O/C

Fortis Hospital
730 Anandapur, EM Bypass Road,
Kolkata - 700 107, West Bengal
Tel : +91 33 6628 4444
Fax : +91 33 6628 4242
Emergency : 105711
E-mail : enquiries@fortishealthcare.com
Website : www.fortishealthcare.com

June 08, 2026

To,
The Chief Engineer (WMC)
West Bengal Pollution Control Board,
Paribesh Bhavan,
10A, Block – LA, Sector – III
Salt Lake City,
Kolkata-700098

WEST BENGAL POLLUTION CONTROL BOARD
RECEIVED
- 8 JUN 2026
UNCHECKED
Salt Lake, Kol-700 098

Dear Sir,

Sub- Submission of Annual Return in Form 3 under E-Waste Management Rules, 2016

We are enclosing herewith the "Annual Return in Form 3, for the period of April, 2025 to March, 2026 as per E-Waste Management Rules, 2016 for your kind information.

Thanking You.

Yours faithfully,

For Fortis Hospitals Ltd

Authorized Signatory
(Ashish Mukherjee)

FORTIS HOSPITALS LTD.
KOLKATA-107
730, Anandapur, EM Bypass Road

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : *8450979* **Period :** *2025*

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	*Narayani Shivkumar*
(ii) Name of HCF or CBMWTF:	*FORTIS HOSPITALS LIMITED*
(iii) Address for Correspondence:	*Anandapur*
(iv) Address of Facility:	*730, Anandapur, E.M. Bypass Road, P. S- Tiljala, Kolkata-700107*
(v) Tel. No.:	*9830879693*
(vi) Fax. No.:	-
(vii) E-mail ID:	*sahin.biswas@fortishealthcare.com*
(viii) URL of Website:	*www.fortishealthcare.com*
(ix) GPS coordinates of HCF of CBMWTF:	*22.5186° N, 88.4069° E*
(x) Ownership of HCF or CBMWTF:	*Private*
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	*Authorization No.: WBPCB/4760101/2024* *Valid Upto: 30/09/2026*
(xii) Status of Consents under Water Act and Air Act.:	*Valid Upto: 30/09/2026*
2. Type of Health Care Facility	
HCF/CBMWTF Type:	*HCF*
(i) No. of Beds(for Bedded Hospital):	*300.0*
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	*NA*
(iii) Licence Number:	*34249630*
(iv) Licence date of expiry:	*04/01/2028*
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	*Yellow Category: 103182.7* *Red Category: 173343.90* *White Category: 3188.4* *Blue Category: 23610.98* *General Solid Waste: 132049*
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	
(i) Details of the on-site storage facility:	*Size: 650* *Capacity: 800* *Provision of on-site storage: NO*

FORTIS HOSPITALS LTD. 730 Anandapur, EM Bypass Road KOLKATA-107

(ii) Disposal Facility:	**Type of Treatment Equipment** / **Number of Units** / **Capacity(Kg/day)** / **Quantity Treated or Disposed(Kg/annum)**: *List is Empty*
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	*0.0*
(iv) No of vehicles used for collection and transportation of BMW:	*33*
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	**Type of waste** / **Quantity Generated** / **Where disposal**: *List is Empty*
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	*Medicare Environmental Management Pvt. Ltd.*
5. Do you have BMW management committee:	*yes*
details:	*Yes MOM Attached*
6. Training Conducted on BMW Details	
(i) Number of training conducted on BMW Management:	*70*
(ii) Number of personnel trained:	*261*
(iii) Number of personnel trained at the time of induction:	*900*
(iv) Number of personnel not undergone any training so far:	*0*
(v) Whether standard manual for training is available:	*yes*
(vi) Any other information:	*Trainings imparted periodically by Medicare Environmental Management Pvt. Ltd.*
7. Details of the accident occurred	
(i) No. of accident occurred:	*0*
(ii) Number of the persons affected:	*0*
(iii) Remedial Action taken:	*NA*
(iv) Any Fatality occurred, details:	*NA*
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	*NA*
Details of Continuous online emission monitoring systems installed:	*NA*
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	*STP*
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	*meeting the log 4 standards*
11. Any other relevant information:	*NA*

FORTIS HOSPITALS LTD. KOLKATA-107

Name and Signature of the Head of the Institution

Date : *11/05/2026*

Place : *Kolkata*

FORM – I

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

ACCIDENT REPORTING

1 Date and time of accident :	**NIL**
2 Type of Accident :	**NA**
3 Sequence of events leading to accident :	**NA**
4 Has the Authority been informed immediately :	**NA**
5 The type of waste involved in accident :	**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:	**Yes**

The hospital has a protocol for spill management, major & minor, where all concerned authorities are involved in the reporting & Root Cause Analysis followed by corrective & preventive actions for mitigation.

Ashish Mukherjee
Facility Director
Fortis Hospitals Limited
730, Anandapur, EM Bypass Road,
Kolkata - 700 107

Signature .....
Name: Ashish Mukherjee
Designation: Facility Director
Date : 20/4/26
Place: Kolkata

MEDICARE
A Re Sustainability Company

Medicare Environmental Management Private Limited (41, F Road, Belgachia Howrah - 711105) may deploy any of the following vehicles for Bio-Medical Waste (BMW) collection and transportation:

Vehicle Number	Type
WB11F 1072	TATA 407 Gold
WB11F 0913	TATA 407 Gold
WB15D 8079	TATA 407
WB15D 8039	TATA 407
WB11F 0450	TATA ACE HT
WB11F 0446	TATA ACE HT
WB11F 0429	TATA ACE HT
WB11F 0416	TATA ACE HT
WB15D 5887	TATA ACE HT
WB11F 0410	TATA ACE HT
WB11F 2225	Eicher Pro 6028
WB11F6441	EV Tata Ace
WB11F6433	EV Tata Ace
WB11F8309	TATA Intra
WB11F8322	TATA Intra
WB11H4829	Eicher Pro 2049
WB11G0919	EV Tata Ace
WB11G0927	EV Tata Ace
WB11G0947	EV Tata Ace
WB11G0949	EV Tata Ace
WB11H 9054	EV Tata Ace
WB11H 9059	EV Tata Ace
WB11H 9081	EV Tata Ace
WB11H 9072	EV Tata Ace
WB11N 4215	EV Montra
WB11N 4207	EV Montra
WB11N 4229	EV Montra
WB11N 4185	EV Montra
WB11N 4180	EV Montra
WB11N 4246	EV Montra
WB11P0818	EV Montra
WB11P0815	EV Montra
WB11P0849	EV Montra

Kindly note the above for your information.

Date : 01.11.2025

Sembramky Environmental Management Pvt. Ltd. HOWRAH 711 105

Medicare Environmental Management Private Limited
(A Subsidiary of Re Sustainability Limited)

CIN No. U24117TG1997PTC026555

Registered Office:
Level 11B, Aurobindo Galaxy,
Hyderabad Knowledge City, Hitech City Road,
Hyderabad - 500081,
Telangana.

Site Address:
Plot No. 41, F Road, Belgachia,
Near Netai Charan Homeopathy
Medical College & Hospital,
Howrah, West Bengal - 711 105

T : 033 2651 3890/6207
E: snehangshu@resustainability.com

Fortis

ATTENDANCE SHEET

Program Name : S.M.N/Subhandh Date : 14.5.25 Time : 2:30 P
Handhygiene

Facilitator : Sudipta Saha Venue : 7th Floor

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		SUJIT			
2		Bivash paul			
3		Sambhu Mistry			
4		Kalpana Roy			
5		Baricharan			
6		Mihir			
7		Tanima			
8		Madhumita			
9		Samim Sk			
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ATTENDANCE SHEET

Program Name : B.M.W/Handwash/ Chemical dilution/N.S.I/Sample Transport/ Date : 29/5/25 Time : 1:30 pm

Facilitator : Sudipta Sarkar Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Pallab Mondal			Pallab
2		Sushil			Sushil
3		Dolon Mondal			Dolon
4		Rinku Mondal			Rinku
5		Santosh			Santosh
6		Suparna			Suparna
7		Tapas Dhali			Tapas Dhali
8		Barna			Barna
9		Lalmohan			Lalmohan
10		Malati			Malati
11		Mithu Som			Mithu
12		Suparna			Suparna
13		Suraj			Suraj
14		Nita Singh			Nita
15		Parimal			Parimal
16		Poma mitra			Poma
17		Samajit			Samajit
18		Priyanka			Priyanka
19		Basumati			Basumati
20		Monika Das			Monika
21		Bivas			Bivas
22		Bikram Mondal			Bikram
23		Shaina			Shaina
24		Pradip			Pradip
25		Shyamal Sarday			Shyamal
26		Nirupama			Nirupama
27		Madan			Madan
28		Pinty			Pinty
29		Deepak			Deepak
30		Nihin			Nihin

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ATTENDANCE SHEET

Program Name : BMW/Spill management/ Patient Safety / N.S-I Date : 25/5/25 Time : 1:30 Pm

