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laFemme

HEALTHCARE FOR WOMEN AND CHILDREN

Fortis La Femme
S-549, Greater Kailash,
Part-II, New Delhi 110048
Tel : +91 11 4057 9400
Fax : +91 11 4143 6103
Emergency : +91 11 4143 6385
Ambulance : 900 900 1050
Email : contactus.fff@fortislafemme.in
Website : www.fortishealthcare.com

24/06/26

ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT OF NCT OF DELHI
3RD FLOOR DMRC BUILDING
IT PARK SHASTRI PARK DELHI-110053

To,

Dated: 24th June 2025

The Sr. Environmental Engineer, WMC-I

Department of Environment,

Govt. of NCT of Delhi,

4" Floor, ISBT Building,

Kashmere Gate, Delhi-110006

Subject: **Submission of Form- IV (Annual Report 1st January 2025 to 31st December 2025)**

Dear Sir/Madam,

Please find attached herewith the duly filled **Form IV (Annual Report)** as per the set guidelines by DPCC for the duration from **1st January 2025 to 31st December 2025.**

This is for your information and records.

Thanks & Regards

Garima Prasad

(Ms. Garima Prasad)

Facility Director – Fortis LaFemme

(Ms. Shilpa Kapoor)

Asst Manager - Operations

Fortis Hospitals Limited
Fortis La Femme S-549 G.K.-II New Delhi-48

Sr No	Date	Biomedical Waste											
		Yellow Waste		Red Waste		White Waste		Blue Waste		Cytotoxic Waste		Total	
		Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg
1	Jan-25	139	1068.465	110	504.300	35	021.860	20	081.818		000.000	304	1676.443
2	Feb-25	129	1057.770	92	489.100	29	018.720	18	093.790		000.000	268	1659.380
3	Mar-25	120	943.126	93	448.850	31	017.470	16	072.610		000.000	260	1482.056
4	Apr-25	134	1060.949	110	485.300	31	015.212	16	064.460		000.000	291	1625.921
5	May-25	183	1019.242	142	464.160	31	020.640	25	089.290		000.000	381	1593.332
6	Jun-25	135	879.270	106	374.269	27	014.190	16	054.940		000.000	284	1322.669
7	Jul-25	149	880.472	122	385.110	30	015.312	13	044.615		000.000	314	1325.509
8	Aug-25	137	1008.497	100	382.461	27	016.840	20	063.175		000.000	284	1470.973
9	Sep-25	139	1015.529	107	491.040	34	019.905	22	057.110		000.000	302	1583.584
10	Oct-25	147	1054.649	111	572.210	41	026.510	26	076.575		000.000	325	1729.944
11	Nov-25	118	939.609	88	525.298	31	021.459	21	051.762		000.000	258	1538.128
12	Dec-25	128	1055.193	101	658.824	38	039.298	20	054.284		000.000	287	1807.599
		1658.000	11982.771	1282.000	5780.922	385.000	247.416	233.000	804.429	0.000	0.000	3558.000	18815.538

Gaurav Prasad

Fortis Hospitals Limited
Fortis La Femme S-549 G.K.-II New Delhi-48

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	:	Fortis Hospital Limited
	(i) Name of the authorised person (occupier or operator of facility)	:	Ms. Garima Prasad
	(ii) Name of HCF or CBMWTF	:	Fortis La Femme
	(iii) Address for Correspondence	:	S-549, Greater Kailash – 2, New Delhi – 110048
	(iv) Address of Facility		S-549, Greater Kailash – 2, New Delhi – 110048
	(v)Tel. No, Fax. No	:	Tel- 01140579400, Fax- 011-41436103
	(vi) E-mail ID	:	Contactus.flf@fortislafemme.in
	(vii) URL of Website		http://www.fortislafemme.in/delhi/
	(viii) GPS coordinates of HCF or CBMWTF		28.529-018,77.243843
	(ix) Ownership of HCF or CBMWTF	:	Private Limited
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: **DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/3873349g** valid up to **15.04.2027**
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	Single Specialty
	(i) Bedded Hospital	:	No. of Beds: 41
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		DHS/NH/710, Expiry- 31st Mar 2029
3.	Details of CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by waste management company
	(ii) No of beds covered by CBMWTF	:	To be submitted directly by waste management company
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	To be submitted directly by waste management company

