

Date 28.06.2022

To,

The Environmental Officer,
Karnataka State Pollution Control Board,
Nisarga bhavana, Thimmaiah Road,
Shivanagar (Sanegoravanhally)
Opp Pushpanjali Theater
Rajajinagar, Bangalore.

Sub: BMW Annual Return in Form IV for the Year Jan – Dec 2021.

We are enclosing herewith Bio-Medical Waste handling Annual Return Report in Form IV for the Year of 2021 along with copies of Register for our Hospital i.e. Fortis Hospital Ltd, #14, Cunningham Road, Bangalore – 560 052.

Thanking you,


Yours Faithfully
For Fortis Hospital Limited



Authorized Signatory



Date 28.06.2022


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Form – IV
(See rule13)
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)]

S I.	No Particulars	
1 .	Particulars of the Occupier :	
	(i) Name of the authorized person (occupier or : operator of facility)	Mr. ANAND ANGADI
	(ii) Name of HCF or CBMWTF	
	(iii) Address for Correspondence	
	(iv) Address of Facility	FORTIS HOSPITAL LIMITED #14, Cunning Road, Bangalore.
	(v) Tel. No, Fax. No	080-71300400
	(vi) E-mail ID	Housekeeping.cng@fortishealthcare.com
	(vii) URL of Website	www.Fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	ANU AUTO CALVE
	(ix) Ownership of HCF or CBMWTF	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No.: KSPCB/BL(WEST)/BIO-MEDI/HONO1000492015-16/R25 valid up to 30 TH Sep 2030
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 30/09/2030
2.	Type of Health Care Facility	MULTI SPECILATY HOSPITAL
	(i) Bedded Hospital	No. of Beds: 148
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA

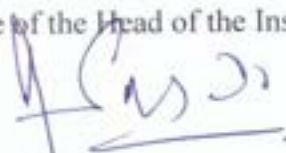
	(iii) License number and its date of expiry	NA
3.	Details of CBMWTF	NA
	(i) Number healthcare facilities covered by CBMWTF	NA
	(ii) No of beds covered by CBMWTF	NA
	(iii) Installed treatment and disposal capacity of CBMWTF	NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 1553.39 KG Red Category : 1168.64 KG White: 121.31 KG Blue Category : 257.895 KG Cytotoxic Category :36.623 K G General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the onsite storage facility	Size :
		Capacity :
	Disposal Facilities	Provision of on-site storage : (cold storage or any other provision) disposal facilities Type of treatment No Cap Quantity equipment of acit treatedo unit y r s Kg/ disposed day in kg per annum Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave

		Shredder Needle tip cutter or - destroyer Sharps encapsulation or - concrete pit Deep burial pits: Chemical - disinfection: Any other treatment equipment:
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)
	(iv) No of vehicles used for collection : and transportation of biomedical waste	02
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity Where generated disposed Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of	ANU AUTO CALVE & INCIN SERVICES
	(vii) List of member HCF not handed over bio-medical waste.	
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	Yes
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	26
	(ii) number of personnel trained	685
	(iii) number of personnel trained at the time of induction	1
	(iv) number of personnel not undergone any training so far	NO

	(v) whether standard manual for Training is available?	YES
	(vi) any other information)	
8	Details of the accident occurred during the year	Please Refer attachment for details of accident for housekeeping staff
	(i) Number of Accidents occurred	03
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	Appropriate counseling & Post Exposure follow-up done by the infection control team.
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment . methods in place. How many times you have not met the standards in a year?	Always Met
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Always Met
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the year of 2021

Name and Signature of the Head of the Institution



Mr. Anand Angadi

Date:

Place : Bangalore



		Yellow		Red		Blue		Needle can		Cyto	
		Nos	Qty	Nos	Qty	Nos	Qty	Nos	Qty	Nos	Qty
Jan-21	Non Covid	498	1109.66	423	1060.68	71	186.215	38	101.47	0	0
	Covid	49	70.98	44	70.935	14	23.625	7	8.495	0	0
	Total	547	1180.64	467	1131.61	85	209.84	45	109.965	0	0
Feb-21	Non Covid	434	885.745	370	810.645	65	151.785	56	120.1	0	0
	Covid	3	2.89	3	2.735	0	0	0	0	0	0
	Total	437	888.635	373	813.38	65	151.785	56	120.1	0	0
Mar-21	Non Covid	631	1297.67	493	1011.93	104	245.225	35	69.705	0	0
	Covid	20	23.91	17	22.235	3	4.485	0	0	0	0
	Total	651	1321.58	510	1034.16	107	249.71	35	69.705	0	0
Apr-21	Non Covid	542	972.73	375	707.09	70	136	28	54.63	0	0
	Covid	88	113.705	76	103.575	16	20.625	7	10.37	0	0
	Total	630	1086.44	451	810.665	86	156.625	35	65	0	0
May-21	Non Covid	489	1198	261	841.655	65	160.88	47	87.05	17	50.145
	Covid	233	425.865	99	165.59	10	16.705	4	4.205	0	0
	Total	722	1623.86	360	1007.25	75	177.585	51	91.255	17	50.145
Jun-21	Non Covid	489	2160.83	254	1779.29	59	226.525	86	111.51	13	50.81
	Covid	138	453.225	41	237.825	22	72.22	13	12.88	0	0
	Total	627	2614.06	295	2017.12	81	298.745	99	124.39	13	50.81
Jul-21	Non Covid	515	2150.42	329	1466.39	91	323.295	36	129.88	16	73.5
	Covid	24	74.685	11	38.545	11	40.555	5	11.98	0	0
	Total	539	2225.11	340	1504.94	102	363.85	41	141.86	16	73.5
Aug-21	Non Covid	559	1607.15	352	986.805	97	289.16	49	139.275	34	87.62
	Covid										
	Total	559	1607.15	352	986.805	97	289.16	49	139.275	34	87.62
Sep-21	Non Covid	460	1402.99	300	971.035	109	320.475	53	137.225	15	42.725
	Covid										
	Total	460	1402.99	300	971.035	109	320.475	53	137.225	15	42.725
Oct-21	Non Covid	420	1593.34	346	1417.99	35	108.87	46	136.845	15	41.35
	Covid										
	Total	420	1593.34	346	1417.99	35	108.87	46	136.845	15	41.35
Nov-21	Non Covid	349	1338.58	288	1070.37	103	301.7	46	133.825	4	14.26
	Covid										
	Total	349	1338.58	288	1070.37	103	301.7	46	133.825	4	14.26
Dec-21	Non Covid	435	1758.35	316	1258.39	109	466.395	47	186.275	25	79.06
	Covid										
	Total	435	1758.35	316	1258.39	109	466.395	47	186.275	25	79.06
	Grand Total	6376	18640.7	4398	14023.7	1054	3094.74	603	1455.72	139	439.47
	Average	531.33	1553.39	366.5	1168.64	87.833	257.895	50.25	121.31	11.583	36.623

Feb. 80.21

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Date	Vehicle	Time	Temp	Wind	Wind Dir	Wind Spd	Bar	Hum	Vis	Clouds	Moist	Wind Dir	Wind Spd	Temp	Wind Dir	Wind Spd
1/10/21	KAO306772	5:00	63	15	279-940	10	22.205	-	-	-	-	2	4.805	2	1460	210
2/10/21	KAO306772	4:35	53	15	22.600	65	21.705	5	-	-	-	6	16.480	4	1465	210
3/10/21	KAO306772	5:20	56	12	26.405	14	33.105	0	-	-	-	0	4.185	-	-	210
4/10/21	KAO306772	5:30	58	14	25.925	14	45.025	4	-	-	-	-	-	-	-	210
5/10/21	KAO306772	4:00	61	22	55.215	16	44.745	2	-	-	-	-	-	-	-	210
6/10/21	KAS3036772	5:20	53	18	33.890	14	23.600	5	-	-	-	5	15.770	-	-	210
7/10/21	KAO306772	5:05	68	14	34.060	12	32.055	0	-	-	-	4	6.820	-	-	210
8/10/21	KAO306772	4:50	60	15	26.985	14	24.935	2	-	-	-	1	1.750	-	-	210
9/10/21	KAO306772	5:00	64	16	27.205	16	24.215	3	-	-	-	0	0	-	-	210
10/10/21	KAO306772	4:45	71	18	24.035	16	28.810	1	-	-	-	4	7.360	-	-	210
11/10/21	KAO306772	5:30	67	20	55.465	16	67.725	1	-	-	-	3	2.400	-	-	210
12/10/21	KAO306772	4:40	56	14	14.575	10	20.250	1	-	-	-	1	1.180	-	-	210
13/10/21	KAO306772	5:30	60	20	44.135	14	32.655	7	-	-	-	2	4.500	-	-	210
14/10/21	KAO306772	5:20	64	17	34.505	16	36.080	1	-	-	-	2	3.495	-	-	210
15/10/21	KAO306772	4:30	61	14	40.815	12	32.555	1	-	-	-	-	-	-	-	210
16/10/21	KAO306772	4:30	64	14	35.200	11	23.345	3	-	-	-	3	7.575	-	-	210
17/10/21	KAO306772	4:20	57	16	27.380	14	13.885	2	-	-	-	2	2.305	-	-	210
18/10/21	KAO306772	4:30	56	12	21.715	12	20.540	5	-	-	-	-	-	-	-	210
19/10/21	KAO306772	4:40	55	10	31.750	6	15.915	1	-	-	-	5	10.580	-	-	210
20/10/21	KAO306772	4:20	48	4	9.650	3	8.360	1	-	-	-	2	5.145	-	-	210
21/10/21	KAO306772	5:00	48	12	23.405	18	24.785	3	-	-	-	2	3.970	-	-	210
22/10/21	KAO306772	4:30	53	12	28.415	6	15.600	1	-	-	-	0	0	-	-	210
23/10/21	KAO306772	5:00	61	18	30.135	15	22.145	3	-	-	-	0	0	-	-	210
24/10/21	KAO306772	4:10	62	14	51.135	2	5.010	2	-	-	-	1	2.890	-	-	210
25/10/21	KAO306772	4:05	73	20	41.525	19	37.645	3	-	-	-	4	7.380	-	-	210
26/10/21	KAO306772	4:20	65	20	38.645	18	39.825	3	-	-	-	1	2.190	-	-	210
27/10/21	KAO306772	4:05	66	15	20.805	20	31.530	2	-	-	-	2	2.080	-	-	210
28/10/21	KAO306772	5:00	57	20	31.505	18	35.835	0	-	-	-	3	7.460	-	-	210
Total			AD	03	3.890	03	2.715	-	-	-	-	50	126.100	6	5.625	

Feb. 80.21

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Feb: 2021

Date	Vehicle No	Time	Particulars	Qty	Rate	Total	Balance	Particulars	Qty	Rate	Total
1/3/21	KAS034648	5:00	1 345	1	1.115	-	-	1 345	1	1.115	-
2/2/21	PAS36772	4:20	2 545	2	1.620	-	-	2 545	2	1.620	-

Particulars

Qty

Rate

Total

Balance

Qty

Rate

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Particulars

Qty

Rate

Total

3rd Shift

FHL Attendance sheet			
Program Name	Biomedical waste management & use of PPE Waste Stick & Injury		
Program Date	8/01/21	Facilitator	
SL No.	Participant name	Global ID	Signature
	Ponkodi	C.G. Road	Ponkodi
	Usha Kumar		Usha Kumar
	Rajesh		Rajesh
	Rubina		Rubina
	Mujahid		Mujahid
	Siddaramma		Siddaramma
	Khurath Taj		Khurath Taj
	Fatima Bee		Fatima Bee
	Seenu		Seenu
	Vasanth Kumar		Vasanth Kumar
	Santhosh Ray		Santhosh
	Naveen		Naveen
	Amrutha		Amrutha
	Naman		Naman
	Munish		Munish
	Naveen Taj		Naveen
	Shabana Begum		Shabana
	Naveen		Naveen
	Jagantha Kumar		Jagantha
	Babu		Babu
	Trisha Ray		Trisha Ray
	Madevi		Madevi
	Nagamani		Nagamani
	Pinkay		Pinkay
	B. Kiran		B. Kiran
	Puran		Puran
	Naveen T		Naveen T
	Deepa Tal		Deepa Tal
	Karina Karan		KARINA KARAN
	Nagani		Nagani
	Naveen P		Naveen P
	Lakshmi		Lakshmi
	Uthi		Uthi
	Maimagala M		Maimagala M
	Raj Kumar		Raj Kumar
	Seenu		Seenu
	Jamuna		Jamuna

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Fortis	ATTENDANCE SHEET	HRE F(4) REV. No: '0' DATE : 01.07.2010
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Name of the Programme : BAW Waste management & use of PPE, needle stick injury
 Name of the Facilitator :- Rupendra
 Unit : C G Road
 Date: 8/11/21

(Hoop + 0 8.00)

Emp Code	Names	Department	Location	Signature
	Siddarama	House Keeping	C G Road	Siddarama
	Lathima	House Keeping	C G Road	Lathima
	Nazeema	House Keeping	C G Road	NASIEENA
	Amreen	House Keeping	C G Road	Amreen Baru
	Naraja	House Keeping	C G Road	Naraja
	Manjula P	House Keeping	C G Road	Manjula P
	Gulnaz	House Keeping	C G Road	Gulnaz
	Amra Gathi	House Keeping	C G Road	Amra Gathi
	Madeti	House Keeping	C G Road	M A D E T I
	Lalshmi	House Keeping	C G Road	Lalshmi
	Muniya	House Keeping	C G Road	M A N U J U L A
	Parath Kumar	House Keeping	C G Road	Parath Kumar
	Flaboret	House Keeping	C G Road	ROBERT
	Mujahed	House Keeping	C G Road	Mujahed
	Ponkodi	House Keeping	C G Road	Ponkodi
	Nagomani	House Keeping	C G Road	Nagomani
	Kiran B	House Keeping	C G Road	B-Kiran
	Veena	House Keeping	C G Road	Veena
	Naman	House Keeping	C G Road	SEENA
	Dhanesh	House Keeping	C G Road	Dhanesh
	Dinkey	House Keeping	C G Road	Dinkey
	Vasanth Kumar	House Keeping	C G Road	Vasanth Kumar
	Abith Khan	House Keeping	C G Road	Abith Khan
	Nagravaj	House Keeping	C G Road	NAGRAVA

(24)