Facilitator : Sudipta Sha Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Suvajit			
2		Sankar Dey			
3		Nepal Naiya			Nepal
4		Shibani Naiya			
5		Sefali			Sefali
6		Prakash			Prakash
7		Tapasi patra			Tapasi
8		Bappa Hanizan			
9		Tanmoy			
10		partho Roy			
11		Barsha			Barsha
12		Mana			
13		Abdul			
14		Tapasi Roy			Tapasi
15		Jayanta Nandi			
16		Tanima			
17		Nabraj			
18		Satabdi			
19		Supriya			
20		Laxmi			
21		Mantina			Mantina
22		Riya			Riya
23		Swapan			Swapan
24		Bandana			
25		Amrita			
26		Raja Bali			Raja Bali
27		Sulein			
28		Pintu			
29		Nilima			Nilima
30		Babita			Babita

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ATTENDANCE SHEET

NABH

Program Name : BMW disposal/ Date : 18/5/25 Time : 1:30 Pm
SI/Critical care cleaning Protocol/How to communicate with Patients & Patients relative.
Facilitator : Sulekha Sahu Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Priyanka			Priyanka
2		Amit Deb			Amit Deb
3		Shyamal Chowdhury			Shyamal
4		Basudeb			Basu
5		Debi Mondal			Debi
6		Tapasi			Tapashi
7		Rita			RitaDev
8		Suraj			Suraj KV
9		Barsha			Barsha Pagdi
10		Mithu Som			
11		Bivas			
12		Barna Roy			Barna
13		Tapan			Tapan
14		~~Tapan~~ Tarun			Tarun
15		Rekha			Rubina
16		Mita Halder			Mita
17		Deb			Dev
18		Madhumita			Madhumita
19		Soma Thapa			Soma
20		Malati Pandit			Mobile
21		Dolon			Dolon
22		Rani			Ravi
23		Jayanta			Jayanta
24		Mita			N. Singh
25		Praduman			AIIMS
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ATTENDANCE SHEET

Program Name : BMW disposal Date : 12/5/25 Time : 1:30 Pm

Segregation/Chamical handling/usage/Room cleaning Procedure/How to enter in Patient

Facilitator : Sudipta Saha Venue : B1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Sahadeb			Sahadeb
2		Arup			
3		Chinta			
4		Achinta			
5		Biplab			
6		Sanjib paul			
7		Jakir			
8		Mahidul			
9		Tarun			
10		Sefali			Sefali
11		Paritosh			Paritosh
12		Mousumi Mondal			
13		Subhojit Debnath			
14		Tapas Naskar			
15		Kabita			
16		Brihaspati			
17		Minoti			
18		Munna			
19		Avimanna			
20		Shiuli Roy			
21		Raju Naskar			
22		Basudeb			
23		Soma Baidya			
24		Sagar			
25		Ashok Das			
26		Raju Das			
27		Babusona Sarday			
28		Nita Singh			
29		Kalpana Mondal			
30		Kalpana Roy			

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ATTENDANCE SHEET

Program Name : BMW/Hand ing procedure/Chemical tion/NSI/Patient safety Date : 25/12/25 Time : 1.30h

Facilitator : Sulekha Sen Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Srikanta Halder			
2		Anita Khutiya			
3		Bikram Mondal			
4		Chabi Raut			
5		Sabita Shikder			Sabita
6		Suchitra Golder			Suchitra
7		Tumpa Malik			Tumpa
8		Bibhas Naskar			Bibhas
9		Maya			
10		Mini Chakrab-			
11		Tapashi Patra			
12		Monika Das			monika
13		Nandiswar Halder			
14		Mousumi Mondal			
15		Kalpana Mandal			kalpana.
16		Lalu Sarkar			Lalu
17		Subir Giri			SUBIR
18		Soma Thapa			
19		Amit Roy			amit
20		Putul Mondal			
21		Archana Khan-			Archana.
22		Rekha Das			
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ATTENDANCE SHEET

Program Name : B.M.W/Spill Management/Critical Care area Cleaning Protocol/Specimen handling Date : 15/12/25 Time : 1.30 P

Facilitator : Sudipta Shw Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Tapan Roy			tapan
2		Jhuma Mondal			
3		Arati Mitra			Arati
4		Anadi Jana			
5		Nabaraj Ghosh			Nabaraj
6		Chandana Pal			
7		Buddheswar			Buddheswar
8		Suchitra			
9		Kabita Das			
10		Nita Shing			Nita
11		Sourav Mondal			Sourav
12		Nandiswar Halder			
13		Tarun Mandal			tarun
14		Panchu Gopal			Panchu
15		Monika Das			monika
16		Arijeet Bera			
17		Srikanta Halder			Srikanta
18		Anita Devi			
19		Amar Hela			
20		Munna Paswas			
21		Kalpana Mandal			
22		Minati Halder			minati
23		Ranjit Singh			Ranjit
24		Samir Halder			
25		Samir Naskar			Samir
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ATTENDANCE SHEET

Program Name : B.M.W/Spill Management / Patient Safety / Date : 20/12/25 Time : 1:30 PM

Facilitator : Subhat Sir Venue : B-1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Bibhash Naskar			
2		Rakhi Tewari			Rakhi
3		Sankar Baidya			
4		Laxman Naskar			laxman
5		Annapurna			ANNAPURNA
6		Biplab Pal			Biplab
7		Nazma Khatun			Nazma
8		Minu Chakrabarty			
9		Tapashi Das			
10		Laltu Sarkar			laltu
11		Raju Pal			RAJU
12		Sabita Shikder			
13		Tumpa Mallik			Tumpa
14		Rahul Roy			
15		Tapashi Roy			TROY
16		Rupali Sarder			RUPALI
17		Rekha Das			Rekha
18		Samira Halder			Samira
19		Dilip Sardar			Dilip
20		Mithun			Mithun
21		Ranjit Singh			
22		Monish Rajak			monish
23		Maya			Maya
24		Partha Roy			Partha
25		Indrajit Sardar			Indra
26		Tarun Das			
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ATTENDANCE SHEET

Program Name : BMW/Spill Management Date : 4/12/25 Time : 1:30 h

Patient movement/ Critical area cleaning Protocol/ Hand hygiene/ Chemical utilization

Facilitator : Sudipta Sarkar Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Pawan Sardar			Pawan
2		Suparna Das			S.D.S.
3		Mamta Yadav			Mamta
4		Suraj singh			Suraj Singh
5		Bhupendra			Bhupendra
6		Sudip Mondal			Sudip Mondal
7		Shyamal			Shyamal
8		Jharna			Jharna
9		Barna			Barna
10		Sha			Shyam
11		Nita Singh			Nita Singh
12		Laxman			Laxman
13		Dev Mondal			Dev
14		Amit Dev			Amit
15		Saidur			Saidur
16		saidar			saidur
17		Mithun			mithun
18		Manika			মানিকা
19		Chabi			ছবি
20		Susil			Susil
21		Dipa			Dipa
22		Putul			দীপা
23		Srikant			Srikant
24		Dalan Digga			Dalan
25		Mita Halder			মিতা
26		Rakhi			রাখি
27		Mustafizul			Mustafizul
28		Pinajit			Pinajit
29					
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FHANP/ATS-01/2018/1.0

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ATTENDANCE SHEET

Program Name : B.M.W/Patient Safety/Chemical wages/Critical area cleaning Protocal/Linen disinfection Procedu Date : 1/12/25 Time : 1:35 P

Facilitator : Sudipta Sahu Venue : B.1

S. No	Employee ID	Name	Dept/Unit	DOJ	Signature
1		Mita Halder			Mita Halder
2		Brihaspati			Brihaspati
3		Shuvajit			Chaudhuri
4		Dolon Tigga			Dolan
5		Mahdu			Mahdu
6		Mithu			Tigga
7		Rubina			Rubina
8		Purbasha chatterjee			P.chatterjee
9		Papia Das			Papia
10		Koushik Nayak			Koushik
11		Subir			Subir
12		Suraj			Suraj
13		Shefali			Shefali
14		Soma Baidya			Soma
15		Sagar Mondal			সাগর
16		Rani			Rani
17		Moumita			মৌমিতা
18		Paritosh			পরিতোষ
19		Sahadab			সহদব
20		Prodip Das			প্রদীপ
21		Suraj			Suraj
22		Raju			Raju
23		Jakir			J.K
24		Jhuna			Jhuna
25		Roma			Roma
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Programme Name:		HIPAcc	
Facilitator:		ICO	
Date:		21/01/2025	
Time:		3pm - 4.30 pm	

SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
3	Essential Members	Mr Ashish Mukherjee	FD	
4		Dr KM Mandana	Director CTVS	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Consultant Internal Medicine	
8		Dr Sandip Ray	Consultant GI MAS Surgery	
9		Dr. Srabani Basu	HOD Anaesthesia	
10		Dr Sanjukta Sarkar	Anaesthesia	
11		Dr Sanjukta Dutta	HOD ER	
12		Dr Soumya Chakraborty	Consultant Orthopaedics	
13		Dr Subhadip Maiti	Consultant Critical Care	
14		Dr Debojyoti Dutta	Consultant Critical Care	
15		Dr Subhajit Sen	Consultant Pulmonology	
16		Dr Ashis Patro	Medical Superintendent	
17		Ms. Ananya Mitra	Head Admin	Ananya 21-01-25
18		Dr Suchanda Gadre	MS	
19		Dr Richa Garg	DMS	
20		Ms Doli Biswas	CNO	
21		Ms. Banani Bhattacharjee	DCON	Banani Bhattacharjee