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	To be submitted directly by waste management company
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 998 kg monthly basis 11982 kg annual collection
			Red Category: 481 kg monthly basis 5780 kg annual collection
			White: 20 kg monthly basis 247 kg annual collection
			Blue Category : 67 kg monthly basis 804 kg annual collection
			General Solid waste: 1148 kg monthly basis 13781 kg annual collection
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : To be submitted directly by waste management company
			Capacity : To be submitted directly by waste management company
			Provision of on-site storage : (cold storage or any other provision)
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment / No of units / Capacity Kg/day / Quantity treatedor disposed in kg per annum
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer — To be submitted directly by vendor
			Sharps encapsulation or concrete pit Deep burial pits: — To be submitted directly by vendor
			Chemical disinfection: Any other treatment equipment: — To be submitted directly by vendor
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) - NA
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Attached Vehicle details
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated / Where disposed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge- NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic Waste Solutions Pvt Ltd
	(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		We have clubbed our Biomedical Waste Management committee with Infection Control Committee. The minutes have been attached for reference.
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		34
	(ii) number of personnel trained		156
	(iii) number of personnel trained at the time of induction		32
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes, BMW SOP is being followed
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NA
	(iii) Remedial Action taken (Please attach details if any)		No Incidents reported
	(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?		NA, we do not have incinerators
	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?		Since being under 50 bed, ETP is not required as it is not a mandate however we have a STP plant in place.
11	Is the disinfection method or sterilization meeting the log 4		Yes, Nil

	standards? How many times you have not met the standards in a year?		
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) - NA

Certified that the above report is for the period from 1st January 2025 till 31st December 2025.

Garima Prasad

Name and Signature of the Head of the Institution

Date: 24th Jun, 2026

Place: New Delhi

Fortis Hospitals Limited
Fortis La Femme
S-549
G.K.-II
New Delhi-48

A FORTIS VISION

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HEALTHCARE FOR WOMEN AND CHILDREN

ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT OF NCT OF DELHI
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S-549, Greater Kailash,
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Fax : +91 11 4143 6103
Emergency : +91 11 4143 6385
Ambulance : 900 900 1050
Email : contactus.flf@fortislafemme.in
Website : www.fortishealthcare.com

To,

Delhi Pollution Control Committee,

Department of Environment (Govt. of NCT, Delhi)

4th Floor, ISBT Building, Kashmere Gate, Delhi – 110006

ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT OF NCT OF DELHI
3RD FLOOR DMRC BUILDING
IT PARK SHASTRI PARK DELHI-110053

Sub:- Acknowledgement of Authorised Bio-Medical Waste Vehicle

With reference to attachment, Biotic Waste Solution (46-47, SSI, Industrial Area, GT Karnal Road, New Delhi – 110033) vendor is authorised to pick up Bio-Medical Waste from Fortis Hospital LaFemme GK-II, New Delhi – 110048.

Vehicle No. DL 1 LAQ 6908, is authorized by company for Bio Medical Waste collection transportation generated by your hospital. This vehicle is labelled as per BMW Rules 2016 and vehicle used are as per CPCB guidelines. These vehicles (also listed below) attached with the GPS provision as per BMWM rules 2016. This is for your kind information.

DL 1LAG 2651	DL 1LAH 4780	DL 1LAB 4599
DL 1AD 1132	DL 1LAB 1257	DL 1LAB 4586
DL 1LAA 6567	DL 1LAD 1286	DL1LX1349
DL 1AE 0342	DL 1LX 5272	DL ILAG 2460
DL1 LV 9243	DL 1LY 1523	DL 1LV 4301
DL 1LX 3678	DL1LAD 4799	DL 1LAD 9277
DL ILAG 2460	DL1LAB 8817	DL 1AD 1107
DL1LAN1893	DL 1LK 3602	DL 1LV 8844
DL 1LAH 4033	DL 1LAB 4544	DL 1LAB 5167
DL1LAC 4214	DL 1LX 3384	DL 1LX 1398
DL 1LAE 0358	DL 1LV 9304	DL1LAN1828
DL 1LAE 6345	DL 1LAL 2624	DL 1LAD 9268
DL 1LAN 1848	DL 1 LAD 6647	DL 1LAQ 0211
DL 1LAB 4536	DL1LLX 2286	
DL 1LAB 4251	DL 1LAE 0426	
DL1LAE 6321	DL 1LAB 4549	
DL 1LAH 4071	DL 1LV 9242	

This is for your information and record.

