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	-
	(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: 220 243 Kg/month Red Category: 353 Kg/month White: 7.91 Kg/month Blue Category: 141 Kg/month General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:
	(i) Details of the on-site storage	Size: -

R. Singh



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			
	Deep burial pits			
	Chemical disinfection:			NA
	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		MS 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 Meetings held attached.		

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7	Details trainings conducted on BMW		
	(i)	Number of trainings conducted on BMW Management	56
	(ii)	Number of personnel trained	950
	(iii)	Number of personnel trained at the time of induction	130
	(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
	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

..... 01/01/2025 to 31/12/2025

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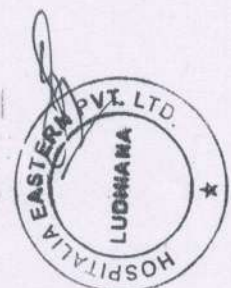
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Name and Signature of the Head of the Institution

Date:

Place:

Prigant



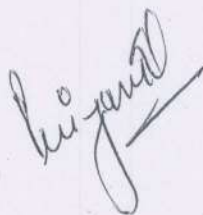
Annexure-1

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 2025										
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
25-Jan	89	211.341	74	158.265	24	88.945	15	12.143	8	2.366
25-Feb	102	414.269	67	185.63	23	131.896	16	14.65	26	20.9
25-Mar	120	451.601	97	247.329	32	157.284	17	23.397	19	12.944
25-Apr	123	407.7	88	219.8	29	147.9	20	28	19	7.849
25-May	113	422.856	89	234.58	24	130.768	20	29.159	19	6.957
25-Jun	119	417.178	100	270.223	33	148.72	22	40.51	16	8.99
25-Jul	112	440.721	83	246.762	35	156.433	15	36.4	17	7.955
25-Aug	126	354.742	90	261.708	38	181.637	15	23.902	20	5.024
25-Sep	117	304.331	78	208.003	36	168.551	10	15.875	23	5.767
25-Oct	104	284.476	92	206.216	34	145.723	8	10.124	25	7.546
25-Nov	102	261.178	81	207.059	30	152.01	9	18.85	27	5.312
25-Dec	91	276.001	70	204.607	34	174.238	8	14.836	20	3.659
Total:	1318	4246.394	1009	2650.182	372	1695.16	175	267.846	239	95.269

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, Tajpur Road, Ludhiana for treatment & disposal as per PPCB norms.




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

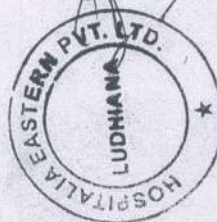
Date... 1 Feb, 2025.. Signature..... Chirani.. 10/1/25.
Place... Fortis... Hospital, Ludhiana

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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... 01/03/2025... Signature..... Shivani..... 1001495
Place... Fortis Hospital, Ludhiana

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FORM I

ACCIDENT REPORTING

1. Date and time of accident: NA
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 April, 2025. Signature: Shevani... 1001195
Place: Fortis Hospital, Ludhiana

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FORM I

ACCIDENT REPORTING

1. Date and time of accident: NA
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: 30/4/2025..... Signature: Shirani 1021195
Place: FORTIS...HOSPITAL, LUDHIANA

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214761

Yash Singh

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Arshish



FORM I

ACCIDENT REPORTING

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

Date... 31/5/2025... Signature..... Shravan..... 1001195
Place... Fortis Hospital, Ludhiana

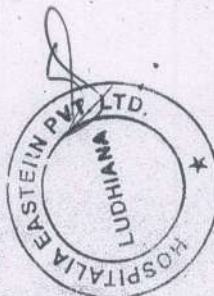
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Dr. Acharya
AMS



FORM I

ACCIDENT REPORTING

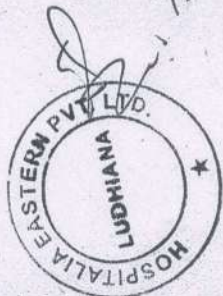
1. Date and time of accident: *NIL*
2. Type of Accident: *NIL*
3. Sequence of events leading to accident: *NA*
4. Has the Authority been informed immediately? *NA*
5. The type of waste involved in accident: *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
7. 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: *30/6/2026*..... Signature..... *Shivani*..... *1001195*
Place..... *Fortis Hospital, Ludhiana*

Shivani
21/4/2029

Dr. Anshu
AM

Prasanna
20/6/2026



20/6/2026

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20/6/2026

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... 31.7.2025.... Signature... Shimani... 1001195
Place... FORTIS... HOSPITAL, LUDHIANA

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A. Singh
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AMS.