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22		Ms Chandralekha Pyne	ACON	
23		Ms. Banrishisha Basaiawmoit	Head Quality	
24	209681	Ms Shruti Sinha	Clinical Pharmacist	
25		Mr Goutam Kumar	BME	
26		Mr Roshan Kumar Jha	Purchase Head	
27		Mr Pradip Kumar Kundu	Store Head	
28		Mr Lokenath Tiwari	Perfusionist	
29		Mr Nemai Basak	Head Eng., Maintenance	
30		Ms Dwipta Dey	ICN In-charge	
31		Ms.Regina Rani Rao	ICN	
32		Ms.Debaashree Das Bairagya	ICN	
33		Ms. Maumita Saha	Quality Nurse	
34		Mr Tapas Das	CSSD In-charge	
35		Ms Anjali Sen	OT Manager	
36	1022487	Ms. Anisha Bhattacharya	F&B, HK Head	
37		Sr Anasuya Bajpayee	SICU Supervisor	
38		Sr Anindita Kundu	MICU Supervisor	
39		Sr Manisha Santra	CCU Supervisor	
40		Sr Rajkumari Lakshmi Devi	Nursing Educator	
41		Sr Sudha Mallick	Emergency Supervisor	
42		Br Manik Das	RCU In-Charge	
43		Sr Pubali Sen	Dialysis unit Supervisor	
44	130068	Debarati Chatterjee	Senior Nursing Incharge	
45	126467	Bappa Roy	CSSD Supervisor	
46		DR. ARIJIT SIL	ER. Asst. Consultant	
47	192008	Al - Amin	Supervisor	
48	204874	Nadrem Babina Devi	Incharge	
49	~~105309~~	~~Anasuya Bajpayee~~		
50	1000629	Kuyela.	Incharge.	
51				
52				
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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

1. Date & Time: 21.01.2025 at 3:00 pm
2. Total no. of Members in the committee: 38
3. Number of members attended: 28
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. Action Taken Report (ATR) of previous meeting: Yes.

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Current protocol for RO system flushing to continue. A separate meeting to be called to pinpoint a source with detailed analysis of the blueprint of pipelines of the building.	Dec'23	Maintenance team.	31.07.2024	All water samples collected as decided were free of bacterial contamination on culture. The same method of RO pipeline	Continuous adherence to the protocol to be followed. Random water specimen

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					disinfection to continue weekly. Hospital is planning to establish new RO plant at the basement with new supply pipelines.	to be collected by ICN+/- third party lab. Expected closure May 2025.
2.	5 new cassettes delivered. But there has been a gap in last two months. 7 more cassettes to be provided by March 2025.	21.03.2024	Nursing In-charge, Nursing admin, CSSD in-charge, Biomedical Eng. HOD, ICNs	30.06.2024	Total of 9 expiratory ventilator cassettes procured/ordered. 2 more o be ordered. Another set of cassettes to be included for CAPEX approval for bulk procurement. The plan is to have enough back up cassettes in every location.	31.03.2025
3.	Teicoplanin used as pre-surgical prophylaxis by Orthopedics team and pre-op Amikacin shots for neurosurgery patients.	Discussion in different platform going on since 2024	MS ICO AMS Committee	31.01.2025	As discussion with individual teams dint yield any way forward. the matters to be escalated to the respective superspeciality councils.	10.02.2024
4.	Procurement of automated bronchoscope/thoracoscope cleaner	18.12.2024	Biomedical team	31.03.2025	The same has been included in CAPEX for approval.	31.05.2025

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

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S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1.	MOS - HAI Concerns / Scores	MOS bundle compliance: CAUTI - 98%, CLABSI - 98%, VAP – 100%, SSI – 99%. - Meatal cleaning inadequate in some catheterized patients- MICU, 9B, 9C. - Urine pot cleaning & disinfection practice is not being followed in RCU, HDU 3rd floor, 9b & 9C - Use of hand accessories by few surgeons and physicians.	-Meatal cleaning to be strictly followed; nursing supervisors and ICNs to monitor every catheterized patient for compliance. -To use detergent and appropriate dilution of disinfectants for disinfection of urinals followed by proper storage. -Medical admin to raise awareness regarding bare-below-elbow policy.	Nursing supervisors. Nursing education, ICN Nursing Admin, Medical Head	Ongoing compliance required.
2.	CESC – HAI Score / trend / Analysis / Concerns	HAP- 1 SSI-0 CAUTI-1 CLABSI-0 VAP-0 HAI rate: 0.26/1000 patient days. Special MDR: MRSA – 2, VRE -07, Polymyxin Resistance – 06. High prevalence of Polymyxin resistant Klebsiella.	CAUTI prevention bundle to be followed as above. More live audits to be performed to monitor compliance to insertion bundle. Discussions on Antiseptic-coated urinary catheters did not yield any positive outcome as the supportive evidence is poor. Emphasis on Hand hygiene by all staffs, especially HK and technicians to improve compliance. Staffs to	Nursing In-charge. Nursing education, ICN	10.02.2025 Ongoing compliance required.

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			be rewarded on spot during IC rounds. Hand hygiene awareness drive to improve compliance beyond 90%.		
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date	HK team, IC team.	--
4.	Needle Stick Injury data / concerns	Sharp injury-0 / BBF - 0	Staffs to encouraged to be careful while handling sharps and report any such incidents.	ICNs Nursing educators	Continuous compliance required
5.	Infection Control & BMW Trainings update	Trainings to continue on surface disinfection, disinfection of urinals, timely emptying of waste buckets. Had discussions on exceeding weight of BMW generated monthly.	Location-wise bar coding to find out areas generating exceeding weight, not throwing saline bottles when full are few things that should be practiced.	HK Head	Continuous compliance required
6.	Vaccination status update	Updated – 19/20 (95%).	The same to continue as per list of new employees provided by HR and other team leaders.	HR HK Lab ICN	Continuous compliance required
7.	AMS status & concerns	No. of de-escalation has increased. Use of Teicoplanin in arthroplasty cases and	-AMS committee to closely monitor to further improve deescalation. - The matters to be escalated to the respective	AMS Champion ICO CP MS AMS Committee	31.01.2025 and Continuous compliance

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		Amikacin for clean neuro surgeries. RAJF being filled up in 100% prescriptions, but with inadequate justification.	superspeciality councils. To hold a meeting with junior doctors to explain the areas in RAJF that needs improvement.		
8.	Key concerns - OT C/S Report, environment surveillance/CSSD (Temp / Pressure / Humidity), HEPA Filters.	All reports negative. Few gaps identified while reviewing HEPA filter validation report of last year (Oct'24). The report consists of the air particle count only for 0.5 micron & 5 micron. But it should include the air particle count for <0.5 micron as per ISO 5 standards, which is required for Cat-A OT (superspeciality OT) and as per ISO 6 standards, which is required for Cat-B OT (general OT). Resistance faced during infection control rounds in OT	Maintenance team informed to prepare fresh report with particle size 0.3 microns. Particle count report in most OT was beyond acceptable limits as per ISO 5. Changing of HEPA filters is planed and being processed (as per Maintenance team). May take 2 months to complete work. ICNs are empowered to observe, audit and act in all areas based on laid down policies of infection control in the hospital. Everybody to cooperate in it. The OT manager to ensure proper cleaning and disinfection of operating rooms between cases which should be supervised	Maintenance team OT Manager ICNs HK Supervisors	10.02.2025

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		Discussion on change of damaged OT flooring in few areas also happened.	by HK supervisors and audited by ICNs. OT flooring changes are in pipeline; to take 3-4 months to initiate work.		
9.	Other important issues/concerns	Biosafety Cabinet for preparation of liquid diet for RT feed in the kitchen has no records of previous maintenance, has questionable performance status and not being disinfected properly. Recent swabs taken from it showed growth of *Klebsiella sp.* Kitchen RT feed storage refrigerator temperature was recorded at 23 deg C during IC rounds.	Biomedical team to check if its functioning properly and then to plan further PM, calibration and particle count tests to ensure safety of the diet processed in it. F&B Head to take necessary corrective steps	F&B Head Biomedical team	28.02.2025

Signature of Convener

Signature of Chairman

(Dr. Yashesh Paliwal)

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Programme Name:		HIPACC & AMS		Fortis
Facilitator:		ICO		
Date:		17/04/25		
Time:		3 Pm -		
SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Co-Chairperson	Dr KM Mandana	Director CTVS	
3	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
4	Essential Members	Mr Ashish Mukherjee	FD	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Internal Medicine	
8		Dr Sandip Ray	GI MAS	
9		Dr. Srabani Basu	HOD Anaesthetist	
10		Dr Sanjukta Dutta	HOD ER	
11		Dr Subhadip Maiti	Consultant ICU	
12		Dr Debojyoti Dutta	Consultant ICU	
13		Dr Subhajit Sen	Consultant Pulmonology	
14		Dr Soumya Chakraborty	Consultant Orthopaedics	
15		Dr Suchanda Gadre	MS	
16		Dr Richa Garg	DMS	
17		Ms Doli Biswas	CNO	
18		Ms Banani Bhattacharjee	DCON	Banani Bhattacharjee
19		Ms Chandralekha Pyne	ACON	
20		Ms. Banrishisha Basaiawmoit	Head Quality	