Thanks & Regards

Garima Prasad

(Ms. Garima Prasad)

Facility Director, Fortis LaFemme

Fortis Hospitals Limited
Fortis La Femme
S-549
G.K.-II
New Delhi-48

(Ms. Shi[illegible] Kapoor)

Asst. Manager - Operations

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **14/01/2024** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **8**
4. Chairman, convener & Mandatory Members present (**Yes**/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (**Yes**/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	Need to Improve cleaning process and training of housekeeping staff	Head Admin/Housekeeping supervisor	15/12/2024	On going	
2.	Vaccination policy strictly adheres to F&B staff	Head Admin	15/12/2024	On going	

8.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**	All MOS Parameter Update CAUTI -96% CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2024 to 31 May 2025		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High**	OPD, 3rd floor, Kitchen and Basement drinking water		ICN/ Maintenance	-

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7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	No Plan		Head Admin	
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	BMW site visit due on January 2025	14/01/2025	Immediate	Shilpa	31/01/2025

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date 21/02/2025 Time: 2:30 pm
2. Total no. of Members in the committee: 13
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:
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	Need to Improve cleaning process and training of housekeeping staff	Head Admin/Housekeeping supervisor	15/12/2024	Closed 31/01/2025	
2.	Vaccination policy strictly adheres to F&B staff	Head Admin	15/12/2024	Closed 31/01/2025	
3.	BMW site visit due on January 2025	Head Admin	31/01/2025	Closed 31/01/2025	

8.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	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	CESC – HAI Score / trend / Analysis / Concerns	No		ICN	
3	BMW License / Vendor Agreement validity / regulatory reports status	1 June 2024 to 31 May 2025		HK Supervisor/Admin head	
4	Needle Stick Injury data / concerns	1Needle stick injury happened in OPD	Inform to Consultant: Don't bend and recap the needle, Place used sharps in puncture-resistant containers.	ICN	
5	Infection Control & BMW Trainings update	• Doctors • Nurses • OT Technicians	Ongoing	ICN	

		• Lab Technicians • GDA&HK			
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative.		ICN/ Maintenance Head /Admin Head	
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	No Plan		Head Admin	
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline

1	IPC Program evaluation (based on WHO tool) was done and share with ICC Members focus point for 2025 was discussed and NSI target 0%	Discussion with HICC Members		ICN	

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **18/03/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **11**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	IPC Program evaluation (based on WHO tool) was done and share with ICC Members focus point for 2025 was discussed and NSI target 0%	ICN	Immediately	Closed 21/02/2025	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2024 to 31 May 2025		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative.		ICN/ Maintenance Head /Admin Head	-
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-

8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	Yes		Head Admin	
13	**Any new products for Approval**	No		ICN/Head Admin	

D) Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	Need to improve linen cleaning process and size of OT gown	18/03/2025	Immediate	Head Admin/Housekeeping supervisor	10/04/2025
2.	Cleaning process improvement needed on the 3rd floor	18/03/2025	Immediate	Head Admin/Housekeeping supervisor	31/03/2025

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **15/04/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
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:
6. Agenda circulated 3 days prior to meeting (**Yes**/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	Need to improve linen cleaning process and size of OT gown	Head Admin/Housekeeping supervisor	Immediate	Pending	
2.	Cleaning process improvement needed on the 3rd floor	Head Admin/Housekeeping supervisor	Immediate	30/03/2025	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -NA VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	1 SSI, score - 0.54	Observing all cases	ICN	On going
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2024 to 31 May 2025		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative.		ICN/ Maintenance Head /Admin Head	-

7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	Yes (Room No.210 and 211)		Head Admin	
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline

1	No Action points				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date 15/05/2025 Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
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:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	Need to improve linen cleaning process and size of OT gown	Head Admin/Housekeeping supervisor	Immediate	Closed 30/04/2025	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative.		ICN/ Maintenance Head /Admin Head	-
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-

8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	Yes (Room No.210 and 211)		Head Admin	On going
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	No Action points				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **24/06/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **11**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (**Yes**/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	No Action points				

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -Nil VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative.		ICN/ Maintenance Head /Admin Head	-
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-

8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	Yes (1st floor and 2nd floor corridor)		Head Admin	On going
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	BMW Site visit due on July 2025	24/06/2025		ICN/Head Admin/Housekeeping supervisor	31/07/2025
2	Re in force the pest control in all patient care area	24/06/2025	Immediate	Head Admin/Housekeeping supervisor	15/07/2025
3	Medical and Vaccination policy strictly adheres to F&B staff	24/06/2025	Immediate	Head Admin	15/07/2025