FHL Attendance sheet

Program Name	Bmw, needle patch & H/W		
Program Date	23/02/21	Facilitator	Rupama
SL No.	Participant name	Global ID	Signature
			H.30pm to 5.30
	Rabhorat		Kabhorat
	Nanjunda		Nanjunda
	Khuvath Tai		Tai
	manjula		manjula
	Tai Ruwe		Ruwe
	Souath Kees		Souath
	Amrudu		Amrudu
	Dhanalakshmi		Dhanalakshmi
	Shan Jull Sheek		Shan
	Shiva Kees		Shiva Kumar
	Naman		Naman
	Siddaramma		Siddaramma
	Babru		Babru
	Vinkey		Penkey
	Calitha		Lalitha
	Menila		Menila
	Amrutha		Amrutha
	Tabhasum		Tabhasum
	Lavanya J		Lavanya J
	Madevi		Madevi
	Krishna Rani		Krishna Rani
	Shree Nazama		Nazama
	Devi P.		Devi P.
	Harveen Tai		Tai
	Deepta S		Deepta S
	Vinod		Vinod
	Manjulari		Manjulari
	Vakruth Kuy		Vasent Kuy
	manmagala		manmagala
	Kiran		Kiran
	Denical		Denical
	Najiba		Najiba
	Kalcha		Kalcha
	Anjeen		Anjeen
	Latha V		Latha V
	Abith Khan		Abith Khan

FHL Attendance sheet

Program Name	Biomedical waste managements (Needle Stick Injury)		
Program Date	26/3/21	Facilitator	Rajkumar
		Duration & Time	4.30 to 5.30
Sl No.	Participant name	Global ID	Signature
1	Manjula		Manjula
2	Pavan		Pavan
3	Peercelia		Peercelia
4	Dhanlaxmi		Dhanlaxmi
5	Shivakumar		Shivakumar
4	Shankaramma		Shankaramma
5	Nadaraj		Nadaraj
6	Ammy		Ammy
7	Kumar		Kumar
8	Ammudo Vail		AMU M
9	Jayalaxmi		Jayalaxmi
10	M. Dhanlaxmi		Dhanlaxmi
11	Mani mekala		Mani mekala
12	Hema Latha		Hema Latha
13	Pinkey		Pinkey
14	Sageetha		Sageetha
15	Chathisrean		Chathisrean
16	Manjula		Manjula
17	Soliam		Soliam
18	Vexnika		Vexnika
19	Jyothi		Jyothi
20	Kirban		Kirban
21	Munyar		Munyar
22	Doneli		Doneli
23	Naman		Naman
24	Vasanthakumari		Vasanthakumari
25	lalitha, N		lalitha, N
26	lavanya		lavanya
27	Santhasha		Santhasha
28	K Shashikala		K Shashikala
29	Rajkumari		Rajkumari
30	Deepa		Deepa
31	ya		ya
32	Tabassum		Tabassum
33	Silarama		Silarama

FHL Attendance sheet

Program Name	Biomedical waste managements (needle stick injury)		
Program Date	25/03/21	Facilitator	Rupakanta
		Duration & Time	12:10 to 1:10
SL No.	Participant name	Global ID	Signature
	Reshma		Reshma
	Shamma P		Shamma P
	Aravesh		Aravesh
	Arijun		Arijun
	Shabana		Shabana
	Rajuk		Rajuk
	Vanya B		Vanya B
	Shagunam		Shagunam
	Yuvraj		Yuvraj
	Nagamani		Nagamani
	Navalinda		Navalinda
	Anjali		Anjali
	Suyitha		Suyitha
	Samathi		Samathi
	Jayamma Bai		Jayamma
	Rishnavani		Rishnavani
	Rohan Peter		Rohan Peter
	Vijayamma		Vijayamma
	Shabana Begum		Shabana Begum
	manimajale		manimajale
	Jayaram		Jayaram
	Lalitha		Lalitha
	Siddharani		Siddharani
	Akbar		Akbar
	Kiran		Kiran
	Vasanthi Keerthi		Vasanthi Keerthi
	Aravind		Aravind
	Amritha		Amritha
	Manjula		Manjula
	Shobana		Shobana
	Annel		Annel
	Lena		Lena
	Manjula P		Manjula P
	Pinky		Pinky
	Sangeetha		Sangeetha
	Arshika		Arshika
	Jayanti		Jayanti
	Manjula		Manjula

FHL Attendance sheet

Program Name	Biomedical waste management needle stick injury		
Program Date	26/8/21	Facilitator	Rupendra
		Duration & Time	8:00 to 9:00
Sl No.	Participant name	Global ID	Signature
1	Selvi		Selvi
2	Poovathi	202203	R. Raju
3	Jatha		Jatha
4	Jeevanmani	Jeevanmani	
5	Sakthi		Sakthi
6	Pragna		Pragna
7	Prasanna		Prasanna
8	Veena		Veena
9	Miya		Miya
10	Asha		Asha
11	Sudha		Sudha
12	Shilpa		Shilpa
13	Karthi		Karthi
14	Rajendra Prasad		Rajendra Prasad
15	Vijay		Vijay
16	Manjula		Manjula
17	Allot		Allot
18	Br. Sushila		Br. Sushila
19	Mallikarjun		Mallikarjun

FHL Attendance sheet

Program Name	B.M.W to/w wash p/mobilization (ulhal chair)		
Program Date	12/3/21	Facilitator	Rependra
		Duration & Time	4:10 to 5:20
SL No.	Participant name	Global ID	Signature
	Pavan		PB
	Murarah		murarah
	Tarath Kumar		Tarath
	Rabovet		ROBA
	Niddayamma		Niddayamma
	Shykhath Roy		Shykhath
	Yasveen Jay		Yasveen
	Shoncell Seeth		Shoncell
	Murahced		Murahced
	Shiva Kumar		Shiva Kumar
	Naman		Naman
	Madell		MADDEV
	Latha N		Latha
	Vasanth Kumar		Vasanth Kumar
	Arshya		Arshya
	Shangetha Roy		Shangetha
	R. Shashikala		R. Shashikala
	Amma		AMMA
	Kiran		Kiran
	Latha V		Latha
	Lavanya		Lavanya
	Deepa T.S		DEEPA
	Manjula		MANJULA
	Deniel		Deniel
	Jayalakshmi		Jayalakshmi
	Jyothi		Jyothi
	Amravathi		Amravathi
	Catherine's		Catherine's
	Ekhar		Ekhar
	Traciha		Traciha
	Tabbasum		TABTASUM
	Deviya		Deviya
	Pinkal		Pinkal
	Babu R		BABU R
	Karina Karan		KIRAN
	Manjula T		Manjula

Ist Shift

FHL Attendance sheet			
Program Name	Biomedical waste, management & use of PPE		
Program Date	21/5/21	Facilitator	Preferida
SL No.	Participant name	Duration & Time	4:30 to 5:30
		Global ID	Signature
	Raj Kumar		Rajkumar
	Naman		Naman
	Vasanth Kumar		Vasanth
	Latha		Latha
	Janath Kumar		Janath
	Prakash		Prakash
	Hemalatha		Hemalatha
	Amritha		Amritha
	Rohit		Rohit
	Divya Kumar		Divya
	Amritha		Amritha
	Manjula		Manjula
	Karuna Karan		Karuna
	Neelam		Neelam
	Deepa		Deepa
	Velup		Velup
	Dhanalakshmi		Dhanalakshmi
	Shanthika		Shanthika
	Chandrasekhar		Chandrasekhar
	Abhinav		Abhinav
	Pankaj		Pankaj
	Vasanth		Vasanth
	Ravi Kumar		Ravi
	Manjula		Manjula
	Amritha		Amritha
	Nagamma		Nagamma
	Manjula		Manjula
	Vasanth		Vasanth
	Wadeem		Wadeem
	Chinna		Chinna
	Shabana Begum		Shabana
	Manjula		Manjula
	Madavi		Madavi
	Vallamma		Vallamma
	Karuna		Karuna

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FHL Attendance sheet

Program Name	BHW waste management use PPE, Needle stick injury toilet cleaning procedures		
Program Date	11/6/21	Facilitator	Kupendra Kumar
SL No.	Participant name	Duration & Time	Signature
		Global ID	
1. 1 1	Janath Kumar	C.S. Road	Janath Kumar
2	Manjula	"	Manjula
3	Tulsi	"	Tulsi
4	Anjali	"	Anjali
5	manimeghala	"	manimeghala
6	Shabana Begum	"	Shabana
7	Namon	"	Namon
8	Shiddharama	"	Shiddharama
9	Nagaraj	"	Nagaraj
10	Vasanthika	"	Vasanthika
11	Mujahid	"	Mujahid
12	Sowmya	"	Sowmya
13	Shiv Kumar	"	Shiv Kumar
14	chandrasha	"	CHANDRASHA
15	Karunakarson	"	Karunakarson
16	Lakshman	"	Lakshman
17	Aspitha	"	Aspitha
18	Amravarthi	"	Amravarthi
19	Latha. B	"	L. B.
20	Ravi Kumar	"	Ravi Kumar
21	Madavi	"	MADAVI
22	Prabhu	"	Prabhu
23	Pongudhi	"	Pongudhi
24	Vasanth Kumar	"	Vasanth Kumar
25	Kavya	"	Kavya
26	Amma	"	Amma
27	Manjula	"	Manjula
28	Saloni	"	Saloni
29	Shashikala	"	Shashikala
30	Ranjith	"	Ranjith
31	Rajkumar	"	Raj Kumar
32	Deepa	"	Deepa
33	Amudhavalli	"	Amudhavalli
34	Waseem	"	Waseem
35	Pinky	"	Pinky
36	Nagamma	"	Nagamma
37	Santhosh Rai	"	Santhosh
38	Nanjanda	"	Nanjanda

FHL Attendance sheet

Program Name	BMW waste management & use of PPE Needle Stick Injury		
Program Date	23/7/21	Facilitator	C. G. Reed
SL No.	Participant name	Global ID	Signature
1)	Pinky	C. G. Reed	Pinky
2	Hemalata	— 11 —	Hemalata
3	Ponkud	— 11 —	Ponkud
4	Deepa T.S	— 11 —	Deepa
5	Amayalathi	— 11 —	Amayalathi
6	Mujahedh	— 11 —	Mujahedh
7	Nagamma	— 11 —	Nagamma
8	Magamma	— 11 —	Magamma
9	Amoli	— 11 —	Amoli
10	Thulasi	— 11 —	Thulasi
11	Nagamma	— 11 —	Nagamma
12	Chand Pasha	— 11 —	Chand Pasha
13	Kavya	— 11 —	Kavya
14	Vasanth Kumar	— 11 —	Vasanth
15	Akhar	— 11 —	Akhar
16	Siddhant	— 11 —	Siddhant
17	Prabhu	— 11 —	Prabhu
18	Dhanalakshmi	— 11 —	Dhanalakshmi
19	Amudavalli	— 11 —	Amudavalli
20	Mangula	— 11 —	Mangula
21	Latha	— 11 —	Latha
22	Kammye	— 11 —	Kammye
23	Vesomiya	— 11 —	Vesomiya
24	Madavi	— 11 —	Madavi
25	Richard	— 11 —	Richard
26	Abith	— 11 —	Abith
27	Akhar	— 11 —	Akhar
28	Amesvathi	— 11 —	Amesvathi
29	Jayamma	— 11 —	Jayamma

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FHL Attendance sheet			
Program Name	Biomedical waste, management & use of PPE Needle stick injury		
Program Date	15/10/21	Facilitator	Carpenter
		Duration & Time	(11:20 to 5:30)
Sl. No.	Participant name	Global ID	Signature
	Kumar	C-Gr Road	[Signature]
	Amravadavalli	-//-	Amravadavalli
	Tabassum	-//-	Tabassum
	Abdul	-//-	ABDUL
	Nagravaj	-//-	NAGARAJ
	Parvathi	-//-	PARVATHI
	Mujahed	-//-	Mujahed
	Ukail	-//-	[Signature]
	Hindumathi	-//-	Hindumathi
	Amravathi	-//-	Amravathi
	Lakshmi Saper	-//-	LAKSHMI
	Kela	-//-	[Signature]
	Abith Khan	-//-	[Signature]
	Ravi Kumar	-//-	RAVI KUMAR
	Priva.K	-//-	Priva.K
	Kannagi	-//-	[Signature]
	Tulasi	-//-	[Signature]
	Nagamma	-//-	[Signature]
	G. Manjulamamma	-//-	[Signature]
	Anjali	-//-	[Signature]
	Sajiduddin Laskar	-//-	Sajiduddin
	Shi Ram	-//-	SHI RAM
	Namon	-//-	NAMON
	Sameena Begum	-//-	Sameena
	Veronica	-//-	VERONICA
	Manjula	-//-	MUNJULA
	Jasmin	-//-	Jasmin
	Kavuna Kavan	-//-	KAVUNA K
	Mangamma	-//-	Mangamma
	Deepa I.S	-//-	DEEPA . IS
	Ponkodi	-//-	Ponkodi
	Ammu P	-//-	Ammu.P
	John Peter	-//-	John Peter
	Rajeshwari	-//-	RAJESHWARI
	Usha Rani Begum	-//-	[Signature]
	Rabarat	-//-	RABORAT
	Safiya	-//-	Safiya
	Gayatri	-//-	Gayatri

FHL Attendance sheet

Program Name	Biomedical waste, management & use of PPE Needle Stick Injury		
Program Date	15/10/21	Facilitator	Rajendra
SI No.	Participant name	Global ID	Signature
	Pushpa Latha	C.G. Road	Pushpalatha
	Kaj Kumar	- 11 -	Kaj
	Misba Begum	- 11 -	Misba Begum
	Narashimha	- 11 -	Narashimha
	Shabri	- 11 -	Shabri
	Vincent	- 11 -	Vincent
	Rebal	- 11 -	Rebal
	Anjali	- 11 -	Anjali
	Naimul	- 11 -	Naimul
	Shalaja	- 11 -	Shalaja
	Shivra Ranjani	- 11 -	Shivranjan
	Naimul	- 11 -	Aliqamul
	Meharab	- 11 -	Meharab
	Raziya	- 11 -	Raziya
	Sangeetha	- 11 -	Sangeetha
	Khairuddin	- 11 -	Khairuddin
	Nagamona P	- 11 -	Nagamona P
	Sanya	- 11 -	Sanya
	Latha	- 11 -	Latha
	Asma Bano	- 11 -	Asma Bano
	Ahmeduddin	- 11 -	Ahmeduddin
	Babu	- 11 -	Babu