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21		Ms. Ananya Mitra	Head Admin	
22		Mr Goutam Kumar	BME	16/04/25
23		Mr Nemai Basak	Head Eng. & Maintenance	
24		Ms Dwipta Dey	ICN In-charge	
25		Ms Regina Rani Rao	ICN	
26		Ms Debashree Das Bairagya	ICN	
27		Ms Shruti Sinha	Clinical Pharmacist	
28		Mr Tapas Das	CSSD In-charge	
29		Ms Anjali Sen	OT Manager	
30		Mr Lokenath Tiwari	Perfusionist	
31		Ms Anisha Bhattacharya	Head HK, F&B	
32		Sr Anasuya Bajpayee	SICU Supervisor	
33		Sr Anindita Kundu	MICU Supervisor	
34		Sr Manisha Santra	~~CCU Supervisor~~ CCU MANAGER	
35		Sr Debarati Chatterjee	MICU 2 In -Charge	
36		Sr Rajkumari Lakshmi Devi	Nursing Educator	
37		Sr Sudha Mallick	Emergency Supervisor	
38		Br Manik Das	RCU In-Charge	
39		Sr Pubali Sen	Dialysis unit Supervisor	
40		Mr Roshan Kumar Jha	Purchase Head	
41		Mr Pradip Kumar Kundu	Store Head	
42		Kunjarani	MICU- Incharge	
43		Al Amin	H/K. Sup	
44		Srabani Mukherjee	Dietetics	
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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

1. Date & Time: 17.04.2025 at 3:00 pm
2. Total no. of Members in the committee: 38
3. Number of members attended: 25
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. Action Taken Report (ATR) of previous meeting: Yes.

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Procurement of back up ventilator expiratory cassettes	21.03.2024	Biomedical Eng. HOD, Nursing In-charge, Nursing admin, CSSD in-charge, ICNs	31.03.2025	Last 2 cassettes to be delivered in next 10 days.	30.04.2025 CAPEX approval awaited for next lot. 7 more to be procured by 31.03.2026 excluding

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						replacement for damaged ones.
2.	Procurement of automated bronchoscope/thoracoscope cleaner	18.12.2024	Biomedical team	31.05.2025	CAPEX 2025 approval awaited.	31.05.2025
3.	Biosafety Cabinet for preparation of liquid diet for RT feed in the kitchen	12.02.2025	Biomedical team F&B Head	15.03.2025	Repairing planned and expected to be completed by end of this month.	30.04.2025
4	Supply issue of items essential for infection prevention like close suction devices.	20.03.2025	Purchase	25.03.2025	Products from alternate brands already provided. Nursing/IC teams to give feedback for final procurement.	30.04.2025

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	MOS bundle compliance: CAUTI - 99%, CLABSI - 99%, VAP – 100%, SSI – 99%. - Environmental cleaning of patient bedsides inadequate in high risk areas.	- HK team has been asked to disinfect beds and bed-side surfaces in high risk areas with a high level disinfectant regularly.	HK Team ICNs Nursing in-charges	With immediate effect and to be followed.

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2.	CESC – HAI Score / trend / Analysis / Concerns	CLABSI -0 CAUTI -1 VAP-0 SSI – 0 HAP- 2 HAI rate: 0.35/1000 patient days. CRO - 180 (*Enterobacterales* – 151, *Pseudomonads* – 6, *Acinetobacter* - 23), MRSA – 04, VRE - 02, Polymyxin Resistance – 04.	Emphasis on Hand hygiene (HH) by all staffs, especially doctors, HK and technicians need improvement. All cases of Carbapenem resistant GN infections are being tracked to establish a trail if found hospital acquired and perform necessary CAPA for prevention. Random swabs to be collected from hands of staffs and surfaces to for guidance on strategies. Live daily supervision of all catheterized patients to prevent development of CAUTI.	Nursing In-charge, Nursing education, ICN MS Quality	Ongoing compliance required.
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date	HK team, IC team.	--
4.	Needle Stick Injury data / concerns	Sharp injury-0 / BBF - 0	Staffs to be encouraged for careful handling of sharps and report any such incidents or body fluid exposures.	ICNs Nursing educators	Continuous compliance required
5.	Infection Control & BMW Trainings update	Training needs for HK and nursing staffs on surface disinfection, disinfection of urinals/	Trainings to be conducted on surface disinfection, disinfection of urinals,	HK Head ICNs	Continuous compliance required

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		bed pans and hand hygiene.	timely emptying of waste buckets. Nursing training on device care-bundle and hand hygiene to continue.		
6.	Vaccination status update	Updated – 20/23 (87%). Three of them missed doses as absconding.	The same to continue as per list of new employees provided by HR and other team leaders.	HR HK Lab ICN	Continuous compliance required
7.	AMS status & concerns	Few RAJFs were not filled on time. Deescalation numbers are improving, although there is a rise in empiric escalation to ceftazidime/avibactam based on biomarkers and clinical condition. Many of these patients were negative on repeat CS.	-AMS team to actively try an improve RAJF filling. HIPACC discussed the need for judicious escalation to ceftazidime/avibactam and importance of sending repeat cultures and using non-culture methods to establish infectious etiology before escalation wherever feasible.	ICO CP AMS Committee	Continuous compliance required.
8.	Key concerns - OT C/S Report, environment surveillance/CSSD. (Temp / Pressure / Humidity), HEPA Filters.	All reports negative. All surveillance culture negative	HEPA filter changes completed with leak testing.	Maintenance team OT Manager ICNs	Continuous compliance required
9	Closure of NABH observations	Segregation of cytotoxic waste at terminal area. Lap long equipment reprocessing.	A separate box to be kept for final segregation of cytotoxic waste bags Lap long equipment reprocessing to be	Maintenance and HK team ICT & CSSD	30.04.2025

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			looked at to find justification in favour of chemisterilant use; available guidelines also to be looked into for reference.		

A. Other Agenda Items

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1					

Signature of Convener

Signature of Chairman

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Programme Name:		HIPACC & AMS.		Fortis
Facilitator:		Dr. Arindam Chakraborty.		
Date:		17/6/25.		
Time:		3Pm.		
SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Co-Chairperson	Dr KM Mandana	Director CTVS	
3	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
4	Essential Members	Mr Ashish Mukherjee	FD	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Internal Medicine	
8		Dr Sandip Ray	GI MAS	
9		Dr. Srabani Basu	HOD Anaesthetist	
10		Dr Sanjukta Dutta	HOD ER	
11		Dr Subhadip Maiti	Consultant ICU	
12		Dr Debojyoti Dutta	Consultant ICU	
13		Dr Subhajit Sen	Consultant Pulmonology	
14		Dr Soumya Chakraborty	Consultant Orthopaedics	
15		Dr Suchanda Gadre	MS	
16		Dr Richa Garg	DMS	
17	10445	Ms Doli Biswas	CNO	
18		Ms Banani Bhattacharjee	DCON	
19		Ms Chandralekha Pyne	ACON	
20		Ms. Banrishisha Basaiawmoit	Head Quality	

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21		Ms. Ananya Mitra	Head Admin	
22		Mr Goutam Kumar	BME	
23		Mr Nemai Basak	Head Eng. & Maintenance	
24		Ms Dwipta Dey	ICN In-charge	
25		Ms Regina Rani Rao	ICN	Regina
26		Ms Debashree Das Bairagya	ICN	Debashree
27	209681	Ms Shruti Sinha	Clinical Pharmacist	Shruti
28		Mr Tapas Das	CSSD In-charge	
29		Ms Anjali Sen	OT Manager	A Sen
30		Mr Lokenath Tiwari	Perfusionist	
31		Ms Anisha Bhattacharya	Head HK, F&B	
32		Sr Anasuya Bajpayee	SICU Supervisor	
33		Sr Anindita Kundu	MICU Supervisor	Anindita Kundu
34		Sr Manisha Santra	CCU Nurse Manager	Manisha Santra
35		Sr Debarati Chatterjee	MICU 2 In -Charge	Debarati
36		Sr Rajkumari Lakshmi Devi	Nursing Educator	Lakshmi
37		Sr Sudha Mallick	Emergency Supervisor	
38		Br Manik Das	RCU In-Charge	
39		Sr Pubali Sen	Dialysis unit Supervisor	
40		Mr Roshan Kumar Jha	Purchase Head	
41		Mr Pradip Kumar Kundu	Store Head	
42		Ms. Mausmita Saha	QAI	
43		Al - Amin	H/K	
44		Sr. Babin	3rd HDU	Babin
45		Mahin Bhuiya	ICC	Mahin
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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

1. Date & Time: 17.06.2025 at 3:00 pm
2. Total no. of Members in the committee: 35
3. Number of members attended: 28
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. Action Taken Report (ATR) of previous meeting: Yes.