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

MSDG/HICC.MOM/20220401

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date 25/07/2025 Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **11**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	BMW Site visit due on July 2025	ICN/Head Admin/Housekeeping supervisor/Quality Head	31/07/2025	Pending	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	No		ICN	-
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative except Kitchen sample.	Dispenser deep cleaning done and repeat sample taken. Report negative	ICN/ Maintenance Head /Admin Head	Closed
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	

8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	Yes (1st, 2nd and 3rd floor corridor)		Head Admin	Closed
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	BMW Site visit due on July 2025	25/07/2025		Shilpa/Aneesh/Vincy/Karishma	31/07/2025
2	**HIC Committee has decided that all outsourced staff must undergo medical checkup (including blood and stool test) and vaccination**	25/07/2025	Immediate	Mrs. Shilpa	20/08/2025

	through our hospital only. As during the kitchen audit, it was found that some outsourced kitchen staff had medical reports in their files without giving blood and stool samples. After re confirmation the concerned staff did not actually provide the required samples. This is not acceptable as per infection control standards.				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date: **19/08/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **09**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	BMW Site visit due on July 2025	ICN/Head Admin/Housekeeping supervisor/Quality Head	31/07/2025	Closed	
2	HIC Committee has decided that all outsourced staff must undergo medical checkup (including blood and stool test) and vaccination through our hospital only. As during the kitchen audit, it was found that some outsourced kitchen staff had medical reports in their files without giving blood	Ms. Shilpa	20/08/2025	Pending	

	and stool samples. After re confirmation the concerned staff did not actually provide the required samples. This is not acceptable as per infection control standards.				

8 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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	

4	**Needle Stick Injury data / concerns**	2 NSI	1.Assistance or support staff for uncooperative or high-risk patients. 2.Strict adherence to safe injection practices and positioning. 3.Always use a lancet pen or safety lancet for heel prick procedures. 4. Do not use loose lancets to avoid accidental injury.	ICN	Closed and Ongoing
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative except OPD and Basement sample.	Dispenser deep cleaning done and repeat sample taken. Report negative	ICN/ Maintenance Head /Admin Head	Closed -
7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-
8	**AMS status & concerns**	No point		Pharmacist	

9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	No		Head Admin	Closed
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	All staff, uniform must not be worn from home, staff should change into uniform inside the hospital to prevent infection risk.	19/08/2025	Immediate	Shilpa	15/09/2025

2	**HIC Committee has decided that all outsourced staff must undergo medical checkup (including blood and stool test) and vaccination through our hospital only.** As during the kitchen audit, it was found that some outsourced kitchen staff had medical reports in their files without giving blood and stool samples. After re confirmation the concerned staff did not actually provide the required samples. This is not acceptable as per infection control standards.	25/07/2025	Immediate	Mrs. Shilpa	15/09/2025

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **17/09/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **09**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	All staff, uniform must not be worn from home, staff should change into uniform inside the hospital to prevent infection risk.	Ms. Shilpa	15/09/2025	Pending	
2	HIC Committee has decided that all outsourced staff must undergo medical checkup (including blood and stool test) and vaccination through our hospital only. As during the kitchen audit, it was	Ms. Shilpa	20/08/2025	Pending	

	found that some outsourced kitchen staff had medical reports in their files without giving blood and stool samples. After re confirmation the concerned staff did not actually provide the required samples. This is not acceptable as per infection control standards.				

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	

	reports status				
4	**Needle Stick Injury data / concerns**	INSI	1.The scrub nurse was promptly removed from the sterile field. 2. First aid was administered immediately. 3. Preventing similar incidents in future. 4. Encouraging the gynecologist to acknowledge the injury 5.Conduct refresher training on Safe Handling of Sharps	ICN	Closed and Ongoing
5	**Infection Control & BMW Trainings update**	• Doctors • Nurses • OT Technicians • Lab Technicians • GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done. all reports Positive except OPD drinking water and kitchen Chopping board	Dispenser deep cleaning done and repeat sample taken. Report negative	ICN/ Maintenance Head /Admin Head	Closed -

7	**Vaccination status update**	All HCW are Vaccinated	-	HR/ICN	-
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	No		Head Admin	Closed
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	Shortage of yellow garbage bag:	17/09/2025	Immediate	Jyoti/Shilpa	30/09/2025

	Store to maintain minimum one-month buffer stock				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **7/10/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
3. Number of members attended: **09**
4. Chairman, convener & Mandatory Members present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	All staff, uniform must not be worn from home, staff should change into uniform inside the hospital to prevent infection risk.	Ms. Shilpa	15/09/2025	Closed	
2	**HIC Committee has decided that all outsourced staff must undergo medical checkup (including blood and stool test) and vaccination through our hospital only.** As during the kitchen audit, it was found that some outsourced kitchen	Ms. Shilpa	20/08/2025	Closed	

	staff had medical reports in their files without giving blood and stool samples. After re confirmation the concerned staff did not actually provide the required samples. This is not acceptable as per infection control standards.				