Gurpreet Singh
214800

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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... *31 Aug 2025* Signature..... *Shirani*..... /00415
Place... *FORTIS HOSPITAL, LUDHIANA*

Kareem Jafar
Fortis

Shirani
21/4/2025

A. Acharya
AME

21/4/2025

Banshi
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FORM I

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: 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 has an Emergency Control policy? If yes give details: NA

Date: 30/9/2025..... Signature: Shirani...../10/195

Place: FORTUS..... HOSPITAL, LUDHIANA

Shirani

*Shirani
a. Acharya
AME*

[Signature]

Karanjot Singh

*Bansal
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FORM I

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: 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 has an Emergency Control policy? If yes give details: NA

Date. 31.10.2025..... Signature..... [Signature] 100/195
Place. FORTIS HOSPITAL, LUDHIANA

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A. Acharya
AMS

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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: Nil
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... 30/11/2025.. Signature..... Shikha..... 100195
Place... FORTIS... HOSPITAL, LUDHIANA

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FORM I
ACCIDENT REPORTING

1. Date and time of accident: *NA*
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: *31.12.2025*..... Signature: *Shirani*..... *1001195*
Place: *FORTIS HOSPITAL, LUDHIANA*

Shirani
244760

Dr. Ashish
AMS

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NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 23/12/2025, 2 PM
2. Total number of Members in the committee: 20
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: OT incharge
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators of November, 2025 discussed. All HAI rates are below the set benchmarks. 1 CAUTI Event discussed.
 - Hand hygiene compliance data discussed and the rate is above the set benchmark.
 - Care bundle findings discussed and escalated in daily mail by ICN.
 - CSSD, Dialysis issues discussed. Partition pending for Plasma sterilizer.
 - Biomedical waste audit findings discussed. Needles found in linen.
 - Antimicrobial stewardship data and improvement steps discussed. Policy to be formulated.
8. Action Taken Report (ATR) of previous 2 meetings:

S. No.	Agenda items	Actionable	Responsibility	Status
1.	Antibiotic policy on UTI was discussed. It was suggested by Dr Dinesh sir to discuss the same with nephrologist and urologist before finalizing.	Dr Benika to discuss the same with Dr Khaira and Dr Ashish Jindal.	Dr Benika	PENDING
2.	Separation of the plasma unit from the semi-sterile area with a partition is pending.	Mr. Parveen to discuss with Mr. Mangat.	Mr. Parveen Engg. Head	PENDING

	Data Validation Report	Total culture positive samples = 23 (17IPD sample, 6 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			
13	New product approval:	Nil			

10. Other Agenda Items

S. No.	Agenda items	Actionable	Responsibility	Timeline
1.	Washtech laundry visit pending in Jan, 2026. To be planned.	Housekeeping head and Quality head to coordinate.	Ms Priyanka	31/01/2026
2.	To check for tank cleaning and HEPA filter reports done 6monthly	Engineering head to submit the reports to ICN	Mr. Parveen	31/01/2026
3.	Sharp injury prevention activities planned in the month of Jan, 2026	ICN to coordinate and conduct the activities decided: 1. Cannulation training 2. NSI prevention sessions for all categories of staff 3. Audit of all areas for availability of resources and usage of materials to prevent injury	Ms Shivani, Dr Benika	31/12/2025
4.	Dr Dinesh sir suggested to involve Dr Rohit in formulation of antibiotic policy according to evidence-based guidelines.	Dr Vishal Mittal to coordinate with him and share the proposed policy with the AMS team for approval.	Dr Vishal Mittal	31/01/2026

Benika

Signature of Convener



Dinesh Gupta

Signature of Chairperson

Dr. DINESH GUPTA
 M.B.B.S, MD (Internal Medicine)
 Director - Internal Medicine
 M.C. No. - 25401
 Fortis Hospitals, Ludhiana

HICC.MOM/2022C

NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 29/07/2025, 2.00 PM
2. Total number of Members in the committee: 20
3. Number of members attended: 10
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: OT & ICU incharge,
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators of June,2025 discussed. All HAI rates are below the set benchmarks.
 - Hand hygiene compliance data discussed.
 - Care bundle findings discussed and escalated in daily mail by ICN.
 - No CSSD, Dialysis issues.
 - Biomedical waste audit findings discussed
 - Antimicrobial stewardship data and improvement steps discussed
8. Action Taken Report (ATR) of previous meeting:

S. No.	Agenda items	Actionable	Responsibility	Timeline	Status
1.	Hand hygiene compliance: Data to be analyzed for GDA & technicians	ICN to analyse and share with Ms Priyanka and Ms Harmeet	Ms Shivani	15/07/2025	CLOSED
2.	Link nurses shall be assessed, and the data submitted by them to be validated by ICN.	In case variation is found to be more than 10% keeping ICN as standard, they must be retrained.	Ms Shivani	With immediate effect	CLOSED



	surveillance (Temp / Pressure / Humidity), HEPA Filters				
11	CSSD Indicators	Satisfactory			
12	Construction / Repair planned	Nil			
13	New product approval:	Nil			

10. Other Agenda Items

S. No.	Agenda items	Actionable	Responsibility	Timeline
1.	CAUTI BUNDLE: ICN to observe the catheter insertions in OT on random basis and share the findings with ICO on the same day.	Dr Ashish suggested to audit in OT before the wheel-in time of the patient which can be checked from the OT list.	ICN Ms. Shivani, OT incharge Mr. Varinder	20/08/2025
2.	VACCINATION: Anti-Hbs Titer sample of Dr Manish Munjal is pending despite reminders.	Dr Dinesh suggested that he shall be counselled by Dr Dinesh/Dr Ashish. Otherwise HR shall document it in declaration form.	Dr Ashish, Mr. Ajay HR	05/08/2025
3.	RELEVANT CULTURE: For LRTI, if sputum cannot be sent, then doctor should send Mini-Bal / BAL sample	It should be discussed by Dr Ashish with all the consultants in HMC meeting also	Dr Ashish AMS	With immediate effect
4.	BIOMEDICAL WASTE AUDIT: Audit and trainings must be conducted stringently.	It was discussed that the CAPA of BMWM findings must be done properly so that the findings are not repeated.	Ms. Harmeet, Ms. Priyanka	With immediate effect

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Signature of Convener

ICO

D Gupta
Signature of Chairperson

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

MSG/HICC.MOM/2022

NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 30/06/2025, 2.30 PM
2. Total number of Members in the committee: 20
3. Number of members attended: 15*
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: OT incharge,
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators of May,2025 discussed. All HAI rates are below the set benchmarks.
 - Hand hygiene compliance data discussed. Improvement steps to be taken to increase compliance in GDA/HK staff discussed.
 - Care bundle findings discussed and escalated in daily mail by ICN.
 - No CSSD, Dialysis issues.
 - Biomedical waste audit discussed
 - Antimicrobial stewardship data and improvement steps discussed
8. Action Taken Report (ATR) of previous meeting:

S. No.	Agenda items	Actionable	Responsibility	Timeline	STATUS
1.	AMS: It was discussed that guidelines on contraindications of cefoperazone - salbactam shall be discussed.	Dr Benika and Dr Dinesh to discuss the same	Dr Benika	20/06/2025	CLOSED. To be included in antibiotic policy
2.	AMS: It was suggested by Dr Dinesh that an internal antibiotic policy shall be developed with specific indications of sending cultures before starting antibiotics.	CME to be conducted for all consultants after the release of the policy.	Dr Benika	By end of July 2025.	CLOSED. Dr Vishal & Dr Kashish working on it
3.	AMS: Gaps in the AMS audit report were discussed. All cases of surgical prophylaxis were also discussed.	It was discussed that all TKR cases will be	Ms Shivani, Ms Puneet	With immediate effect	CLOSED

Agenda Items

No.	Agenda items	Actionable	Responsibility	Timeline
1.	Hand hygiene compliance: Data to be analyzed for GDA & technicians	ICN to analyse and share with Ms Priyanka and Ms Harmeet	Ms Shivani	15/07/2025
2.	Link nurses shall be assessed and the data submitted by them to be validated by ICN.	In case variation is found to be more than 10% keeping ICN as standard, they must be retrained.	Ms Shivani	With immediate effect
3.	BMW mixing: All general bins to be kept away from biomedical waste bins.	Housekeeping to ensure	Ms Priyanka	With immediate effect
4.	All staff performing urinary catheter insertion in OT must be observed for compliance to aseptic precautions.	OT incharge to inform ICN or share observations with ICN.	Mr Varinder	20/07/20245
5.	AMS: Respiratory cultures shall be sent preferably for patients with LRTI before starting antibiotics.	If not possible to send, then the reason must be mentioned in the file.	Dr. Ashish	With immediate effect