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Procurement of back up ventilator expiratory cassettes	21.03.2024	Biomedical Eng. HOD, Nursing In-charge, Nursing admin, CSSD in-charge, ICNs	31.03.2025	Total 10 new cassettes procured. Total of 25 back ups planned by HIPACC by the end of current FY. Around 6-7 of them to be included for Capex approval.	31.03.2026
2	Surface disinfectant for high risk areas is a concern.	22.05.2025	HK ICNs	15.06.2025	H2O2 (7.5%) already in use for HLD of surfaces in high risk areas.	HK team to look for more vendors to

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						keep the supply lines intact.
3	Analysis of negative culture cases where deescalation was expected.	22.05.2025	AMS Team ICO CP	15.06.2025	A sample of cases of anticipated de-escalation was done to understand the scenario where de-escalation actually happens, and where same therapy is continued or even therapy is escalated.	The same to continue for a subset of negative culture cases to analyze progress in antimicrobial therapy.
4	Microfiber mops-heads	22.05.2025	HK team	15.06.2025	Vendor selection and cost-analysis is being done before final procurement. To start with to be used in the high risk areas.	15.07.2025

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	MOS bundle compliance: CAUTI - 98%, CLABSI - 99%, VAP – 99%, SSI – 99%. Hand hygiene compliance improved. -Environmental cleaning issues of high risk areas.	In-charges of all respective areas were communicated; respective staffs were made aware of the policies to improve the practices. Staffs and areas displaying best hand hygiene compliance to	Nursing in-charges ICN All concerned	To be followed up for continued compliance and necessary retraining.

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		-Scrub the Hub technique not strictly followed by nurses in MICU, MICU2, wards. -Infusion sets without date & cap while not used. PIVC extension kept open without cap in 10C and other areas.	be acknowledged in the upcoming HTML: **Best Hand Hygiene Performers** are Dr Mahesh Thakur (Emergency) Sr Maumita Nandi (10B) Ms Chaitali Mukherjee (PT) Ms Jhuma Mondal (HK)		
2.	CESC – HAI Score / trend / Analysis / Concerns	CLABSI -0 CAUTI -0 VAP-0 SSI – 1 HAP- 1 HAI rate: 0.25/1000 patient days. CRO -79, MRSA – 03, VRE - 02, Polymyxins Resistance – 06.	To arrest the rising trend of SSI cases it was elaborately discussed and the following were decided: Hospital to procure more long laparoscopy hand equipment and to also explore possible methods of sterilizing them between cases. Also handling of implant cases was discussed, where it is to be mandatory to call loan sets a day before planned surgeries to ensure proper cleaning before it goes into the autoclave. For preventing HAP cases, regular cleaning and disinfection of oxygen humidifiers and suction bottles	Nursing In-charges, OT manager, ICN MS Quality Biomedical team CSSD	30.06.2025 and Ongoing compliance required

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			was reiterated as important measures.		
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date	HK team, IC team.	--
4.	Needle Stick Injury data / concerns	Sharp injury-0 / BBF - 0	Staffs to be encouraged for careful handling of sharps and report any such incidents or body fluid exposures.	ICNs Nursing educators	Continuous compliance required
5.	Infection Control & BMW Trainings update	Training needs for HK and nursing staffs on surface disinfection, disinfection of urinals/ bed pans and hand hygiene.	Trainings to be conducted on surface disinfection, disinfection of urinals, timely emptying of waste buckets as this is found lacking in various parts during IPC rounds. Nursing training on device care-bundle and hand hygiene to continue. Kitchen staffs to be trained and followed on use of biosafety cabinet for preparation of liquid diet.	HK Head ICNs	Continuous compliance required
6.	Vaccination status update	Updated – Hepatitis B vaccination = 19/19 (100%).	The same to continue as per list of new employees provided	HR HK Lab ICN	Continuous compliance required

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		Varicella vaccination = 4/4 (100%).	by HR and other team leaders.		
7.	AMS status & concerns	RAJF filling compliance improved to 99% in May. Antibiotic deescalation compliance especially in culture negative group reduced to 21% in May from 29% in April, 2025. Presurgical prophylaxis improved in orthopedics to 95%. On a new antibiotic: Plazomicin	Department heads to be informed if RAJF are found incomplete. Case-based analysis in culture-negative group to improve deescalation by direct communication with respective team members to continue. Dr SRC raised the importance of having clinico-microbiological rounds to improve decision making towards more de-escalation. Had a brief discussion on the recommended indications and use of a new antibiotic, Plazomicin based on the write up shared by Dr Anita Arora. Raised the need to fill up RAJF for new antibiotics like, Plazomicin & Cefepime/ enmetazobactam.	ICO CP AMS Committee MS All concerned	15.07.2025 and continued efforts.
8.	Key concerns - OT C/S Report,	All reports negative.	HEPA filter changes completed with leak testing. Further 6 monthly validation by	Maintenance team	Continuous compliance required

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	environment surveillance/CSSD (Temp / Pressure / Humidity), HEPA Filters.	All surveillance culture negative	particle continue to continue.	OT Manager ICNs	
9.	Any issues/ Concerns/ Incidents	Cleanliness of the blanket and other linen delivered from laundry	Growth of pathogenic bacterial isolates from washed blanket. Recommendation also shared on handling/sorting of washed linen. Follow up samplings to be done to check compliance.	HK Team ICN	10.07.2025

A. Other Agenda Items

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1.	Automated bronchoscope cleaner	Dr SRC raised the need for verification of its performance by surveillance culture	Washed devices to be swabbed for culture on a weekly basis in the first month.	ICN	31.07.2025
2.	Post-TKR patients getting readmitted with GI infections	Dr BBS raised the issue that needs a discussion	The infection control team to collect detailed history of the diet and symptoms of such patients and find a correction if required.	ICN	15.07.2025
3.	Some staffs not following IPC practices	Some staffs especially in MICU not following IPC practices like hand	The team leaders have been informed. The involved staff counselled about the policies.	ICN Nursing in-charges	10.07.2025

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		washing, moving out in scrub suits etc.		MICU Consultant	

Signature of Convener

Signature of Chairman

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Programme Name:		HIPACC & AMS		
Facilitator:		Dr. Arindam Chakraborty.		
Date:		18/06/25		
Time:		3PM - 4.30PM.		
SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Co-Chairperson	Dr KM Mandana	Director CTVS	
3	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
4	Essential Members	Mr Ashish Mukherjee	FD	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Internal Medicine	
8		Dr Sandip Ray	GI MAS	
9		Dr. Srabani Basu	HOD Anaesthetist	
10		Dr. Sanjukta Sarkar	Anaesthetist	
11		Dr Sanjukta Dutta	HOD ER	
12		Dr Subhadip Maiti	Consultant ICU	
13		Dr Debojyoti Dutta	Consultant ICU	
14		Dr Subhajit Sen	Consultant Pulmonology	
15		Dr Soumya Chakraborty	Consultant Orthopaedics	
16		Dr Suchanda Gadre	MS	
17		Dr Richa Garg	DMS	
18		Ms Doli Biswas	CNO	
19		Ms Banani Bhattacharjee	DCON	
20		Ms Chandralekha Pyne	ACON	
21		Ms. Banrishisha Basalawmoit	Head Quality	
22		Ms. Ananya Mitra	Head Admin	
23		Mr Goutam Kumar	BME	
24		Mr Nemai Basak	Head Eng. & Maintenance	

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25		Ms Dwipta Dey	ICN In-charge	
26		Ms Regina Rani Rao	ICN	Regina Rani Rao
27		Ms Debashree Das Bairagya	ICN	Debashree
28		Ms Shruti Sinha	Clinical Pharmacist	Sinha
29		Mr Tapas Das	CSSD In-charge	
30		Ms Anjali Sen	OT Manager	A Sen
31		Mr Lokenath Tiwari	Perfusionist	
32		Ms Anisha Bhattacharya	Head HK, F&B	
33		Sr Anasuya Bajpayee	SICU Supervisor	
34		Sr Anindita Kundu	MICU Supervisor	
35		Sr Manisha Santra	Nursing Manager	Manisha Santra
36		Sr Debarati Chatterjee	MICU 2 In -Charge	
37		Sr Rajkumari Lakshmi Devi	Nursing Educator	Lakshmi
38		Sr Sudha Mallick	Emergency Supervisor	
39		Br Manik Das	RCU In-Charge	
40		Sr Pubali Sen	Dialysis unit Supervisor	
41		Mr Roshan Kumar Jha	Purchase Head	
42		Mr Pradip Kumar Kundu	Store Head	
43		Mr. AL- Amin	HK Supervisor	
44		DR. PROLAY PAUL	MED ADMSN	Prolay Paul
45		L. Nirmala Veronica	SC - Nursing Sup. MICU	Veronica
46		Dr. Sumeet Sa	PULMO	
47		Priti rani Kamal	Sr. Incharge	
48		Nagen Babina Devi	Sr. Incharge	Babina
49		Uvon Sarkar	2F HDU	
50		Dr. Sandip Kumar Mondal	Consultant MICU.	
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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

1. Date & Time: 18.08.2025 at 3:00 pm
2. Total no. of Members in the committee: 35
3. Number of members attended: 31
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. Action Taken Report (ATR) of previous meeting: Yes.