FHL Attendance sheet

Program Name	Biomedical waste management & use of PPE Needle stick injury		
Program Date	15/10/21	Facilitator	Rajendra
SL No.	Participant name	Global ID	Signature
	Shathajunpisa	C.G. Road	Shathajunpisa
	Ta Puradas	-11-	Ta Puradas
	Chithomy May Selvi	-11-	Selvi
	Ayappa	-11-	AYAPPA
	Paravathi	-11-	P. PARVATHI
	Abdul Rajar	-11-	ABULRAJAR
	Madhu . M	-11-	MADHU
	Asha.	-11-	ASHA.A
	Esmael	-11-	ESMAEL
	Rajendra Prasad	-11-	Rajendra Prasad
	Jeevamani	-11-	Jeevamani
	Madhu	-11-	MADHU
	Asha. A	-11-	ASHA.A
	Malikarjun	-11-	Malikarjun
	Hussain Ahmad	-11-	HUSSAIN
	Priya	-11-	Priya
	Tayyabur Rahman	-11-	Tayyabur
	Pillmavathi	-11-	Pillmavathi
	Rajeshwari	-11-	Rajeshwari

(3rd shift)

FHL Attendance sheet			
Program Name	B.M.W waste management & use of PPE, Needle Stick - Injury & Cleaning, Room & Landing of Infected		
Program Date	12/11/2021	Facilitator	(Kupadua Kum)
		Duration & Time	(11:00 to 12:00)
SL No.	Participant name	Global ID	Signature
	Ravi Kumar	C.G. Road	Ravi Kumar
	Anjali	— 11 —	Anjali A
	Perivathi	— 11 —	Perivathi
	Naman	— 11 —	Naman
	Thulasi	— 11 —	Thulasi
	Hindumathi	— 11 —	Hindumathi
	John Peter	— 11 —	John Peter
	celbitha Khan	— 11 —	celbitha Khan
	Abdul	— 11 —	Abdul
	Jasmin	— 11 —	Jasmin
	Miyahed	— 11 —	Miyahed
	Dudba	— 11 —	Dudba
	manoj Kumar	— 11 —	manoj Kumar
	Animesh P	— 11 —	Animesh P
	Mariya	— 11 —	Mariya
	Lakshmi Jaspri	— 11 —	LAKSHI
	Pankodul	— 11 —	Pankodul
	Nag Raj	— 11 —	NAGI RAJ
	Jayath Kumar	— 11 —	Jayath
	Rajeshwari	— 11 —	RAJESHWARI
	Mamatha	— 11 —	mamatha
	Kannagi	— 11 —	Kannagi
	Manjulanma	— 11 —	Manjulanma
	Satishuddin	— 11 —	Satishuddin
	Sherfath Sheak	— 11 —	Sherfath Sheak
	Deena T.S	— 11 —	Deena T.S
	Tabassum	— 11 —	Tabassum
	Janani Begun	— 11 —	Janani Begun
	Jyothi	— 11 —	Jyothi
	Dharsan Kumar	— 11 —	Dharsan Kumar
	S.P. Vasanth Kumar	— 11 —	S.P. Vasanth Kumar
	Ammylavalli	— 11 —	Ammylavalli
	Janya B	— 11 —	Janya B
	Rakha	— 11 —	Rakha
	Bhagya	— 11 —	Bhagya
	Anthony Andrew	— 11 —	Anthony Andrew

(35)

(Night Shift)

FHL Attendance sheet			
Program Name	B.M.W. management & use of WE Needle stick Injury - cleaning Rooms handling of Infected.		
Program Date	12/4/2021	Facilitator	Rupendra Kumar
	Duration & Time	(12:15 to 1:20)	
Sl No.	Participant name	Global ID	Signature
	Asma Khan	G-61202	Asma
	Yuvraj	- 11 -	Yuvraj
	Sudesh	- 11 -	Sudesh
	Khairuddin	- 11 -	Khairuddin
	Shabana	- 11 -	Shabana
	Latha	- 11 -	Latha
	Shivalaxari	- 11 -	Shivalaxari
	Nagampon	- 11 -	Nagampon
	Selvi	- 11 -	Selvi
	Karthik	- 11 -	Karthik
	Saraja	- 11 -	Saraja
	Mahatub Jabeen	- 11 -	Mahatub Jabeen
	Vijayent	- 11 -	Vijayent
	Tajikul Sheik	- 11 -	Tajikul Sheik
	Prasannajit Das	- 11 -	Prasannajit Das
	Anjale	- 11 -	Anjale
	Rakshith	- 11 -	Rakshith
	Puspakatha	- 11 -	Puspakatha
	Prasannajit Das	- 11 -	Prasannajit Das
	Saraj	- 11 -	Saraj

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 21.5.21 @ 12.30AM.

2. Type of Accident: Needle Stick Injury.

3. Sequence of events leading to accident: ABG sample was carried by the HK and he himself decapped it, tried to recap and

4. Has the Authority been informed immediately: sustained NSI to left hand
Yes.

5. The type of waste involved in accident: ABG Needle.

6. Assessment of the effects of the accidents on human health and the environment: Yes NSI protocol followed.

7. Emergency measures taken: Yes, Victim's blood sample sent.

8. Steps taken to alleviate the effects of accidents: Educated the team Not to handle ABG Syringes & samples. & also about No Recapping.

9. Steps taken to prevent the recurrence of such an accident:

Training scheduled for HK by the Incharge Every Quarterly

10. Does your facility has an Emergency Control policy? If yes give details: Yes.

Following KPINEI forms, and Serology test done immediately after the Incident, Counselling done by the Consultants. In case of source positive Emergent ART is started within 2 hrs of time as per the prescription.

Date: 9/6/22

Signature: 

Place: FORUS HOSPITAL
CUNNINGHAM ROAD
BANGALORE - 52

Designation: Infection Control Nurse

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 02.06.2021 @ 12.15 PM.

2. Type of Accident: Needle Stick Injury.

3. Sequence of events leading to accident: Staff Nurse was discarding the Needles after
Cannulation and housekeeping staff moved in without noticing one.

4. Has the Authority been informed immediately: Yes. Sustained. NSE to left hand.
the gloved hand.

5. The type of waste involved in accident:

Inj Erythropoietine syringe. prefilled Needle.

6. Assessment of the effects of the accidents on human health and the environment: Yes NSE

protocol followed.

7. Emergency measures taken: Yes washed immediately and samples sent
Serology.

8. Steps taken to alleviate the effects of accidents: Educated the team not to move around
while procedures are going around.

9. Steps taken to prevent the recurrence of such an accident:

Training and Close Monitoring by team Leaders.

10. Does your facility has an Emergency Control policy? If yes give details:

Following GP/RET Poppers and Serology tests done immediately,
follow ups after the incident, counselling done by the consultants, In case
of severe reaction, Emergency ART is started within 2 hrs of time as per the
prescription.

Date: 9/6/22.

Signature: 

Place: **FORUS HOSPITAL**
CUNNINGHAM ROAD
Bangalore - 52.

Designation: **Infection Control Nurse**

FORM 1

ACCIDENT REPORTING

1. Date and time of accident: 21-7-2021 @ 10.30pm

2. Type of Accident: Sharp Injury.

3. Sequence of events leading to accident: Housekeeping staff while carrying garbage carried three liners together and got Sharp Injury to the left forearm

4. Has the Authority been informed immediately: Reported Next day to the HK HOD.

5. The type of waste involved in accident: Unknown.

6. Assessment of the effects of the accidents on human health and the environment: Yes Sharp Injury Protocol followed.

7. Emergency measures taken: She had Washed Immediately, After reporting samples were sent for Serology.

8. Steps taken to alleviate the effects of accidents: Training and Awareness among staff; trained not to carry waste

9. Steps taken to prevent the recurrence of such an accident: Error in Bulk and also to make sure away from use trolley.

10. Does your facility has an Emergency Control policy? If yes give details: Follow up after the Incident, Counselling done by the Consultants. In case of Serology positive, Emergency ART is started within 2hrs of time as per the description.

Date: 3/6/22

Signature: [Signature]

Place: Fortis Hospital
Cunningham Road
Bangalore - 52

Designation: Infection Control Nurse

FORM III

ACCIDENT REPORTING BIOMEDICAL WASTE MANAGEMENT

Jan - Dec 2021

1. Date and time of accident: Nil
2. Sequence of events leading to accident: Nil
3. The waste involved in accident: Nil
4. Assessment of the effects of the accidents on human health and the environment: Nil
5. Emergency measures taken: Nil
6. Steps taken to alleviate the effects of accidents: Nil
7. Steps taken to prevent the recurrence of such an accident: Nil.

Date... 26/06/22

Signature... J. Adma

Place... FORTIS HOSPITAL
CUNNINGHAM ROAD

Designation... Asst Manager

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE MEETING

1. DATE & TIME: 10:2:2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 30 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, AND NEURO SURGEON
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES
8. **DETAILS OF ACTION ITEMS OPEN FROM PREVIOUS MEETING**

SL NO	CONCERNS	REPONSIBILITY	EXPECTED CLOSURE DATE	REMARKS
1.	PEDAL OPERATED DUSTBINS	Mr. Narendra Mr. Harikrishna	February 28.2.2021	Pending Since November 2021

9.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF FEBRUARY WITH JANUARY DATA -2021

- > ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS-1 SSI
- > ANALYSIS OF HAND HYGIENE
- > BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- > SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -NIL

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>SSI CASE 1 :</p> <ul style="list-style-type: none"> • UHID: 10250333/IP; 44209/2020/114/ 67 Years /M • PROCEDURE: CABG *3 GRAFT on 26 .11.2020 • TYPE: Superficial SSI(90 DAYS) <p><u>Patient contributing factor:</u>DM(Blood sugar average 250-300mg/dl)</p> <p><u>RCA:</u></p> <ul style="list-style-type: none"> ▪ Uncontrolled DM post discharge ▪ Poor compliance by the patient towards Diabetic medication , personal hygiene ▪ Discharge advice not followed by the Patient even after discharge health education <p><u>Action Plan:</u></p> <ul style="list-style-type: none"> ▪ Re-Emphasis the Physician assistant to give health education regarding wound care during their wound dressing in ward. ▪ Diabetic education to continue ▪ Service Line management / coordinators to educate the patients on OPD basis regarding the Microshield body wash prior to 	<ul style="list-style-type: none"> • SURGEON • PHYISCIAN ASSISTANT • OPD NURSES • SLM'S • Dietitians • Ward /ICU Nurses • ICN 	CONTINOUS PROCESS	MS AMS CNO DCNO NON MEDICAL HOD

	<p>admission Pre Operatively</p> <ul style="list-style-type: none"> • Dieticians to have strict look into the Formula of suppliments post-surgery advice or follow up to help in Glycemic control • Nurses at the time of discharge to educate to patient himself and confirm the patient has understood about the post discharge wound care at home. 			
2.	<p><u>COVID PPE-Jumpsuits /Gowns/N95 Essential/Optional.</u> To continue One more month with the Protocol of PPE as per the instructions in view of COVID-19 Precautions.</p>	<ul style="list-style-type: none"> • INCHARGE S • PURCHASE • STORES 	Until Next HIPAC Meeting	<ul style="list-style-type: none"> • HIC OFFICER • HIC CHAIRPERSON • MS • CNO • ICN
3.	<p><u>Flu clinic Alternative for suspected cases</u></p> <ul style="list-style-type: none"> • Any patients post screening with suspected symptoms of Acute Respiratory Syndrome/FLU/ COVID to be routed to ER • Assigned staff/Doctor in ER with complete PPE will attend the Patient and in case of Positive cases to communicate to the Head Medical Service . 	<ul style="list-style-type: none"> • NON MEDICAL HOD • ER INCHARGE • ER DOCTOR 	Immediately and Continuous Process	<ul style="list-style-type: none"> • MS • HIC OFFICER • HIC CHAIRPERSON • ICN

4.	<p><u>Barrier Precautions to be Monitored and escalated ,daily basis in prior as soon its diagnosed with notifiable diseases</u></p> <ul style="list-style-type: none"> • All staffs Mandatory to follow the barrier precautions • Doctors to support the team with clear written instructions on Doctors note regarding Barrier Precautions as soon its diagnosed with Notifiable disease. • Identify the Notifiable diseases and to report immediately to Treating consultant/primary consultant and ICN • Re-emphasis on the Notifiable diseases and Barrier Precautions 	<ul style="list-style-type: none"> • ALL INCHARGE S • DOCTORS • TEAM LEADERS • NURSES • NURSING SUPERVISORS • ICN 	Immediately	<ul style="list-style-type: none"> • CLOSED TRAINING DONE ON 11.2.20 21
5	<p><u>DRI</u></p> <ul style="list-style-type: none"> • Doctors and Clinicians to follow the AMS protocol to avoid Drug Resistance Infections. • Microbiologist has to have the data and follow up with the help of Doctors and Clinical Pharmacist. • Clinical Pharmacist to do the follow up. 	<ul style="list-style-type: none"> • ALL CONSULTANTS • ALL SURGEONS • MICROBIOLOGIST • CLINICAL PHARMACIST 	Immediate and continuous Process	<ul style="list-style-type: none"> • AMS • MS
7	<p><u>OPD Dressing Room</u> To Identify and have the Dedicated Dressing Room so that no other things are stored or used for any other purposes.</p>	<ul style="list-style-type: none"> • Non-Medical HOD • OPD Incharge • ICN 	28.2.2021	<ul style="list-style-type: none"> • SURGEON TEAM • HIC OFFICER • HIC CHAIR