8. 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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	

	reports status				
4	Needle Stick Injury data / concerns	1NSI	Strict reinforcement of hands-free technique. Refresher training for all OT staff on sharps handling, hand free technique for passing of sharps and communication. Re inforce importance of clear verbal communication while passing instruments Re view incident during OT committee meeting for shared leaning	ICN	Closed and Ongoing
5	Infection Control & BMW Trainings update	1. Doctors 2. Nurses 3. OT Technicians 4. Lab Technicians 5. GDA&HK	Ongoing	ICN	
6	Surveillance reports (High Risk Areas)	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative		ICN/ Maintenance Head /Admin Head	Closed
7	Vaccination status update	All HCW are Vaccinated		HR/ICN	
8	AMS status & concerns	No point		Pharmacist	

9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	
12	**Construction / Repair planned**	No		Head Admin	Closed
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	No Action point				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **18/11/2025** Time: **2:30 pm**
2. Total no. of Members in the committee: **13**
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:
6. Agenda circulated 3 days prior to meeting (Yes/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	All staff, uniform must not be worn from home. staff should change into uniform inside the hospital to prevent infection risk.	Ms. Shilpa	30/11/2025	pending	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP – 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	NO		ICN	Closed and Ongoing

5	**Infection Control & BMW Trainings update**	1. Doctors 2. Nurses 3. OT Technicians 4. Lab Technicians 5. GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative		ICN/ Maintenance Head /Admin Head	Closed
7	**Vaccination status update**	All HCW are Vaccinated		HR/ICN	-
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	

12	**Construction / Repair planned**	No		Head Admin	Closed
13	**Any new products for Approval**	No		ICN/Head Admin	

D Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	No Action point				

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel

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HOSPITAL INFECTION CONTROL COMMITTEE

1. Date **22/12/2025** Time: **3:00 pm**
2. Total no. of Members in the committee: **13**
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:
6. Agenda circulated 3 days prior to meeting (**Yes**/No): **Yes**
7. Action Taken Report (ATR) of previous meeting

S. No.	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.	All staff. uniform must not be worn from home, staff should change into uniform inside the hospital to prevent infection risk.	Ms. Shilpa	30/11/2025	pending	

8.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**	All MOS Parameter Update CAUTI -100 % CLABSI -100% VAP - 100% SSI -100%		ICN	
2	**CESC – HAI Score / trend / Analysis / Concerns**	No		ICN	
3	**BMW License / Vendor Agreement validity / regulatory reports status**	1 June 2025 to 31 May 2026		HK Supervisor/Admin head	
4	**Needle Stick Injury data / concerns**	NO		ICN	Closed and Ongoing

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5	**Infection Control & BMW Trainings update**	1. Doctors 2. Nurses 3. OT . Technicians 4. Lab Technicians 5. GDA&HK	Ongoing	ICN	
6	**Surveillance reports (High Risk Areas)**	OPD, 3rd floor, Kitchen and Basement drinking water and kitchen chopping board culture was done, all reports negative		ICN/ Maintenance Head /Admin Head	Closed
7	**Vaccination status update**	All HCW are Vaccinated		HR/ICN	
8	**AMS status & concerns**	No point		Pharmacist	
9	**Data Validation Report**	No point			
10	**Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters**	Random environment swab culture reports all negative Temp /pressure/ humidity are maintained then HEPA Filters integrity Test half yearly doing		ICN/Maintenance Head	
11	**CSSD Indicators**	All indicators are ok no issue		CSSD Head	

12	**Construction / Repair planned**	No		Head Admin	
13	**Any new products for Approval**	No		ICN/Head Admin	

D) Other Agenda Item

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1.	As per HIC Committee decision, all outsourced staff medical check-up and vaccination must be done through our hospital. But not following the policy	22/12/2025	Immediate	Shilpa	15/01/2026
2.	All staff, uniform must not be worn from home, staff should change into uniform inside the hospital to prevent infection risk.	18/11/2025	Immediate	Ms. Shilpa	30/11/2025

Signature of Convener

Dr. Vinish Srivastava

Signature of Chairman

Dr. Madhu Goel