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Procurement of back up ventilator expiratory cassettes	21.03.2024	Biomedical Eng. HOD, Nursing In-charge, Nursing admin, CSSD in-charge, ICNs	31.03.2025	No Ventilator cassette delivered within this financial year. Total 25 back ups planned by HIPACC by the end of current FY. Around 4 has been included of them for Capex approval. Plan to procure 03 back up cassettes within October 2025.	Procurement of new ventilator cassette is in process, due to unstable pricing procurement gets delayed. 31.03.2026

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2.	Microfiber mops-heads & duster for high risk areas.	22.05.2025	HK team	31.07.2025	Procurement of microfiber mop heads has been done. To start using in the high-risk areas. It has further recommended that microfiber duster also needs to be implemented for surface disinfection. Sample received from the vendors to start using in the high-risk areas.	31.08.2025
3.	Analysis of negative culture cases where de-escalation was expected.	22.05.2025	AMS Team ICO CP	15.06.2025	For negative culture de-escalation, suggestion was to analyze the patient's sepsis markers and then look for de-escalation of those patients.	The same to be included in the monthly HIPACC ppt to analyze those cases.
4	Rising trend of SSI cases	23.07.2025	Nursing In-charges, OT manager, ICN MS, Quality Biomedical team, CSSD	31.08.25	To arrest the rising trend of SSI cases it was elaborately discussed. Major concerns were- 1. Receiving of loaner sets one day prior for the planned surgeries. 2. Increased humidity level inside OT. 3. Proper OT scheduling and allotment of clean surgeries and dedicated OR. 4. AHU was off during night time. 5. OT doors kept open in between surgeries & during night time. 6. Inadequate contact time between two surgeries for surface disinfection. 7. Issue with arthroscopes sterilization.	In last OT committee meeting those points were discussed and also one meeting was conducted with the Ortho team specialty. Rectification under process.

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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	MOS bundle compliance: CAUTI - 99%, CLABSI - 99%, VAP – 100%, SSI – 100%. Hand hygiene compliance improved. ➢ - Adequate contact time not maintained in between two surgeries for cleaning & disinfection of OT room. ➢ OR room temperature is within normal range but the Humidity is very high, around 75%-79%. ➢ Full drape not used during insertion of CVC at MICU. While assisting for line insertion, adequate barrier precaution & asepsis not maintained.	In-charges of all respective areas were communicated; respective staffs were made aware of the policies to improve the practices. Staffs and areas displaying best hand hygiene compliance to be acknowledged in the upcoming HTML: **Best Hand Hygiene Performers** are 1.Rohan Sarkar (OT-Nursing) 2.Lalmohan Patra (HK 7A) 3.Dr. Atashi Roy (EMG) 4. V. Kumar Shukla (OT Technician)	Nursing in-charges ICN All concerned	To be followed up for continued compliance and necessary retraining. CQI to be raised and discussed with the departmental HOD.

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		➢ Cleanliness, disinfection and storage of respirators are improper in few critical care units.			
2.	CESC – HAI Score / trend / Analysis / Concerns	CLABSI -0 CAUTI -0 VAP-0 SSI- 0 HAP-1 NSI-2 HAI rate: 0.11/1000 patient days. CRO -95, MRSA – 04, VRE - 07, Polymyxins Resistance – 02, LRE-01.	To arrest the rising trend of SSI cases it was elaborately discussed. Few other concerns also discussed like: - For sterilization of arthroscopes through ETO or plasma, perforated box needs to be procured. - Increased humidity level inside OR. - AHU was off during night time. - OT doors kept open during night time. Automated door closure can be a better alternative.	Nursing In-charges, OT manager, ICN MS Quality Biomedical team CSSD	Perforated box procurement & automated door installation within 31.10.2025. Dehumidifiers already installed to control humidity inside OR.
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date	HK team, IC team.	--
4.	Needle Stick Injury data / concerns	Sharp injury-1 / BBF - 0	Staffs to be encouraged for careful handling and safe disposal of sharp. HK staffs to be trained on timely disposal/chnaging of	ICNs Nursing educators	Continuous compliance required

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			sharp jar when >3/4th filled.		
5.	Infection Control & BMW Trainings update	Training needs for HK and nursing staffs on surface disinfection, disinfection of urinals/ bed pans and hand hygiene.	Trainings to be conducted on surface disinfection, disinfection of urinals, timely emptying of waste buckets as this is found lacking in various parts during IPC rounds. Training on device care-bundle and hand hygiene, BMW segregation to continue for nurses, doctors and allied health care professionals like physiotherapist, radiology technicians etc. Timely collection of BMW by the vendors (medicare) sometimes inadequate and need to be raised. Plan for installation of service lift at the back-stair case for transportation of solo bin from the user dept to the central storage point. Solo bin should not be overfilled. Feasibility, cost, legal aspects to be discussed. Kitchen staffs to be trained and followed on personal hygiene & hand hygiene. An access for CCTV monitoring has been taken by ICN for frequent vigilance over the base kitchen area, any	ICNs & all concerned. HK head. FD, Legal team, Maintenance.	Continuous compliance required.

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			malpractice needs to be raised and notified immediately. Cleanliness of refrigerator is a concern which need to be taken care of.	F&B team, ICNs	Cleanliness of refrigerator to be monitored and further sample will be taken for culture.
6.	Vaccination status update	Updated – Hepatitis B vaccination = 11/11 (100%).	The same to continue as per list of new employees provided by HR and other team leaders.	HR HK Lab ICN	Continuous compliance required
7.	AMS status & concerns	RAJF filling compliance improved to 99% in July.	Department heads to be informed if RAJF are found incomplete. Case-based analysis in culture-negative group to improve deescalation by direct communication with respective team members to continue. Dr SRC raised the importance of having clinic-microbiological rounds to improve decision making towards more de-escalation. Chairperson suggested to conduct basic antibiotic classes and restricted antibiotic justification for newly joined RMO, DNB Students in collaboration with other	HIPACC Chairperson CP AMS Committee MS All concerned.	15.10.2025 and continued efforts.

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			medicine allied departmental HODs to improve awareness and practice compliance. Few suspected UTI cases are being treated with Cefoperazone and Sulbactum combination. An alternate lower end antibiotic can be a better option to be started with empirically. ICO discussed the issue of Tazact uses in EMG with Dr. Sanjukta Dutta (HOD EMG).		
8.	Key concerns - OT C/S Report, environment surveillance/CSSD (Temp / Pressure / Humidity), HEPA Filters.	All reports negative. All surveillance culture negative	HEPA filter changes completed with leak testing. Further 6 monthly validation by particle continue to continue.	Maintenance team OT Manager ICNs	Continuous compliance required
9.	Any issues/ Concerns/ Incidents	Cleanliness and storage of the respirators. OT Scrub suits are not being changed by doctors while leaving OT premises and attending patients at OPD	Respirators should be cleaned and dried before keeping inside Zip lock pouch. Changing of scrub suits by the surgeon was recommended and discussed during OT committee meeting.	Nursing In-charges, OT Manager ICNs MS All concerned.	Continuous compliance required.

Signature of Convener

Signature of Chairman

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Programme Name:		HIPACC & AMS		
Facilitator:		Dr. Arindam Chakraborty.		
Date:		17/11/2025		
Time:				
SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Co-Chairperson	Dr KM Mandana	Director CTVS	
3	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
4	Essential Members	Mr Ashish Mukherjee	FD	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Internal Medicine	
8		Dr Sandip Ray	GI MAS	
9		Dr. Sanjukta Sarkar	HOD Anaesthetist	
10		Dr. Riya Sarkar	Microbiologist	17/11
11		Dr Sanjukta Dutta	HOD ER	
12		Dr Arijit Sil	Consultant ER	
13		Dr Subhadip Maiti	Consultant ICU	
14		Dr Debojyoti Dutta	Consultant ICU	
15		Dr Subhajit Sen	Consultant Pulmonology	
16		Dr Soumya Chakraborty	Consultant Orthopaedics	
17		Dr Suchanda Gadre	MS	
18		Dr Richa Garg	DMS	
19	Member	Ms Doli Biswas	CNO	
20		Ms Banani Bhattacharjee	DCON	Banani Bhattacharjee
21		Ms Chandralekha Pyne	ACON	
22		Ms. Banrishisha Basaiawmoit	Head Quality	
23		Ms. Ananya Mitra	Head Admin	12-11-25
24		Mr Goutam Kumar	BME	for Aditi