				PERSON.
8	<p><u>Educating the patient on Wound care</u> To Implement the Demonstration Videos in OPD to Educate patients regarding the post discharge wound care.</p>	<ul style="list-style-type: none"> • ICN 	One Month	<ul style="list-style-type: none"> • CNO • DCNO • MS • HIC CHAIR PERSON
9.	<p><u>Old Urinary Catheters with patient symptomatic of Infection</u> Immediately to be intimated to the Treating Consultant and ICN by the concern Nurse/Incharge/Team leader in view of sending culture or change of catheters.</p>	<ul style="list-style-type: none"> • ALL Incharges • Nurses • Team Leaders • Nursing Supervisors 	Immediate and Continuous Process	<ul style="list-style-type: none"> • DCNO • CNO • HIC CHAIR PERSON • HIC OFFICER
9.	<p><u>Analysis of hand hygiene compliance in the month of February 2021</u></p> <ul style="list-style-type: none"> • Spot Audit was done by ICN. The average of the audit was taken and recognized the highest scored department as CCU (Score 100) and the rolling trophy was handed over by Mr. Anand Angadi (FD) to Ms Anu Abraham CCU Incharge, Black rolling trophy labelled as Dark Hands was handed over to Ms Pushpa Dialysis Incharge to lowest scoring department, to 	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician 	<ul style="list-style-type: none"> • Mandatory and continuous Process 	<ul style="list-style-type: none"> ➤ ICN ➤ ALL HOD OF DEPARTMENT ➤ TEAM MEMBERS

	emphasize on improving hand hygiene in respective department, (Score- 92%)			
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING MARCH 2021

1. DATE & TIME: 10-3-2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 27 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, AND NEURO SURGEON
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES
8. **DETAILS OF ACTION ITEMS OPEN FROM PREVIOUS MEETING**

SL NO	CONCERNS	REPONSIBILITY	EXPECTED CLOSURE DATE	REMARKS
1.	PEDAL OPERATED DUSTBINS	Mr. Narendra Mr. Harikrishna	February 28.2.2021	Partially pending

9.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OFMARCH OF MARCH WITH FEB DATA -2021

- > ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS-1 SSI
- > ANALYSIS OF HAND HYGIENE -95% OVERAL FEB2021
- > BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- > SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -1 NSI

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>SSI CASE 1 : UHID: 10485745/IP: 8300/2021/1114/ 29 Years /M/2nd floor Diagnosis: ANKYLOSIS SPONDYLITIS BILATERAL HIP PROCEDURE: BILATERAL TOTAL HIP REPLACEMENT Date Of Surgery: 12 Feb 2021 TYPE: Superficial SSI(30 DAYS) RCA:</p> <ul style="list-style-type: none"> Pseudomonas is a sensitive strain so it is likely to be a Hospital Acquired Infection ,it rather points more towards Endogenous infection Prolonged Surgery Poor Hygiene post-surgery in wards <p>Corrective Action :</p> <ul style="list-style-type: none"> Patient treated with Antibiotic to which is susceptible to that organism Patient wound is healed. <p>Preventive Action :</p> <ul style="list-style-type: none"> Nurses to make sure that the sponge bath post operatively to strictly followed to keep the patients hygienic 	<ul style="list-style-type: none"> ORTHO SURGEON AND TEAM PHYSICIAN ASSISTANT NURSES/INCHARGES/TEAMLEADERS SUPERVISORS ICN EDUCATORS 	CONTINUOUS PROCESS	CNO DCNO MS
2.	<p>NSI- 1 CASE 1 SHARP INJURY DATE: 05.2.2021 TIME :11:56AM DEPARTMENT :SRL LAB STAFF CATEGORY : PHEBOTOMIST</p> <p>Accidentally sustained needle stick injury to left thumb by a needle which was left over and was not noticed</p> <p>RCA: Phlebotomist took a needle to connect to a needle holder and did not notice there was already a used needle</p>	<ul style="list-style-type: none"> LAB HOD LAB STAFFS 	CONTINUOUS PROCESS	<ul style="list-style-type: none"> HIC OFFICER HIC CHAIRPERSON ICN

	<p>connected by her colleague and sustained Needle stick injury to the left thumb tip.</p> <p>Staff from the phlebotomy area failed to detach the needle from the needle holder and discard into the Sharp container which was already available within the arm's reach.</p> <p><u>CORRECTIVE ACTION :</u></p> <ul style="list-style-type: none"> • Staff had worn double pair of gloves • Removed gloves • Immediately washed hand • Informed MOD on duty and. • Staff samples were sent immediately for follow up (serology) • Informed to Dr Sathish • Counselling done • Follow up continued. <p><u>PREVENTIVE ACTION :</u></p> <p>Clear instructions were given to the staffs who failed in discarding and everyone in the department to discard the sharps/needle as soon the need of sharps is completed into the Puncture proof container.</p> <p>Re Educated the all staffs on prevention of NSI and about the safe disposal of sharps and Needles</p> <p>Remphasised not to handle the sharps in hurry and also to make sure they should be careful before handling the sharps to prevent such incident in future.</p>			
3.	<p><u>Surveillance for suspected Acinetobacter outbreak, swab cultures awaited.</u></p> <ul style="list-style-type: none"> • Culture shown gram negative strains in MICU and with that report to do immediate 	<ul style="list-style-type: none"> • MS • ER INCHARGE • ER DOCTOR • INTENSIVISTS • CONSULTANTS 	11.3.2021	<ul style="list-style-type: none"> • HIC OFFICER • ICN

	<p>shut down of MICU with the preplan</p> <ul style="list-style-type: none"> MS to take a call on the direct admissions to MICU for time being and to speak to the consultants team after approval by the FD. After the approval tentatively to shutdown MICU by tomorrow afternoon and also to follow up the cleaning process as guided by HIC team. 	<ul style="list-style-type: none"> MICU , CCU AND HDU INCHARGE HOUSEKEEPING HOD 		
4.	<p><u>Barrier Precautions to be Monitored and escalated ,daily basis in prior as soon its diagnosed with notifiable diseases</u></p> <ul style="list-style-type: none"> All staffs Mandatory to follow the barrier precautions Doctors to support the team with clear written instructions on Doctors note regarding Barrier Precautions as soon its diagnosed with Notifiable disease Written Criteria for Isolation /Barrier Precautions to be given the ISOLATION ROOMS which will be discussed and circulated by ICN 	<ul style="list-style-type: none"> ALL INCHARGES DOCTORS TEAM LEADERS NURSES NURSING SUPERVISORS ICN 	Immediate and continuous process	HIC TEAM
5	<p><u>sterile procedure to be counter monitored by the allocated nurse/ team leaders</u></p> <p>Nurses and Team leaders to mandatorily observe the sterile procedure and stop immediately when there is a breach</p>	<ul style="list-style-type: none"> ALL INCHARGES DOCTORS TEAM LEADERS NURSES NURSING SUPERVISORS ICN 	Immediate and continuous Process	HIC TEAM DCNO CNO MS
6.	<p><u>Infection control practices poorly managed by the housekeeping team in ICU's</u></p> <p>Housekeeping HOD and supervisor to schedule the classes for the HK staffs by the ICN</p>	<ul style="list-style-type: none"> Non-Medical HOD HK Incharge ICN 	IMMEDIATELY AND CONTINUOUS PROCESS	HIC OFFICER HIC CHAIRPERSON

7.	<p><u>Housekeeping supervisors poor monitoring in ICU areas</u> Housekeeping HOD and supervisor to schedule the classes for the HK staffs by the ICN</p>	<ul style="list-style-type: none"> • I Non-Medical HOD • HK Incharge • ICN 	IMMEDIATELY AND CONTINUOUS PROCESS	HIC OFFICER HIC CHAIRPERSON
8.	<p><u>Plan for framing effective AMS committee which comes under the subcommittee of HIC team</u> To form the team and SOP with the Help of Head medical service, Clinical Pharmacist, HIC Chairperson and Microbiologist, which will help in improvising the AMS protocols.</p>	<ul style="list-style-type: none"> • MS • HIC CHAIRPERSON • MICROBIOLOGIST • QUALITY • CLINICAL PHARMACIST 	NEXT HIPAC MEETING	HIC TEAM
9.	<p><u>outcome indicator chart – incomplete (intra and post-operative details)</u> To be discussed with the respective teams and champions regarding the necessity of the form and in case of continuation the Quality control numbers to be given by the Quality team to carry forward.</p>	<ul style="list-style-type: none"> • HIC CHAIRPERSON • HIC OFFICER • ICN • MS • QUALITY 	NEXT HIPAC MEETING	HIC TEAM
10	<p><u>Analysis of hand hygiene compliance in the month of February 2021</u> The average of the audit was taken and recognized the highest scored department as Dialysis (Score 96%) and the rolling trophy was handed over by Dr Praveen (Senior Anaesthetist) to Ms Parimala On behalf of Dialysis Incharge, Black rolling trophy labelled as Dark Hands was handed over to Ms Shally Floor Supervisor to lowest scoring department, to emphasize on improving hand hygiene in respective department. (Score-91%)</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS
11.	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> • GOT Incharge to relook into all the infection control practices and adhere to strict protocols 	<ul style="list-style-type: none"> • GOT INCHARGE • ALL AUDITORS • MAINTAINANCE HOD • ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD

	<ul style="list-style-type: none">• Maintenance team to reaudit on the calibrations• Biomedical waste Audit auditors to Mandatorily do the Audits and submit the Audit findings to ICN without fail			
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING APRIL 2021

1. DATE & TIME: 07/4/2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 27 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:
UROLOGY, NEURO SURGEON,ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH APRIL WITH MARCH DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS-2 SSI,3VAP
- ANALYSIS OF HAND HYGIENE -95% OVERAL MARCH 2021
- BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -1 BBF

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>CASE 1 SSI UHID: 10402796/IP: 56634/2021/1114/ 54 Years /M/OPD Dr Keshav/Dr Vivek Jawali DOA: 17 Dec 2020 DOD: 29 Dec 2020 Diagnosis: ISCHAEMIC HEART DISEASE , CAD, TVD, HTN , DM PROCEDURE: CABG *3 GRAFT Date Of Surgery: 23.12.2020 TYPE: Superficial SSI(90 DAYS)</p> <p>RCA</p> <ul style="list-style-type: none"> • POOR FOLLOW UP • POOR GLYCEMC CONTROL AT HOME • Only one visit post surgery <p>DISCUSSION POINTS</p> <ul style="list-style-type: none"> • Diabetologist/endocrinologist team is requested to look into the insulin units pre and post surgery • CTVS surgeon teams will follow up the patients sugar before shifting to Wards and to review at the time of discharge and refer patient to Diabetologist 	<ul style="list-style-type: none"> • SURGEON AND TEAM • ENDOCRINOLOGISTS/DIABETOLOGISTS • DIABETIC NURSE • OPD NURSE • ICN • AMS 	CONTINUOUS PROCESS	CNO DCNO MS
2.	<p>CASE 2 SSI: UHID: 3298916/IP: 10638/2021/1114/ 69 Years /F/OPD Dr Shridhar N /Dr Vivek Jawali DOA: 1st Admission 23.2.2021 2nd Admission 06 .03.2021 DOD: 1st Discharge 26 2.2021 2nd Discharge 13 .3.2021</p> <ul style="list-style-type: none"> • Diagnosis: ACS-NSTEMI, CAG-TVD,CAD-S/P PTCA TO RCA(2018),DM,HTN, UTI • PROCEDURE: CABG *3 GRAFT • Date Of Surgery: 23.12.2020 	<ul style="list-style-type: none"> • SURGEON AND TEAM • ENDOCRINOLOGISTS/DIABETOLOGISTS • DIABETIC NURSE • OPD NURSE • ICN • AMS 	CONTINUOUS PROCESS	CNO DCNO MS

	<ul style="list-style-type: none"> • TYPE: Superficial SSI(90 DAYS) <p>RCA:</p> <ul style="list-style-type: none"> • Underlying infection • Uncontrolled sugars post discharge (300-400mg/dl) • Dressing done outside • Review with endocrinologist and diabetic nurse was not done during OPD Visit <p>DISCUSSION POINTS</p> <ul style="list-style-type: none"> • Diabetologist/endocrinologist team is requested to look into the insulin units pre and post surgery • CTVS surgeon teams will follow up the patients sugar before shifting to Wards and to review at the time of discharge and refer patient to Diabetologist 			
3.	<p>VAP CASE I: FH: 564731 IPID : 11739/21/1114 69years/Female/CCU DOA : 27.02.2021 Date of Discharge: STILL HOSPITALISED Diagnosis- CAD, TVD,IHD,DM,HTN,CKD,ACS, NSTEMI,H/O Right Thalamic Infaret(Jan 2020) DATE OF INTUBATION: 8.3.21 ,10.3.21 ,19.3.21 DATE OF EXTUBATION: 9.3.21 ,12.3.21 DATE OF TRACHEOSTOMY : 23.3.21 TYPE OF SURGERY AND DATE :CABG *4 GRAFT ON 08.3.2021 10.3.2021- Sputum Culture sent and KLEBSIELLA OXYTOCA reported 19.3.2021- Sputum Culture sent and E.COLI reported 28.03.2021- Tracheostomy Secretion sent and Acinetobacter Baumannii >10⁵ reported</p> <p>RCA:</p> <ul style="list-style-type: none"> • POOR Isolation management 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINOUS PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS

	<ul style="list-style-type: none"> • ?CROSS CONTAMINATION • ?POOR SURFACE CLEANING COMPLIANCE • ?POOR HAND HYGIENE COMPLIANCE • ?POOR BARRIER PRECAUTIONS <p>DISCUSSION POINT :</p> <ul style="list-style-type: none"> • Patients to be identified who are prone to be at risk of infection to be isolated immediately before the outbreak • Department Incharge to make sure the surface cleaning to be monitored • Housekeeping supervisors to make sure each shift surface cleaning is done. • Staffs to adhere to Hand hygiene compliance strictly • Concern staff who handle patients to follow strict barrier precautions 			
4.	<p>VAP CASE 2: FH: 10528294 IPID : 11906/21/1114 72years/Male/CCU maaiyam DOA : 28.2.2021 Date of Death : 06.3.2021 Diagnosis-Community Acquired Pneumonia with severe ARDS, SEPSIS with multiorgan dysfunction, DM, HTN, IHD,S/P PTCA -LAD, ATRIAL FIBRILLATION WITH FVR,OLD CVA,OSA DATE OF INTUBATION: 28.2.21 DATE OF EXTUBATION: 6.3.21 06.03.2021- Endotracheal Secretion sent and Acinetobacter Baumannii >10⁵ reported on 08.3.2021 RCA:</p> <ul style="list-style-type: none"> • POOR Isolation management • ?CROSS CONTAMINATION • ?POOR SURFACE CLEANING COMPLIANCE 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HK INCHARGE NON MEDICAL HOD HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS

	<ul style="list-style-type: none"> • ?POOR HAND HYGIENE COMPLIANCE • ?POOR BARRIER PRECAUTIONS <p>DISCUSSION POINT :</p> <ul style="list-style-type: none"> • Patients to be identified who are prone to be at risk of infection to be isolated immediately before the outbreak • Department Incharge to make sure the surface cleaning to be monitored • Housekeeping supervisors to make sure each shift surface cleaning is done. • Staffs to adhere to Hand hygiene compliance strictly • Concern staff who handle patients to follow strict barrier precautions 			
5	<p>FH:10566611 IPID:15116/21/1114 78Yrs/Male/SICU DOA : 12.3.21 Date of Discharge: 24.3.21 Diagnosis-ISCHAEMIC HEART DISEASE ,S/P PTCA(2012),LEFT MCA INFARCT,HTN,DM DATE OF INTUBATION: 14.3.21 ET TUBE CHANGED ON 16.3.21 ,22.3.21 DATE OF EXTUBATION: NOT EXTUBATED DISCHARGED WITH ALL INVASIVE LINES TYPE OF SURGERY AND DATE :CABG *4 GRAFT ON 14.3.2021 17.3.2021 - ET Culture sent and ESCHERICHIA COLI reported ON 19.3.21 19.3.2021- ET Culture sent and ESCHERICHIA COLI reported ON 21.3.21 RCA:</p> <ul style="list-style-type: none"> • Emergency Intubation • High risk Patient • Multiple Intubation (Tube changed because of thick secretion) • Underlying infection 	<ul style="list-style-type: none"> • SURGEON TEAMS • CONCERN NURSE • INCHARGES • NURSING SUPERVISOR • ICN • AMS 		

	<ul style="list-style-type: none"> Poor Prognosis 			
6.	<p>BBF CASE 1 BLOOD AND BODY FLUID EXPOSURE DATE: 05.03.2021 TIME :11:50AM DEPARTMENT :CCU STAFF CATEGORY : NURSE After the sample collection staff tried to inject the samples into the vacutainers and accidentally blood splashed to the eyes and face</p> <p>RCA:</p> <ul style="list-style-type: none"> Staff were retrained in wearing the PPE as per the risk of cross infection . Emphasized to use needle holder for sample collection to avoid the future incidence of any NSI /BBF . 	<ul style="list-style-type: none"> EACH INDIVIDUAL STAFF INCHARGES TEAM LEADERS SUPERVISORS ICN EDUCATORS 	CONTINUOUS PROCESS	DCON CON
7.	<p><u>Isolation of patient/barrier precaution in CCU and MICU</u></p> <ul style="list-style-type: none"> Implementation of link nurse in each shift duties in all departments to monitor all infection control protocols 	<ul style="list-style-type: none"> Incharges Team leaders Nursing Supervisors 	Immediate and continuous process	ICN DCON CON
8.	<p><u>RCA forms- placed in Patient IP folders</u></p> <ul style="list-style-type: none"> RCA and Event Forms will be removed EVENT FORMS are placed only when event occurs RCA forms will be done once the events occur OT/PROCEDURAL ROOMS/INVASIVE LINE INSERTION – To be Mandatorily documented by the nurses and doctors note irrespective of the area of insertion with complete details. 	<ul style="list-style-type: none"> CONSULTANT S INTENSIVISTS CONCERN NURSE INCHARGES TEAM LEADERS SUPERVISORS ICN AMS 	Immediate and continuous process	DCON CON MS

9.	<p><u>Surveillance Cultures to be sent before 3PM</u></p> <ul style="list-style-type: none"> Whoever sends the cultures or plan for surveillance cultures to coordinate with the lab team in prior so that the team is able to follow up sample process. 	<ul style="list-style-type: none"> Incharges Team Leaders Supervisors Lab staffs ICN 	Immediate and continuous process	<ul style="list-style-type: none"> Microbiologist DCON CON MS
10.	<p><u>Ventilator Patient/Infected Patient (1:1 ratio of Nursing staff in MICU/CCU)</u></p> <ul style="list-style-type: none"> Patients on risk of infection and on ventilators the Incharges to make sure the nurse to be assigned with single allocation 	<ul style="list-style-type: none"> Incharges Team leaders Supervisors 	Immediate and continuous process	<ul style="list-style-type: none"> DCON CON
11.	<p><u>Surface cleaning and sink washing</u></p> <ul style="list-style-type: none"> Respective Incharges to make sure each shift the surface cleaning is done including sink cleaning Surface cleaning frequency to increase by the housekeeping team Each Shift to make sure the cleaning is done and the checklist is maintained by the HK Supervisors in respective floors. 	<ul style="list-style-type: none"> Incharges Housekeeping Incharges Housekeeping Supervisor Team Leaders ICN 	Immediate and continuous process	<ul style="list-style-type: none"> Non Medical HOD DCON CON HIC Chairperson HIC OFFICER
12.	<p><u>Patients with High risk prior to surgery to look into the antibiotic prophylaxis within the unit call</u></p> <ul style="list-style-type: none"> Treating Consultants /Surgeons and Intensivists to take a call on patients choice of antibiotic or prophylaxis used on high risk surgery or high risk patients to avoid HAI cases and better outcomes. Microbiologist and Clinical Pharmacist to speak to the team 	<ul style="list-style-type: none"> CONSULTANTS SURGEONS INTENSIVISTS MICROBIOLOGISTS CLINICAL PHARMACIST 	NEXT HIPAC	<ul style="list-style-type: none"> AMS MS

13.	<p><u>Patients with High HbA1C and with underlying infections to be monitored and controlled before surgery</u></p> <ul style="list-style-type: none"> • Surgeon, Treating consultants to make sure the patients with increased HbA1C to treated and controlled prior to surgery unless the patients is in emergency need for surgery . • Surgeon and anaesthetists to look into the Diabetic management just before shifting to ward and also before discharge. • Surgeons or consultants to refer the patient to endocrinologist and diabetic educator during post discharge OPD visits. 	<ul style="list-style-type: none"> • CONSULTANTS • SURGEONS • ENDOCRINOLOGISTS • OPD NURSES • DIABETIC EDUCATOR 	Immediate and continuous process	AMS MS HIC OFFICER HIC CHAIRPERSON
10	<p><u>Analysis of hand hygiene compliance in the month of March 2021</u></p> <p>The average of the audit was taken and recognized the highest scored department as Dialysis (Score 90%) and the rolling trophy was handed over by Dr Vinod(CTVS Surgeont) to Ms Shaila 3RD FLOOR Incharge, Black rolling trophy labelled as Dark Hands was handed over to Ms Anu Abraham to lowest scoring department CCU , to emphasize on improving hand hygiene in respective department. (Score-85%)</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS
11.	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> • Central Storage Area Housekeeping to make sure all the bags are labelled • Housekeeping supervisors to do the close observation audit daily in the central storage area 	<ul style="list-style-type: none"> • OT INCHARGES AND STAFFS • ALL INCHARGES • HOUSE KEEPING SUPERVISOR • HOUSE KEEPING HOD • CSSD INCHARGE • ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD MS

	<ul style="list-style-type: none">• General waste should not be collected in the different color code bags.• Needles post procedure to be discarded at the point of generation, CSSD sets to be checked before sending to CSSD.• CSSD Incharge to make sure that no sets will be received with needles in case of any findings to inform ICN team immediately			
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING MAY 2021

1. DATE & TIME: 19.5.2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 20 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, NEURO SURGEON, AND ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF MAY WITH APRIL DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- 3 SSI,2VAP
 - ANALYSIS OF HAND HYGIENE -96% OVERAL APRIL 2021
 - BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
 - SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -NIL
-

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>CASE 1 SSI UHID: 10499269 IP NO : 8564/21/1114/ 67Years M/OPD Dr Gopi A/Dr Vivek Jawali DOA: 12 Feb 2021 DOD: 21 Feb 2021 Diagnosis: ISCHAEMIC HEART DISEASE , CAD, TVD, HTN , DM PROCEDURE: CABG *3 GRAFT Date Of Surgery: 13.02.2021 TYPE: Superficial SSI(90 DAYS) OPD - Pus culture sent from Both Graft (left and right)surgical site on 02.04.2021 – Staphylococcus Aureus moderate growth reported on 05.4.2021 RCA:</p> <ul style="list-style-type: none"> Poor glycaemic control Intraoperative and post operative Poor follow up Poor wound care post discharge <p>CORRECTIVE ACTION</p> <ul style="list-style-type: none"> Patient started on Antibiotic , wound status is unknown <p>PREVENTIVE ACTION :</p> <ul style="list-style-type: none"> Good Glycemic Control of patient ,pre, intra and post operatively If required opinion from the Diabetologist to be taken 	<ul style="list-style-type: none"> SURGEON AND TEAM ENDOCRINOLOGISTS/DIABETOLOGISTS DIABETIC NURSE OPD NURSE ICN AMS 	CONTINUOUS PROCESS	CNO DCNO MS
2.	<p>CASE 2 SSI: UHID: 10516874/IP: 12169/2021/1114/80 Years / M/OPD Dr Gopi A/Dr Vivek Jawali DOA: 01.03.2021 Diagnosis: ACS-NSTEMI, CAG-TVD,BRONCHIAL ASTHAMA ,HTN PROCEDURE: CABG *3 GRAFT Date Of Surgery: 05.03.2021</p>	<ul style="list-style-type: none"> SURGEON AND TEAM ENDOCRINOLOGISTS/DIABETOLOGISTS DIABETIC NURSE OPD NURSE ICN AMS 	CONTINUOUS PROCESS	CNO DCNO MS

	<p>TYPE: Superficial SSI(90 DAYS)</p> <p>OPD - Pus culture sent 24.4.2021 from left leg graft site - Klebsiella Pneumonia growth reported on 26.4.2021</p> <p>RCA:</p> <p>Failure of post discharge wound care.</p> <p>Corrective Action :</p> <p>Started on appropriate antibiotic and on follow up , the wound had healed</p> <p>Preventive Action :</p> <ul style="list-style-type: none"> Educate the patient on importance of maintaining good hygiene. 			
3	<p>CASE 3 SSI UHID: 4341178/IP: 6650 /2021/1114/ 62Years / F/OPD Dr Prahakar Koregal /Dr Vivek Jawali DOA: 01.03.2021 D.O.Discharge : 08.03.21 Diagnosis: IHD,CAG-TVD(03.2.21),DM,HTN PROCEDURE: CABG *4 GRAFT Date Of Surgery: 02.03.2021 TYPE: Deep SSI(30 DAYS)</p> <p>OPD - Pus culture sent from Chest wound surgical site on 07.04.2021 –Methicillin Resistant Staphylococcus Epidermidis growth reported on 10.4.2021</p> <p>RCA:</p> <ul style="list-style-type: none"> Poor glycaemic control intraoperative and post operative ?Patient could be colonised with the organism isolated in the culture <p>CORRECTIVE ACTION : Patient was readmitted Started on appropriate antibiotic with good wound care</p> <p>PREVENTIVE ACTION :</p>	<ul style="list-style-type: none"> SURGEON AND TEAM ENDOCRINOLOGISTS/DIABETOLOGISTS DIABETIC NURSE OPD NURSE ICN AMS 	CONTINUOUS PROCESS	CNO DCNO MS

	Good glycaemic control under the guidance of Diabetologist			
4.	<p>VAP CASE :1 FH: 10603565 IPID : 17855/21/1114 79years/Male/CCU DOA : 23.03.2021/Dr Shridara N/Dr Vivek Jawali Date of Death : 03.05.2021 Date of Surgery :29.3.2021 (CABG * 4 GRAFT) Diagnosis- CAG, TVD, DM, HTN DATE OF INTUBATION: 29.3.2021,04.4.2021,06.4.2021,11.4.2021,17.4.2021 DATE OF EXTUBATION: 30.3.2021,05.4.2021,08.4.2021,14.4.2021,17.4.2021 DATE OF TRACHEOSTOMY : 17.4.21 DATE OF TRACHEOSTOMY TUBE CHANGED : 27.4.2021 01.4.2021- Sputum culture KLEBSIELLA PNEUMONIAE moderate growth reported on 05.4.2021 06.4.2021- Endotracheal Secretion sent KLEBSIELLA PNEUMONIAE growth reported on 08.4.2021 11.4.2021:ET Culture sent NO GROWTH 18.4.2021: Tracheal Secretion PSEUDOMONAS AERUGINOSA reported on 21.4.2021 26.4.2021:Tracheal Secretion culture sent E.coli and Pseudomonas Aeruginosa Reported on 30.4.2021</p> <p>RCA:</p> <ul style="list-style-type: none"> • High risk Patient • Multiple Intubation (Tube changed because of thick secretion) • Underlying infection. Poor Prognosis • ?lack of sterile technique during interventions <p>Preventive Action : Retraining on maintaining sterile conditions during interventions with high risk cases.</p>	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS

6.	<p>VAP CASE 2:</p> <p>FH: 10670667 IPID : 22654/21/1114 42years/Male/CCU DOA : 11.4.2021 Date of Death : 18.4.2021 Diagnosis- ACUTE PONTINE BRAIN STEM HAEMORRHAGE WITH BRAIN STEM DYSFUNCTION DATE OF INTUBATION: 11.4.2021 in ER DATE OF TRACHESOTOMY : 14.4.2021 in CCU 12.4.2021- Endotracheal culture sent -NO GROWTH - reported on 14.4.2021 15.4.2021-Endotracheal culture sent -NO GROWTH - reported on 17.4.2021 17.4.2021-Trachesisotomy culture sent - ACINETOBACTER BAUMANNII COMPLEX - reported on 19.4.2021</p> <p>RCA:</p> <ul style="list-style-type: none"> • Comorbidities present • Thick secretion • ? Poor sterile techniques during suctioning • ?poor surface cleaning <p>Preventive Action :</p> <ul style="list-style-type: none"> • Retraining on Suctioning. • Increase the cycles of surface cleaning 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HK INCHARGE NON MEDICAL HOD HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS
7.	<p><u>Analysis of hand hygiene compliance in the month of April 2021</u></p> <p>The average of the audit was taken and recognized the highest scored department as Dialysis (Score 96%) and the rolling trophy was handed over to Ms Anu CCU Incharge, Black rolling trophy labelled as Dark Hands was withheld as our chairperson does not want to demotivate the teams during the pandemic on improving hand hygiene in respective department,</p> <p>Hand Hygiene :</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician • All Healthcare workers 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS

	Instructions to all the healthcare worker not to use gloves throughout the shifts in Non-clinical areas from one place to another, gloves is not a alternative for Hand Washing.			
08.	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> Central Storage Area Housekeeping to make sure all the bags are labelled Choosing the color coded covers appropriately to be supervised by the housekeeping supervisors. 	<ul style="list-style-type: none"> ALL INCHARGES HOUSE KEEPING SUPERVISOR HOUSE KEEPING HOD ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD MS
09.	<p><u>Covid Guidelines for staff Rejoining</u></p> <p><u>Staffs who are primary contacts without symptoms :</u></p> <ul style="list-style-type: none"> ➤ Do COVID-19 RTPCR testing immediately without delay ➤ Isolate themselves at home for Maximum 5 days to observe any symptoms <ul style="list-style-type: none"> ❖ If Symptomatic and reported Positive stay home for 10days from the day of symptoms and report back to duty after meeting the physician (NO RETESTING/ NO NEGATIVE REPORTS REQUIRED) ❖ If no symptoms report to OPD 	<ul style="list-style-type: none"> ALL HEALTH CARE WORKERS HR HIC ICN AMS 	Immediately and Continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD MS

with Physician
and resume
back to duty.
(NO
RETESTING/
NO
NEGATIVE
REPORTS
REQUIRED

**Staffs who are
symptomatic/Asymptomatic and Covid
Positive :**

**(Mild Symptoms –
Moderate Symptoms-
NO OXYGEN
Needed)**

- Reported Positive stay home for **10days** from the day of symptoms and report back to duty (NO RETESTING/NO NEGATIVE REPORTS REQUIRED)
- Mandatory to observe Last **3 days (72 Hrs.)** staff should be Asymptomatic and should not be on any Antipyretics treatment.
- While Reporting day, Report to OPD Physician on duty and Follow up.