Benita

Signature of Convener

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Signature of Chairperson

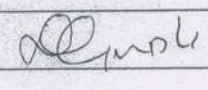
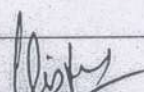
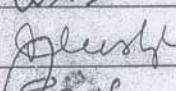
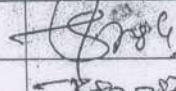

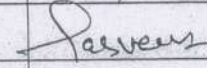
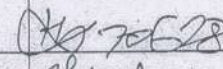
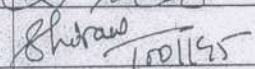
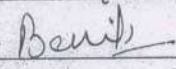
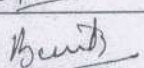

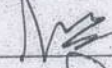

MSOG/HICC.MOM/2022040:

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



HEPL Attendance Sheet

Programme Name: Hospital Infection Control Committee Meeting
 Program Date: Biomedical waste management committee Meeting
 31 March, 2025

S No	Participant Name	Department	Global ID	Signature
1	DR DINESH GUPTA	MEDICINE		
2	DR. VISHAL MITTAL	ICU/ER		
3	DR VIKAS GUPTA	RHEUMATOLOGY		
4	Keiyanka	Housekeeping		
5	Rohini Raj Singh	CSSD	222815	
6	Parveen Kumar	Engineering & Maintn	2023626	
7	Harpreet Singh	By. Acad	180370	
8	Shivani	ICU	1001195	
9	Dr Benika	ICU	101710	
10	Dr. Vishavdeep Goyal	ZD	(Joined online)	
11	Ajay Singh	HR	199227	
12	GOURAV	BMB	228936	
13	Dr. MISHAAL	MED Admin.	1014284	



NAME OF UNIT – FORTIS HOSPITAL MALL ROAD, LUDHIANA

1. Date & Time: 31/03/2025, 1.00 PM
2. Total number of Members in the committee: 20
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: OT incharge,
6. Agenda circulated 3 days prior to meeting (Yes/No): YES
7. Discussion done on:
 - Infection control indicators of February, 2025
 - Hand hygiene compliance data discussed
 - Care bundle findings discussed
 - No OT, CSSD, Dialysis issues
 - Biomedical waste management issues discussed
 - Antimicrobial stewardship data and improvement steps discussed
8. Action Taken Report (ATR) of previous meeting:

S. No.	Previous two meeting points	Actionable	Responsibility	Timeline	Status
1.	ENGINEERING: PM report of pre-filters from external agency semiannually not done	To check with other units and start test as per CIPACC SOP	Mr Shankar, Mr Rohit	13/01/2025	CLOSED NOT REQUIRED. In-house report wi sufficient.
5	BIOMEDICAL WASTE: All bags to be tied and labelled as per the BMW SOP.	To get the ties and labels and then audit to be done by ICN for compliance.	Ms Priyanka	10/01/2025	Labelling started. Ties pending.
6	OT staff to raise request for refill packs of		OT incharge	05/02/2025	



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-100%	Continue care bundle trainings	ICN	15/04/2025
2	CESC - HAI Score / trend / Analysis / Concerns	NO CASE			
3	BMW License / Vendor Agreement validity / regulatory reports status	Valid till 2028		HK Head	
4	Needle Stick Injury data / concerns	No Case			
5	Infection Control & BMW Trainings update	Staff covered-146			
6	Surveillance reports (High Risk Areas)	Satisfactory			
7	Vaccination status update	DONE			
8	AMS status & concerns	RJF & AMS audit implemented. RJF submission process streamlined. Improvement noticed in surgical prophylaxis compliance.	Data discussed with consultants. Ortho team reduced the duration of antibiotic in TKR to 2-4days from 10-12 days. No antibiotic given on discharge. 100% compliance in LSCS achieved with stat dose of cefuroxime.	Dr Benika	
9	Data Validation Report	Total culture positive samples =14 (08 IPD sample, 06 OPD sample)			



		indication is confirmed by Dr Vishal Mittal /Dr Benika.		
5	SURGICAL PROPHYLAXIS DATA: Improvement was noticed in TKR and LSCS data. Stat dose was given in all cases of Dr Arti. Duration was reduced to 2-4 days in TKR cases.	One to one case discussions to be continued with the surgeons.	Dr Benika, Ms Shivani	With immediate effect
6	Reinforcement of consultants to be done to write reason for starting/escalating antibiotics in Antimicrobial drug sheet in files.	To share the evidence of properly filled forms by ICU consultant.	Dr Benika, Dr Vishal	With immediate effect

Benika
Signature of Convener
ICU

D Gupta
Signature of Chairperson

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

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