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	"	Mr Nemai Basak	Head Eng. & Maintenance	
26		Ms Dwipta Dey	ICN In-charge	
27		Ms Regina Rani Rao	ICN	
28		Ms Debashree Das Bairagya	ICN	
29		Ms Shruti Sinha	Clinical Pharmacist	
30		Ms Udita Mjumder	Clinical Pharmacist	
31		Mr Tapas Das	CSSD In-charge	
32		Ms Anjali Sen	OT Manager	
33		Mr Lokenath Tiwari	Perfusionist	
34		Dr Proloy Paul	Medical Admin	
35		Ms Anisha Bhattacharya	Head HK, F&B	
36		Sr Anasuya Bajpayee	SICU Supervisor	
37		Sr Anindita Kundu	MICU Supervisor	
38		Sr Manisha Santra	Nursing Manager	
39		Sr Debarati Chatterjee'	MICU 2 In -Charge	
40		Sr Rajkumari Lakshmi Devi	Nursing Educator	
41		Sr Sudha Mallick	Emergency Supervisor	
42		Br Manik Das	RCU In-Charge	
43		Br Santosh Singh Athokpam	Dialysis In-Charge	
44		Mr Roshan Kumar Jha	Purchase Head	
45		Mr Pradip Kumar Kundu	Store Head	
46		Mr. AL- Amin	HK Supervisor	
47		Sandipan Chowdhury	Ward Incharge	
48		Actovee Rapsang	Supervisor Nursing	
49		[illegible]	[illegible]	
50		[illegible]	FB	
51		[illegible]	SA	
52		[illegible]	10 C	
53		[illegible]	2F HDU	
54		Pritirani Samal	Ward Sr. Incharge	
55		Urmila Mog	NICU / PICU	
56		Sipra Nama	ward Sr. Incharge	
57		Manju Rani Hakat	10 B	
58		Kh. Rokemary Devi	OT	

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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

1. Date & Time: 17.11.2025 at 3:00 pm
2. Total no. of Members in the committee: 35
3. Number of members attended: 41
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. Action Taken Report (ATR) of previous meeting: Yes.

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Procurement of back up ventilator expiratory cassettes	21.03.2024	Biomedical Eng. HOD, Nursing In-charge, Nursing admin, CSSD in-charge, ICNs	31.03.2026	Total 25 back ups planned by HIPACC by the end of current FY. Total cassettes supplied as of now - 15.	In process

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	g trend of l cases	23.07.2025	Nursing In-charges, OT manager, ICN MS, Quality Biomedical team,	31.08.2025	To arrest the rising trend of SSI cases it was elaborately discussed in previous HIPACC, OT committee and other meetings. While most of the recommendations have been implemented, few major concerns still remain open- -AHU not on during off hours – automatic door closures are being installed in almost every OT door starting with OT6. The expected closure of this work is January 2026, post which AHU will be kept on during off hours too. -Issues with arthroscope sterilization- perforated box not yet received. The biomedical team is checking with vendor for availability. ->60% vendors are submitting loaner sets the day before surgery after continuous effort. Efforts to continue to improve it further.	31.01.2026 31.12.2025 31.11.2025

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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	MOS bundle compliance: CAUTI - 99%, CLABSI - 97%, VAP – 100%, SSI – 100%. Meatal cleaning inadequate-MICU. Central line dressing-related issues - MICU, SICU, RCU, MICU-2. Asepsis practices during post-op dressing (Neuro/Ortho) – multiple locations ** Hand hygiene compliance 86.02%. Highest compliance HCW: **Nurses: 89.02%** **Best Hand Hygiene Performers (September)-** 1. Mr. Saikat Mondal (Physiotherapist) 2. Ms. Azmira Khatun (MICU 2-Nursing) 3. Mr. Amit Majhi (F&B)	Respective Department/Section Heads were appraised, event forms filled, Medical/Nursing admin informed, concerned staffs spoken with and given necessary training and awareness on exiting policies and importance of adherence to them. Spot teaching given to concerned staffs to improve catheter care and CLABSI prevention bundle. Medical admin team to speak to registers of respective teams to improve aseptic practices during post-op dressings; nursing in-charges of all units will be empowered to raise a flag if IPC practices are not followed. Staffs in the ward have been made aware of the importance of hand hygiene and the area will be monitored for improvement.	Nursing in-charges ICN Maintenance Medical admin All concerned	To be followed up for continued compliance and necessary retraining with escalation to concerned wherever applicable.

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	CESC – HAI Score / trend / Analysis / Concerns	CLABSI -1 CAUTI -1 VAP-0 SSI- 0 HAP-2 NSI-1 HAI rate: 0.47/1000 patient days. MRSA – 02, VRE - 03, Polymyxins Resistance – 04.	-Catheter care in critical care areas is found lacking especially in patients having frequent loose stools. Staffs have been trained to keep the catheter clean. Medical admin team to speak to registers of respective teams to improve aseptic practices during post-op dressings; nursing in-charges of all units will be empowered to raise a flag if IPC practices are not followed during any such procedures.	Nursing In-charges, OT manager, ICN MS Quality Biomedical team CSSD	
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date.	HK team, Legal team IC team.	Further updates in the next renewal cycles.
4.	Needle Stick Injury data / concerns	Sharp injury-1 / BBF -0	All staffs to be encouraged for careful handling and safe disposal of sharp and timely and appropriate disposal. All cases of NSI/SI to be reported irrespective of contamination status of the sharp.	ICNs Nursing educators	Continuous compliance required
5.	Infection Control & BMW Trainings update	Training needs for nurses and F&B staffs have been identified.	Training on catheter and central line care-bundle and hand hygiene practices to continue for nurses and doctors	ICNs. Nursing supervisors	30.11.2025 and Continuous compliance required.

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			Staffs at both base kitchen and hospital cafeteria are being regularly trained on personal & hand hygiene, cleaning & disinfection of cooking surfaces, refrigerators etc. CCTV footages from inside the base kitchen are being used by ICNs for monitoring of progress.	F&B team, ICNs	
6.	Vaccination status update	Updated – Hepatitis B vaccination = 16 (100%).	The same to continue as per list of new employees provided by HR and other team leaders. Finding doctors for vaccination is becoming difficult at times and Medical admin to facilitate the same.	HR HK Lab ICN DMS	15.11.2025
7.	AMS status & concerns	RAJF filling compliance remains at 99% in September, but the quality of justification provided and active filling of forms still remains a challenge for the AMS team. Cases requiring de-escalation are now being studied in addition to biomarker reports like, TC/DC/CRP/PCT. Clinical Microbiology rounds are taking place daily to help modify	Department heads to be informed if RAJF are found incomplete or unfilled. Dr SRC suggested it'll be good if antibiotic regimes can be modified during the daily microbiology rounds itself after discussing with the clinical teams. Prospective deescalation candidates will be analyzed in both positive and negative culture groups	HIPACC Chairperson CP AMS Committee MS All concerned.	30.11.2025 and continued compliance required.

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		antibiotic regimes based on culture reports. The antibiogram for the period January to August, 2025 was presented and discussed in details. Issue of surgical antibiotic prophylaxis data not improving for neurosurgery was discussed.	considering sepsis biomarkers. The prevalence of CRO and VRE were considered as alarming by the committee. The need for prompt deescalation, keeping durations short and wise use of molecular detection of resistance genes for Gram negatives and restricted/judicious use of oral Vancomycin, Teicoplanin and Linezolid for Gram positive infections were decided.		
8.	Key concerns - OT C/S Report, environment surveillance/CSSD (Temp / Pressure / Humidity), HEPA Filters.	All surveillance culture reports negative. Temp / Pressure / Humidity maintained HEPA Filters to be changed in November 2025.	To be monitored regularly.	Maintenance team OT Manager ICNs	Continuous compliance required. 15.12.2025
9.	Any issues/ Concerns/ Incidents	Flies inside OT complex. Physician attendants/vendors entering the sterile zone in outside garments.	Pest control activities to be improved inside the OT complex. Air curtains to be considered for OT entrances OT Medical admin to look into this matter so that sterility can be maintained always	Nursing In-charges, OT Manager OT Medical Admin ICNs MS All concerned.	Continuous compliance required. 15.11.2025

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	Important Matters for decision	Lack of Isolation facility in the hospital makes it challenging to place and treat infectious diseases and emerging viral infections. Wall-fitted vacuum suction tubes need change in between patients.	Dr YP suggested that while cohorting patients suffering from similar infections will be the way to go now, the hospital must increase the number of isolation rooms when it expands. The committee agreed on the importance of this practice and to be compliant with latest IPC SOP guidelines. Nursing in-charges to make sure its done and ICNs to monitor and report noncompliances.	Medical admin Nursing admin IPC Team Maintenance team ICNs	Ongoing process.