**(Moderate Symptoms
–Severe Symptoms-
means staff who
required Oxygen
Therapy during
isolation
/HDU/ICU/NIV)**

- Reported Positive stay home for **14days** from the day of

	<p>symptoms and Repeat RTPCR(If its reported positive again for covid the staff needs to meet the clinician in OPD and take advise for further follow up to resume back to duty)</p> <p>➤ If Negative While Resuming back to duty NEGATIVE REPORT IS MANDATORY</p>			
10.	<p>HDU Surface Cleaning</p> <p>Housekeeping supervisors are been instructed for the thorough cleaning of COVID wards and ICU with surface cleaning and Mandatory of Equipment cleaning on Daily Basis in prevention of MDRO and ICN to supervise</p>	<ul style="list-style-type: none"> • ALL INCHARGES • HOUSE KEEPING SUPERVISOR • HOUSE KEEPING HOD • ICN • 	Immediately and continuous process	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>CNO</p> <p>DCNO</p> <p>NON MEDICAL HOD</p> <p>MS</p>
11.	<p>LONG STAY COVID ICU PATIENT STEP DOWN CRITERIA:</p> <ul style="list-style-type: none"> ❖ If patients in ICU stabilize (Improving symptoms/hemodynamically stable) and need step-down care – 3 weeks after ICU admission TWO RTPCR tests NEGATIVE at least 24 hrs. apart required. ❖ If patients test positive Do not repeat test till another 7 days. <p>NOTE: NOT ALL COVID ICU PATIENTS WILL BE</p>	<ul style="list-style-type: none"> ❖ CLINICIANS ❖ CONSULTANTS ❖ INTENSIVISTS ❖ AMS 	Immediate and Continuous Process	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>MS</p>

	CONSIDERED FOR STEPDOWN DESPITE PROLONGED STAY, Needs the Clinician to take a call. case by case basis			
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING JUNE 2021

1. DATE & TIME: 15.6.2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE-28
3. NUMBER OF MEMBERS ATTENDED: MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, NEURO SURGEON, AND ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF JUNE WITH MAY DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- 3VAP
 - ANALYSIS OF HAND HYGIENE -96% OVERAL APRIL 2021
 - BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
 - SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -INSI
-

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>VAP CASE :I</p> <p>FH:10687735 IPID : 23656/21/1114 61years/Male/CCU DOA : 15.4.2021 Date of Death : 15.05.2021 Diagnosis- Covid pneumonia DATE OF INTUBATION: 10.5.2021, 11.05.2021 DATE OF EXTUBATION; 11.05.2021(Self Extubation),15.5.2021 12.05.2021- Endotracheal Culture sent ACINETOBACTER BAUMANNII reported on 14.5.2021</p> <p>RCA:</p> <ul style="list-style-type: none"> • Prolonged Hospitalisation • Poor Surface Cleaning • ? Cross Contamination • Cross checked with mixing of equipment's from Covid icu to non Covid icu –nil • Suction jars, oxygen jars checked for any cross contamination – nil • Cross check for x ray machines and Echo machine utilization to non Covid departments –nil, dedicated x- ray machine present • AHU cleaning – weekly basis cleaning cross checked with mainatance team <p>Preventive Action :</p> <ul style="list-style-type: none"> • Initiated proper surface cleaning with supervision • Surveillance cultures done –few areas of growth found, recleaning done, recultures sent, departments put on hold. 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINOUS PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS

2	<p><u>VAP CASE 2:</u></p> <ul style="list-style-type: none"> • FH: 10750334 • IPID : 28568/21/1114 40years/Male/HDU (COVID ICU) • DOA : 05.05.2021 • Date of Death :25.5.2021 • Diagnosis- COVID PNEUMONIA • DATE OF INTUBATION: 09.05.2021 ,21.05.2021 • DATE OF EXTUBATION : 21.05.2021 ,25.05.2021 • 17.05.2021- Endotracheal culture sent -KLEBSIELLA PNEUMONIAE & ACINETOBACTER BAUMANNII moderate growth – reported on 20.05.2021 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HK INCHARGE NON MEDICAL HOD HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS
3	<p><u>VAP CASE 3:</u></p> <p>FH: 10272525 IPID : 29915/21/1114 54years/Female/HDU (COVID ICU) DOA : 14.05.2021 Date of Death :23.5.2021 Diagnosis- SEVERE COVID PNEUMONIA WITH ARDS,ACUTE KIDNEY INJURY ,OSA DATE OF INTUBATION: 15.05.2021 , DATE OF EXTUBATION : 23.05.2021 19.05.2021-Endotracheal culture sent – ACINETOBACTER BAUMANNII –reported on 21.05.2021</p>	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HK INCHARGE NON MEDICAL HOD HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS
7.	<p><u>Analysis of hand hygiene compliance in the month of May 2021</u></p> <p>Overall Hand hygiene compliance -95% the rolling trophy was withheld as per chairperson</p> <p>Hand Hygiene :</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician • All Healthcare workers 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS

	<p><u>GLOVES IS NOT A ALTERNATIVE FOR HAND WASHING</u></p> <p>Instructions to all the healthcare worker not to use gloves throughout the shifts in Non-clinical areas from one place to another, gloves is not a alternative for Hand Washing.</p>			
08.	<p><u>NSI-01</u></p> <p><u>SHARP INJURY</u> DATE: 01.5.2021 TIME :12:30AM DEPARTMENT :SICU STAFF CATEGORY : HOUSEKEEPING Accidentally sustained needle stick injury to left hand by a ABG needle while recapping after ABG analysis <u>RCA</u></p> <ul style="list-style-type: none"> • Incident in SICU • Housekeeping from the emergency department was asked to carry the ABG sample to SICU for sampling, and in SICU nurse failed to do the sampling by herself since she was busy and asked to do the ABG process by Housekeeping himself and after the process instead of discarding the sample he tried to recap and accidentally sustained Needle stick injury to the left hand <p><u>PREVENTIVE ACTION :</u></p> <ul style="list-style-type: none"> • Clear Instructions were given to the staffs who failed in helping for ABG sampling not to handover the needles to the housekeeping team and to be handled by the medical professionals only. • Re Educated the all staffs on prevention of NSI and about the safe handling of sharp's and needles 	<ul style="list-style-type: none"> • ICU NURSES • INCHARGES • ICN • EDUCATORS • HK SUPERVISORS 	Mandatory and continuous Process	HK INCHARGE NON MEDICAL HOD

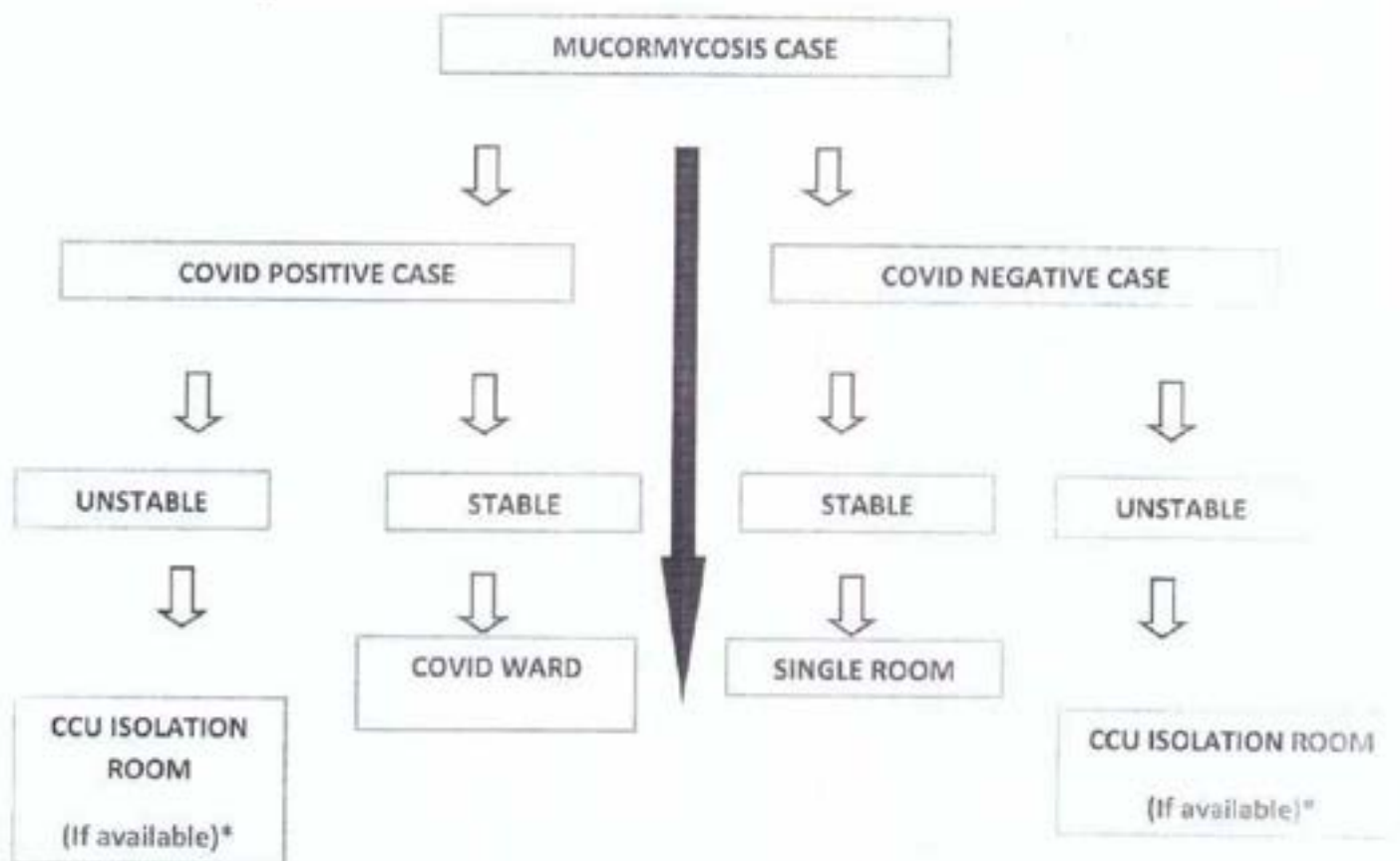
	<ul style="list-style-type: none"> Educated the Housekeeping staff not to recap any needle and not to handle any needles by his own 			
09	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> Medication storage fridge cleanliness in emergency department daily to be done and monitored. Covid doffing area dustbins were improper- changed with new bins Mixed wastes found in oncology daycare- cleared the waste 	<ul style="list-style-type: none"> ALL INCHARGES HOUSE KEEPING SUPERVISOR HOUSE KEEPING HOD ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD MS
10.	<p><u>MUCORMYCOSIS SCREEINIG FORM FOR ALL COVID PATIENTS</u></p> <p>Henceforth Mucormycosis screening forms will be filled by the doctors on duty for all Covid patients</p>	<ul style="list-style-type: none"> CONSULTANTS INTENSIVISTS AMS INCHARGES 	Immediately and continuous process	MS
09.	<p><u>Mucormycosis Guidelines</u></p> <p>Kindly find the guidelines attached with this MOM Below</p>	<ul style="list-style-type: none"> ALL HEALTH CARE WORKERS HR HIC ICN AMS 	Immediately and Continuous process	HIC CHAIRPERSON HIC OFFICER CNO DCNO NON MEDICAL HOD MS

GUIDELINES FOR COVID 19 - MUCORMYCOSIS CASES

- Mucorales are not black fungi. Black fungi are different category of fungi having melanin in the cell wall. ^[1]
- Mucormycosis is not contagious. It does not spread from one person to another. ^[1]
- Mucormycosis does not spread by oxygenation, humidifier and water. The fungi remain in the indoor and outdoor environment. The spores enter the

respiratory tract via air. [3]

4. No antifungal prophylaxis is recommended as the incidence is not more than 10% in any COVID 19 cohort. [1]



PATIENT TO BE SENT TO GOVERNMENT SETUP

* Mucormycosis cases do not require isolation. However, due to the immunosuppressed condition of the patient, transmission based precautions (contact precautions) have to be implemented during patient treatment. Also, other immunocompromised hosts (uncontrolled diabetes mellitus, patients on steroids, patients on chemotherapy, etc.) are not

to be placed in the vicinity of the mucor affected patients. If available, a single room is preferred for the mucor affected patients.