Signature of Convener

Signature of Chairman

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Programme Name:		HIPACC & AHS		
Facilitator:		Dr. Arindam Chakraborty.		
Date:		22-12-2025		
Time:		3pm – 4.30pm		
SL.NO	Membership	NAME	DESIGNATION	SIGNATURE
1	Chairperson & AMS Champion	Dr Yashesh Paliwal	Director Critical Care	
2	Co-Chairperson	Dr KM Mandana	Director CTVS	
3	Convenor	Dr Arindam Chakraborty	Microbiologist & ICO	
4	Essential Members	Mr Ashish Mukherjee	FD	
5		Dr. Susmita Roy Chowdhury	Director Pulmonology	
6		Dr Dibyendu Mukherjee	Consultant Internal Medicine	
7		Dr Basab Bijoy Sarkar	Internal Medicine	
8		Dr Sandip Ray	GI MAS	
9		Dr. Sanjukta Sarkar	HOD Anaesthetist	
10		Dr. Riya Sarkar	Microbiologist	
11		Dr Sanjukta Dutta	HOD ER	
12		Dr Arijit Sil	Consultant ER	
13		Dr Subhadip Maiti	Consultant ICU	
14		Dr Debojyoti Dutta	Consultant ICU	
15		Dr Subhajit Sen	Consultant Pulmonology	
16		Dr Soumya Chakraborty	Consultant Orthopaedics	
17		Dr Suchanda Gadre	MS	
18		Dr Richa Garg	DMS	
19		Ms Doli Biswas	CNO	
20		Ms Banani Bhattacharjee	DCON	
21		Ms Chandralekha Pyne	ACON	
22		Ms. Banrishisha Basaiawmoit	Head Quality	
23		Ms. Ananya Mitra	Head Admin	
24		Mr Goutam Kumar	BME	

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		Mr Nemai Basak	Head Eng. & Maintenance	
		Ms Dwipta Dey	ICN In-charge	
27		Ms Regina Rani Rao	ICN	
28		Ms Debashree Das Bairagya	ICN	
29		Ms Shruti Sinha	Clinical Pharmacist	
30		Mr Tapas Das	CSSD In-charge	
31		Ms Anjali Sen	OT Manager	
32		Mr Lokenath Tiwari	Perfusionist	
33		Dr Proloy Paul	Medical Admin	
34		Ms Anisha Bhattacharya	Head HK, F&B	
35		Sr Anasuya Bajpayee	SICU Supervisor	
36		Sr Anindita Kundu	MICU Supervisor	
37		Sr Manisha Santra	Nursing Manager	
38		Sr Debarati Chatterjee	MICU 2 In -Charge	
39		Sr Rajkumari Lakshmi Devi	Nursing Educator	
40		Sr Sudha Mallick	Emergency Supervisor	
41		Br Manik Das	RCU In-Charge	
42		Br Santosh Singh Athokpam	Dialysis In-Charge	
43		Mr Roshan Kumar Jha	Purchase Head	
44		Mr Pradip Kumar Kundu	Store Head	
45		Mr. AL- Amin	HK Supervisor	
46		Ankita Banerjee	OT	
47		Sandipan Choudhury	Dialysis	
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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

- Date & Time: 22.12.2025 at 3:00 pm
- Total no. of Members in the committee: 35
- Number of members attended: 26
- Chairman, convener & Mandatory Members present (Yes/No): Yes
- Details of essential members who neither attended nor sent a representative: No
- Agenda circulated 3 days prior to meeting (Yes/No): Yes
- Action Taken Report (ATR) of previous meeting: Yes

Action Taken Report (ATR) from previous meeting:

Sl. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Procurement of back up ventilator expiratory cassettes	21.03.2024	Biomedical Eng. HOD, Nursing In-charge, Nursing admin, CSSD in-charge, ICNs	31.03.2026	Total 25 back up cassettes planned by HIPACC looking at the number of ventilators usually in use. Total cassettes supplied 15. More cassettes to be procured following CAPEX approval.	May-June 2026
2	Rising trend of SSI cases	23.07.2025	Nursing In-charges, OT manager, ICN MS, Quality Biomedical team,	31.08.2025	Most of the recommendations coming out of surgeons meet, OT committee meet and HIPACC meetings have been closed. Points still open:	

Prepared by: ICO | **Approved by: Chairperson HIPACC**

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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

					-AHU not on during off hours, which is planned to run all day once automatic door closures are fitted in all the ORs. -Need of a perforated box for arthroscope sterilization – pending for long.	31.01.2026 Biomedical head to urgently provide a timeline for the same.

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	MOS bundle compliance: CAUTI - 99%, CLABSI - 97%, VAP – 100%, SSI – 100%. Lack of full PPE during central line insertion, lack of CHG dressing of CL, inadequate hand hygiene during maintenance of lines. ** Hand hygiene compliance 86.11%. Best Hand Hygiene Performers are (Visirub movement during IPW celebration): **-Mr. Saikat Mondal (Physiotherapist)** **-Ms. Azmira Khatoon (MICU 2)** **-Mr. Amit Majhi (F&B)**	Respective Department/Section Heads were appraised, event forms filled, Medical/Nursing admin informed, concerned staffs spoken with and given necessary training and awareness on CLABSI and other prevention bundles. Staffs in the ward especially L2 HDU have been trained on hand hygiene. ICNs to detail the location of MOS non-compliances and findings on subsequent monitoring. They should also record the staffs involved (not to be presented) for further training and actions.	Nursing in-charges ICN Medical admin All concerned	Ongoing process.

Prepared by: ICO	Approved by: Chairperson HIPACC

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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

	CESC – HAI Score / trend / Analysis / Concerns	CLABSI -1 CAUTI -0 VAP-0 SSI- 0 HAP-3 NSI-0 HAI rate: 0.48/1000 patient days. MRSA – 01, VRE - 08, Polymyxins Resistance – 05 and VRE+LRE – 02. Issues: MOS findings of CLABSI bundle non-compliances, issues with hand hygiene, nurse:patient ratio in critical care areas, lack of nursing handover regarding cohorting of MDRO-infected patients.	- concerned staffs spoken with and given necessary training and awareness on CLABSI and other prevention bundles. - issue of improper nurse:patient ratio in MICU was discussed and remedies to be found & planned by nursing admin. - improving nursing handover of a transferring patient with MDRO infection will help in cohorting of such patients and nursing allocation – nursing supervisors to work on this and monitor practice.	Nursing In-charges, ICN MS CON Quality	10.01.2026
3.	BMW License / Vendor Agreement validity / regulatory reports status	All updated	All MoU and agreements, Licenses are up to date.	HK team, Legal team IC team.	Further updates in the next renewal cycles.
4.	Needle Stick Injury data / concerns	Sharp injury-0 / BBF -0	All staffs to be encouraged for careful handling and safe disposal of sharp and timely and appropriate disposal.	ICNs Nursing educators	Continuous compliance required
5.	Infection Control & BMW Trainings update	Training needs for nurses and doctors have been identified.	Training on central line and other care-bundle and hand hygiene practices to continue for nurses and doctors.	ICNs. Nursing supervisors	07.01.2026

Prepared by: ICO	Approved by: Chairperson HIPACC

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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

	Vaccination status update	Updated – Hepatitis B vaccination = 20 (95.23%). 1 (2nd dose due). 2 left.	The same to continue as per list of new employees provided by HR and other team leaders. Finding doctors for vaccination is becoming difficult at times and Medical admin to facilitate the same.	All concerned	Ongoing exercise
7.	AMS status & concerns	RAJF filling compliance at 100%, Neurosurgery SAP improved to >90%. Clinical Microbiology rounds helping in improving necessary modification of antibiotic regime. Wide-spread use of Aztreonam/avibactam combination was discussed with its future risks. Dr Subhajit Sen raised concern regarding few patients having ADR from a particular brand (!) of Ceftazidime/avibactam. There are some discrepancies in the AMS dashboard.	Neurosurgery team was praised during the meeting and CP asked to monitor progress and discuss raw data of SAP with ICO/microbiologist. During clinical microbiology rounds, some wrong entries are seen on patient charts regarding culture reports informed from lab. The nurses to be careful while translating an info from lab. Lab staffs to be clearer in sending the info. The need and risks of using a lot of Aztreonam/avibactam was discussed and understood. The clinical teams need to be judicious in its use. CP to raise ADR report and follow prescribed plan of action regarding the mentioned brand. CP was discussed with and explained the AMS dashboard again and also asked to discuss SAP raw data	HIPACC Chairperson CP ICO/ Microbiologist AMS Committee MS All concerned.	10.01.2026 and continued compliance required.

Prepared by: ICO	Approved by: Chairperson HIPACC

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MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospitals, Anandapur, Kolkata.

			from next month onwards.		
8.	Key concerns - OT C/S Report, environment surveillance/CSSD (Temp / Pressure / Humidity), HEPA Filters.	All surveillance culture reports negative. Humidity >60% which was also pointed out by NABH. Dehumidifiers were not allowed in ortho and neurosurgery ORs. HEPA Filters were changed.	Maintenance has promised urgent action to bring down humidity in all ORs.	Maintenance team OT Manager ICNs	31.01.2026
9.	Any issues/ Concerns/ Incidents	Its was found that in few patients CHG dressing was not applied in dialysis unit.	Senior nursing staff from the unit was made aware and ICNs to monitor progress.	Nursing In-charges-dialysis unit, ICNs	31.12.2025
10.	Important Matters for decision	The issue of liquid waste management was raised and discussed in details during NABH audit. Management of liquid waste from areas like OT, ICUs and even lab are concerns.	Need for an ETP was discussed. The infection control team to come up with the latest recommendations on this while the maintenance team to deliberate upon about the space required and costing.	IPC team Maintenance FD	15.01.2026

Prepared by: ICO	Approved by: Chairperson HIPACC

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