References:

1. Fungal Infection Study forum (FISF) recommendation. (<http://www.fisftrust.org>)
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING JULY 2021

1. DATE & TIME: 06.07:2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: MANDATORY MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS , REST VIA MICROSOFT TEAMS(VIRTUALLY)-12+17
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:
NEURO SURGEON ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF JULY WITH JUNE DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- 1 VAP
 - ANALYSIS OF HAND HYGIENE -95% OVERAL JUNE 2021
 - BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
 - SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -1 NSI
-

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>SSI CASE :1</p> <ul style="list-style-type: none"> • UHID: 10231142/IP: 31194/21/1114/ 73Years /M/ 2ND FLOOR/SICU • DOA: 24TH MAY 2021, • DOD: 02 JUNE 2021, • Diagnosis: IHD, CAD-TVD, EF-60%, DM TYPE II, HTN • PROCEDURE: CABG *4 GRAFT • Date Of Surgery: 25 .05.2021 • TYPE: DEEP SSI(30 DAYS) • 08.6.2021- Pus Swab Culture sent Enterobacter Cloacae (Moderate Growth) reported on 10.6.2021 <p>RCA:</p> <ul style="list-style-type: none"> • POST COVID • CHRONIC ALCOHOLIC • POOR WOUND CARE AT HOME <p>PREVENTIVE ACTION:</p> <ul style="list-style-type: none"> • TO FOLLOW UP THE POST SURGERY CASES CONSIDERING THE RISK OF INFECTION FROM 30DAYS - 90DAYS BY SLM /ICN • DEDICATED DRESSING ROOM 	<ul style="list-style-type: none"> • SURGEON • DIABETOLOGIS T • PHYSICIAN ASSISTANT • OPD INCHARGES AND NURSES • SLM • ICN • AMS 	IMMEDIATE AND CONTINOUS	HIC CHAIRPERSON HIC OFFICER NON MEDICAL HOD CONSULTANTS CON MS
2.	<p>VAP CASE 1:</p> <p>FH: 10896689 IPID : 35648/21/1114 65years/Male/HDU</p> <p>DOA : 04.06.2021 Date of Discharge : still hospitalized</p> <p>Diagnosis- COVID Pneumonia with DM HTN</p> <p>DATE OF INTUBATION: 07.6.21,14.6.21 DATE OF EXTUBATION : 14.6.21 DATE OF TRACHEOSTOMY :26.6.21</p>	<ul style="list-style-type: none"> • All Healthcare Workers Who handle Ventilated or High risk Patients (DOCTORS, NURSES, TECHNCIANS, SUPERVISORS, CHAMPIONS) • ICN 	IMMEDIATE AND CONTINOUS	HIC CHAIRPERSON HIC OFFICER NON MEDICAL HOD CONSULTANTS CON MS

<p>14.06.2021-Endotracheal culture sent –BURKHOLDERIA CEPACIA Heavy growth –just before Extubation and reported on 14.6.2021 25.6.2021- Endotracheal culture sent – KLEBSIELLA PNEUMONIAE –Heavy growth reported on 29.6.21</p>			
<p>RCA:</p> <ul style="list-style-type: none"> • ? Poor Barrier Precaution • ?Poor Tracheostomy care/Suctioning • High Risk patient with underlying infection • ?Contamination of Normal Saline which is used for suctioning (plastic bottles usage due to indenting issues and supply) 			
<p>Corrective action :</p> <ul style="list-style-type: none"> • Strict Barrier precaution implemented • Closed observation done for tracheostomy care and suctioning • Educated on Prevention of VAP and handling case with ventilators/tracheostomy 			
<p>PREVENTIVE ACTION:</p> <ul style="list-style-type: none"> • Made Mandatory to use Barrier precautions for all Ventilated or high risk patient • VAP Champion/ICN/Quality team to close monitor on ventilator care in further cases • To keep sub storage of Glass Bottles as Departmental stock to avoid Plastic bottle usage for Ventilated patients (either for suctioning or for CVP insertion) and also Pharmacy Incharge to help us keep glass bottle in stock. • To check for extrinsic factors apart from the factors already ruled 	<ul style="list-style-type: none"> • Incharges • Team leaders • Pharmacy Incharge 		

	out (ex: Nebulizers, reservoirs cleaning and usage			
3.	<p><u>Analysis of hand hygiene compliance in the month of May 2021</u></p> <p>Overall Hand hygiene compliance -95% the rolling trophy was handed over to Dialysis (Average score of 95.4% cross audit by ICN) Incharge Sr Pushpa by UroSurgeon Mr. Mohan B A</p> <p><u>Hand Hygiene : SPECIAL PRECAUTION BOARDS</u> All health care workers to be aware that the special precaution boards in ICU's and smiley Boards in wards indicates there is a infected patient and needs to check for the type of Precautions to be taken before attending the patient.(Especially Barrier Precautions to reduce the cross contamination)</p>	<ul style="list-style-type: none"> • Ward incharge • Staff Nurse • Doctors • House keeping • Technician • All Healthcare workers 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS
04.	<p><u>NSI-01</u></p> <p>CASE 1 SHARP INJURY DATE: 02.06.2021 TIME :12.15PM DEPARTMENT :Dialysis STAFF CATEGORY : HOUSEKEEPING</p> <p>Accidentally sustained needle stick injury to left hand by a Erythropoietin prefilled syringe post usage which was handled by the nurse</p> <p><u>ROOT cause Analysis</u></p> <ul style="list-style-type: none"> • Incident in Dialysis • Staff Nurse was segregating the waste generated for a dialysis patient to the puncture proof container and housekeeping was assisting the another patient and suddenly nurse turned and accidentally sustained NSI to the housekeeping gloved 	<ul style="list-style-type: none"> • ICU NURSES • INCHARGES • ICN • EDUCATORS • HK SUPERVISORS 	Mandatory and continuous Process	HK INCHARGE NON MEDICAL HOD

	<p>hand ,who was standing beside the nurse which was not noticed by the Nurse.</p> <p><u>Corrective Action:</u></p> <ul style="list-style-type: none"> • Source -known • Staff had worn single pair of gloves • Removed gloves • Immediately washed hand • Informed MOD on duty and ICN • Staff samples were sent immediately for follow up (serology) • Informed to Dr Sathish team • Counselling done • Follow up continued. <p><u>Preventive Action:</u></p> <ul style="list-style-type: none"> • Re Educated the all staffs on prevention of NSI and about the safe handling of sharp's and needles • Educated the Housekeeping staff to make sure the working environment safer. 			
05	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> • Medication storage fridge cleanliness in Oncology department daily to be done and monitored. • Covid doffing area dustbins were improper- daily liners to be checked • ER-N95 Mask bins to kept dedicatedly for N95 only 	<ul style="list-style-type: none"> • ALL INCHARGES • HOUSE KEEPING SUPERVISOR • HOUSE KEEPING HOD • ICN 	Immediately and continuous process	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>CNO</p> <p>DCNO</p> <p>NON MEDICAL HOD</p>

06.	<p><u>PRESUMPTIVE POSITIVE /FALSE POSITIVE REPORTING PROTOCOL FOR COVID</u></p> <p>To analyze Such cases need to create a pathway and use that pathway to handle such cases</p>	<ul style="list-style-type: none"> • HIC OFFICER • HIC CHAIRPERSON 	07.08.2021	MS
07	<p><u>GNB'S RETROSEPTIVE SURVEILLANCE TO IDENTIFY RISK FACTORS</u></p> <ul style="list-style-type: none"> • To Track cases for another 3 months to find the Risk factors if possible • To take QIP on these cases and about Antibigram 	<ul style="list-style-type: none"> • ICN • MICROBIOLOG IST • CLINICAL PHARMACIST • AMS • QUALITY 	Immediately and Continuous process	HIC CHAIRPERSON CNO MS
08.	<p><u>Graft Vein Extracted samples Storage</u></p> <p>Should store the graft veins which are extracted only 24 - 48hrs and if not used to be discarded immediately</p>	<ul style="list-style-type: none"> • OT INCHARGE • OT STAFF • OT MANAGER • PHYSCIAN ASSISTANT 	Immediately and Continuous process	ICN MS

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING AUGUST 2021

1. DATE & TIME: 06.08.2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS 12 MEMBERS + CONNECTED THROUGH MICROSOFT TEAMS 14 MEMBERS
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:UROLOGY, NEURO SURGEON, AND ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF AUGUST WITH JULY DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- IVAP
- ANALYSIS OF HAND HYGIENE -96% OVERAL JULY 2021
- BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -NIL

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
I.	<p>VAP CASE :I</p> <p>FH:11031907 IPID : 43083/21/1114 52years/Male/MICU DOA : 5.7.2021 Date of Discharge : 16.7.2021 Diagnosis: Left Gangliocapsular Hematoma with intraventricular extension DATE OF INTUBATION: 5.7.2021 DATE OF EXTUBATION: 9.7.2021 DATE OF TRACHESOTOMY : 9.7.2021 discharged with tracheostomy supporting T-Piece DATE OF SURGERY : 5.7.2021 TYPE OF SURGERY: EMERGENCY LEFT FRONTOTEMPOROPARIETAL DECOMPRESSIVE CRANIOTOMY WITH LAX DUROPLASTY USING PERICRANIUM. 11.07.2021- Endotracheal sent KLEBSIELLA PNEUMONIAE (> 100000 cfu/ml) reported on 13.07.2021</p> <p>RCA:</p> <ul style="list-style-type: none"> • ? Lack of Monitoring in Barrier Precaution? night • ? Poor Tracheostomy care /suctioning • Emergency Intubation. • High risk patient with underlying infection <p>CORRECTIVE ACTION :</p> <ul style="list-style-type: none"> • Treated with Appropriate antibiotics <p>PREVENTIVE ACTION :</p> <ul style="list-style-type: none"> • Emphasised the team leaders and doctors on duty to have a closed monitoring in infection control practices at night shifts • Educated the staffs on handling the patients on ventilators with high risk and also to make 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS

	<p>sure not to handle the invasive lines while handling the blood and body fluids of patients</p> <ul style="list-style-type: none"> Emphasised the importance of Hand hygiene 			
2	<p><u>SSI CASE 1:</u></p> <ul style="list-style-type: none"> <u>UHID:</u> 10907483/IP: 37003/21/1114/<u>65Years /F/ 2ND FLOOR/SICU/OPD</u> <u>DOA:</u> 9TH JUNE 2021. <u>DD:</u> 18TH JUNE 2021. <u>Diagnosis:</u> IHD, CAD-TVD, DM TYPE II, HTN <u>PROCEDURE:</u> OFF PUMP CABG *4 GRAFT <u>Date Of Surgery:</u> 12.06.2021 <u>TYPE:</u> DEEP SSI(30 DAYS) <u>13.07.2021-</u> Pus Swab Culture sent METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (HEAVY Growth) reported on 15.07.2021 <p><u>RCA:</u></p> <p>Patient Factor</p> <ul style="list-style-type: none"> Poor Nutrition Poor Glycaemic control Poor Hygiene Poor follow up to medications and physio <p><u>CORRECTIVE ACTION</u></p> <ul style="list-style-type: none"> Started on appropriate Antibiotics Dressing daily Glycaemic control <p><u>PREVENTIVE ACTION :</u></p> <p><u>New Initiative -</u></p> <p>ICN's educating the post-Surgery patients on the day of discharge -to patient and attenders in their local language (regarding the wound care, importance of glycaemic control</p>	<ul style="list-style-type: none"> SURGEONS CONCERN NURSE INCHARGES NURSING SUPERVISOR ICN DM EDUCATOR DIETITIAN PHYSIOTHERAPIST 	<p>IMMEDIATE AND CONTINUOUS PROCESS</p>	<p>HIC CHAIRPERSON HIC OFFICER CON MS</p>

	<p>which helps in process of wound healing , Dressing techniques, bathing , respiratory exercise with the spirometer, importance of follow up & the discharge advice)</p> <p><u>New Initiative –</u> ICN's visits the patients during OPD follow up , cross check with the discharge advice , wound examination, glycaemic readings with the help of Diabetic educator , discussion with the surgeon teams in need for any cultures /advice, close monitoring of patients dressing in random cases</p>			
3.	<p><u>Analysis of hand hygiene compliance in the month of JULY 2021</u></p> <p>Overall Hand hygiene compliance -95% the rolling trophy was handed over by Dr Praveen to Dialysis unit Incharge Sr Pushpa with percentage -91% average and Black Trophy was handed over to MICU unit Team leader Ms Bhagya with 82%</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician • All Healthcare workers 		
4.	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <p><u>ER</u></p> <ul style="list-style-type: none"> • Mixing of waste – corrected and trained <p><u>COT</u></p> <ul style="list-style-type: none"> • OT 3 Hygrometer not working- Maintenance team HOD is informed <p><u>GOT</u></p> <ul style="list-style-type: none"> • Adhesive stickers stuck to wall-Removed and addressed the issue • Wall Painting worn out- Informed the Management to address this issue at the earliest 	<ul style="list-style-type: none"> • ER Incharge • Maintenance HOD • COT Incharge • GOT Incharge • OT manager 	06-Sep-2021	<ul style="list-style-type: none"> • NON MEDICAL HOD • MS • HIC Chairperson • HIC OFFICER

5	<p><u>MONITOR NUTRITIONAL SUPPLEMENTS /ENTERAL FEED FOR HIGH GLYCEMIC INDEX IN SURGICAL CASES</u></p> <ul style="list-style-type: none"> • Dietitian to do the study along with help of Intensivists, Surgeons and Diabetic educator and monitor the patients for sugars pre, intra and post-surgery starting on Supplements /or to change with new suppliments. • Diabetic educator to track other causes of hyperglycaemia 	<ul style="list-style-type: none"> • Dietitian • DM Educator • Surgeons • Intensivists • ICN 	Immediately and reporting next month	HIC CHAIRPERSON HIC OFFICER MS
6	<p><u>ROLE OF HRCT IN ELECTIVE SURGICAL CASES FOR SCREENING COVID -19 IN RTPCR NEGATIVE CASES</u></p> <p>Discussed with the surgeons and henceforth HRCT will be carried out only to the cases in suspecting COVI-19, Clinically symptomatic or the treating surgeons looks into possibility of patient in incubation period.</p>	<ul style="list-style-type: none"> • Surgeons • Intensivists/ Consultants 	Immediate and Continuous proceas	MS HIC Chairperson HIC Officer
7.	<p><u>SURFACE CLEANING MATERIALS NOT OPTIMAL</u></p> <p>Requirement of cleaning material been requested and Non-medical HOD to help in getting the issue resolved</p>	<ul style="list-style-type: none"> • Non-Medical HOD • Purchase 	06-Sep-2021	HIC Chairperson HIC Officer ICN

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING SEPTEMBER 2021

1. DATE & TIME: 07.9.2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 14 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS + 17 Members through Microsoft teams
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, NEURO SURGEON, AND ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF SEPTEMBER WITH AUGUST DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- 1SSI
- ANALYSIS OF HAND HYGIENE -94% OVERAL AUGUST L 2021
- BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -NIL
- STAFF QUARANTINE POLICY SHOULD BE RE EMPHASIZED.
- COVID PROTOCOL TO BE REEMPHASISED
- SCREENING TO BE STRICTLY FOLLOWED WITH THE HELP OF SECURITY TEAM AND LIMIT THE PATIENT ATTENDANT TO ONE IN ALL AREAS.
- OPEN SURGICAL PROCEDURE IN ICU'S SHOULD BE STOPPED
- AMS COMMITTEE MEETING TO BE SCHEDULED
- SEPSIS BUNDLE TO BE IMPLEMENTED IN ER
- ANY OTHER POINTS BROUGHT OUT BY THE COMMITTEE MEMBERS.

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>SSI CASE :I</p> <ul style="list-style-type: none"> • FH: UHID: 3630469 /IP:45419/21/1114/ 60Years /F • DOA: 20TH JULY 2021, • DOD: 25TH JULY 2021, • Diagnosis: IHD-S/P PTCA TO RCA(2016),CAG-TVD+LMCA,DM, HTN,EF-58% • DATE OF SURGERY : 21.7.2021 • TYPE OF SURGERY : CABG* 3 GRAFT <p>RCA: <u>Patient Factor</u></p> <ul style="list-style-type: none"> • Poor Hygiene • Post discharge bath not taken even after the health education-reason given they are fear to take bath • Poor follow up to dressing , medications and physio <p>CORRECTIVE ACTION :</p> <ul style="list-style-type: none"> • Started on appropriate Antibiotics • Dressing daily • Glycaemic control <p>PREVENTIVE ACTION :</p> <ul style="list-style-type: none"> • Educated the attender – by ICN's ,the importance of hygiene and follow up , cross checked with the discharge advice , wound examination, discussion with the surgeon teams in need for any cultures /advice, close follow up 	<ul style="list-style-type: none"> • INTENSIVISTS • CONCERN NURSE • INCHARGES • PARAMEDICS • HOUSEKEEPING • HK SUPERVISOR • NURSING SUPERVISOR • ICN • AMS 	IMMEDIATE AND CONTINUOUS PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANTS CON MS
2.	<u>Analysis of hand hygiene compliance in the month of August 2021</u>	<ul style="list-style-type: none"> • Paramedics • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS

	<p>Overall Hand hygiene compliance -94% the rolling trophy was handed over to Sr Bindu Sibbu Cathlab Incharge (93%), Black trophy was given to Oncology (865)</p> <p>Hand Hygiene : Poor Hand hygiene compliance during procedures by paramedics-using fingerrings, bracelets Instructions to all the healthcare worker not to wear the accessories during the process, and reeducated that hand hygiene will not be compliance .</p>	<ul style="list-style-type: none"> All Healthcare workers 		
03.	<p>General Infection Control and Biomedical waste management Audit Findings.</p> <ul style="list-style-type: none"> CCU-Open Ambu kept in department storage area.-removed and sent for cssd Ultrasound Room- Mixing of waste in yellow bin and black bins, and open dustbins-informed to Incharge and staff to replace the bins 	<ul style="list-style-type: none"> ALL INCHARGES HOUSE KEEPING SUPERVISOR HOUSE KEEPING HOD ICN 	Immediately	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>CNO</p> <p>DCNO</p> <p>NON MEDICAL HOD</p> <p>MS</p>
04.	<p>STAFF QUARANTINE POLICY SHOULD BE RE EMPHASIZED</p> <p>All staffs to adhere to COVID protocol</p>	<ul style="list-style-type: none"> ALL HEALTH CARE WORKERS HR HIC ICN AMS 	Immediately and Continuous process	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>CNO</p> <p>DCNO</p> <p>NON MEDICAL HOD</p> <p>MS</p>
05.	<p>SCREENING TO BE STRICTLY FOLLOWED WITH THE HELP OF SECURITY TEAM AND LIMIT THE PATIENT ATTENDANT TO ONE IN ALL AREAS.</p> <p>Security Team to make sure restrict the attendant to one in all areas-Non Medical HOD to instruct the team Security</p>	<ul style="list-style-type: none"> Security HOD Non-Medical HOD Security Team 	Immediately	<p>AMS</p> <p>MS</p> <p>FD</p> <p>HIC OFFICER</p> <p>HIC CHAIRPERSON</p>

06.	<p><u>OPEN SURGICAL PROCEDURE IN ICU'S SHOULD BE STOPPED</u></p> <p>STRICTLY NO OPEN SURGICAL PROCEDURES IN ICU'S -INFORMED TO ALL CONSULTANTS</p>	<ul style="list-style-type: none"> • CONSULTANTS • AMS • MS 	Immediately	<p>HIC OFFICER</p> <p>HIC CHAIRPERSON</p>
07.	<p><u>AMS COMMITTEE MEETING TO BE SCHEDULED</u></p> <p>Next month onwards the AMS Committee meeting to commence along with HIPAC Meeting</p>	<ul style="list-style-type: none"> • Clinical Pharmacist • Microbiologist 	October HIPAC	<p>HIC Chairperson</p> <p>HIC Officer</p> <p>Quality</p>
08.	<p><u>SEPSIS BUNDLE TO BE IMPLEMENTED IN ER</u></p> <p>Bundle to be implemented in ER with the help of Quality ,ER and ER Chief Consultant</p>	<ul style="list-style-type: none"> • ER Chief Consultant • ER Incharge • Quality • ICN 	30.9.21	<p>HIC Chairperson</p> <p>HIC Officer</p> <p>MS</p>

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING NOVEMBER 2021

1. DATE & TIME: 09:11:2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE: 2
3. NUMBER OF MEMBERS ATTENDED: 27 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:
UROLOGY,ORTHO SURGEON,GENERAL SURGEON
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF NOVEMBER WITH OCTOBER DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- NIL
 - ANALYSIS OF HAND HYGIENE -93% OVERAL OCTOBER 2021
 - BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
 - SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE – NIL
-

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER-DEPENDENCIES
1.	<p><u>Invasive lines to be removed in the ER and replace /reinsertion if less than 24hrs</u></p> <ul style="list-style-type: none"> Henceforth if the Invasive lines received from outside hospital more than 24hrs to emergency/any direct admissions to ICU/Ward to be removed Need to confirm with the consultant before removal 	<ul style="list-style-type: none"> ER INCHARGE ER DOCTORS ALL NURSES ALL INCHARGES DOCTORS ICN 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> AMS HIC CHAIRPERSON HIC OFFICER
2.	<p><u>Patient with XDR, CRE infections to be informed to ICN's immediately for clinical isolation /Barrier Precautions</u></p> <ul style="list-style-type: none"> ALL Staffs who collect the reports are held responsible to inform the positive culture reports to ICN's Directly on the star Dial(*7200/*7708) immediately 	<ul style="list-style-type: none"> All INCHARGES CONERN NURSES ICN 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> HIC CHAIRPERSON HIC OFFICER DCNO
3.	<p><u>Rub the Hub -Clave connector ports not been cleaned before use/to use 3 way connector</u></p> <ul style="list-style-type: none"> Strictly to use Alcohol swabs whenever the invasive lines with clave connectors are used. Regular stock of alcohol swabs to be in every patient bedside. Frequent check by Incharges and ICN's 	<ul style="list-style-type: none"> All INCHARGES CONERN NURSES ICN 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> HIC CHAIRPERSON HIC OFFICER DCNO
4.	<p><u>Separate bedside procedure tray to be used.</u></p> <ul style="list-style-type: none"> Incharges to arrange separate empty trays for procedural use in ICU's 	<ul style="list-style-type: none"> All INCHARGES CONERN NURSES ICN 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> HIC CHAIRPERSON HIC OFFICER DCNO

5.	<p><u>Justification sticker completion compliance's is poor</u></p> <ul style="list-style-type: none"> • Mandatorily Doctors to complete the justification stickers on daily basis in doctor's progress sheet. • Concern nurse to make sure the Justification is done by the Doctors 	<ul style="list-style-type: none"> • ALL DOCTORS • ICU INCHARGES • CONCERN NURSES • AMS • ICN 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> • MS
6.	<p><u>CURTAINS ARE WITH POOR QUALITY HOOKS, AND LENGTH IS MORE AND SWEEPING THE FLOOR</u></p> <ul style="list-style-type: none"> • To change the hooks from plastic to steel hooks for longer duration • Housekeeping HOD to look into the curtains provided are rechecked for the length and stitched 	<ul style="list-style-type: none"> • Housekeeping HOD • Housekeeping Supervisor • ICN 	30.11.2021	<ul style="list-style-type: none"> • UNIT ADMINISTRATIVE
7	<p><u>Analysis of hand hygiene compliance in the month of November 2021</u></p> <p>The average of the audit was taken and recognized the highest scored department as SICU (Score 92%) and the rolling trophy was handed over by Dr Nagaraj (Chief Intensivist) to Ms Roopa SICU Senior Nurse, Black rolling trophy labelled as Dark Hands was handed over to Mr Krishnegowda to lowest scoring department ER , to emphasize on improving hand hygiene in respective department, (Score-88%)</p>	<ul style="list-style-type: none"> • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS
8	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> • Biomedical waste bins to be cross checked for working condition and to be replaced - Housekeeping HOD and supervisor's will replace department wise 	<ul style="list-style-type: none"> • HOUSE KEEPING SUPERVISOR • HOUSE KEEPING HOD • ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER NON MEDICAL HOD

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING OCTOBER 2021

1. DATE & TIME: 05.10.2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE:28
3. NUMBER OF MEMBERS ATTENDED: 13 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS + 12 Members through Microsoft teams
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE: UROLOGY, NEURO SURGEON, AND ORTHO SURGEON.
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF OCTOBER WITH SEPTEMBER DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- 1SSI
- ANALYSIS OF HAND HYGIENE -94% OVERAL SEPTEMBER - 2021
- BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE -NIL
- INFECTION CONTROL CELEBRATION OCTOBER 17-23RD 2021
- ANY OTHER POINTS BROUGHT OUT BY THE COMMITTEE MEMBERS.

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p>SSI CASE :1</p> <ul style="list-style-type: none"> • UHID:3253212/IP:514 15/21/1114/ 53Years /F • DOA:09TH AUGUST 2021, • DOD: 16TH AUGUST 2021, • Diagnosis: IHD , S/P PTCA TO LAD &LCX,CAD-TVD, DM TYPE II,HTN • Admitted with complaints of chest pain and exertion since 4 days • CAG done which was suggestive of TVD on 9.8.21 • DATE OF SURGERY: 13.8.21 • TYPE OF SURGERY : CABG* 2 GRAFT <p>1st ADMISSION DETAILS</p> <ul style="list-style-type: none"> • UHID:3253212/IP:432 946/21/1114/ 53Years /F • DOA: 17th AUGUST 2021, • DOD: 21ST AUGUST 2021, • Diagnosis: S/P CABG, S/P PTCA TO LAD &LCX,CAD-TVD, DM TYPE II,HTN • Admitted with complaints of Vomiting (2-3times), Uncontrolled sugars (GRBS -480) Dyspnoea on exertion since one day <p>2nd ADMISSION DETAILS</p> <ul style="list-style-type: none"> • UHID:3253212/IP:432 946/21/1114/ 53Years /F • DOA:02nd SEPTEMBER 2021, • DOD: 13TH SEPTEMBER 2021, • Diagnosis: S/P CABG -CHEST AND GRAFT SITE INFECTION IHD , S/P PTCA TO LAD &LCX,CAD-TVD, DM TYPE II,HTN • Admitted with complaints of oozing , 	<ul style="list-style-type: none"> • SURGEONS /INTENSIVISTS • CONCERN NURSE • INCHARGES • NURSING SUPERVISOR • ICN • DM EDUCATOR • AMS 	IMMEDIATE PROCESS	HIC CHAIRPERSON HIC OFFICER CONSULTANT'S CON MS

	<p>discharge from operated site associated with productive cough since 1 week .</p> <ul style="list-style-type: none"> • DATE OF procedure: 08.9.21 • TYPE OF Procedure: wound debridement and sternal wire removed • DATE OF VACC DRESSING: 09.9.21 <p>RCA: Patient Factor</p> <ul style="list-style-type: none"> • Poor Hygiene • Post discharge bath not taken even after the health education-reason given they are fear to take bath • Poor follow up to dressing , medications and physio <p>Plan of Action :</p> <ul style="list-style-type: none"> • Education to staffs on Diabetic management by DM educator • ICN/DM Educator /CTVS Surgeon to follow up the patients on last day of discharge in case of high sugars. 			
2.	<p><u>Analysis of hand hygiene compliance in the month of September 2021</u></p> <p>Overall Hand hygiene compliance -94% the rolling trophy was handed over to Sr Rekha 2nd floor Incharge (87%), Black trophy was given to ER Incharge (Mr Krishnegowda 84.5%) and 3rd floor Incharge (Ms Shaika George 83.7%)</p>	<ul style="list-style-type: none"> • Paramedics • Ward Incharge • Staff Nurse • Doctors • House keeping • Technician • All Healthcare workers 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS

03.	<p>General Infection Control and Biomedical waste management Audit Findings.</p> <ul style="list-style-type: none"> • ONCOLOGY - BULK OF AMPULES STORED IN KIDNEY TRAY WITHOUT DISCARDING IN PUNCTURE PROOF • ER- XYLOCAINE JELLY TUBE DISCARDED IN RED LINER ,POST CANNULATION IV STILLET LEFT IN KIDNEY TRAY, WHITE AND YELLOW LINER PLACED NEAR THE HANDWASHING SINK • MICU- SURFACE CLEANING CLOTHES DUMPED AND STORED OVER THE COMODE CHAIR • GENERAL WARD- THERMOMETER DISCARDED IN YELLOW LINER • CCU - ABG SAMPLE LEFT OVER IN THE ABG MACHINE AFTER USE. • 3RD FLOOR - BLUE LINER WAS NOT FITTING THE BIN. • CSSD- BROKEN YELLOW BIN. <p>Action Taken :</p> <ul style="list-style-type: none"> • Corrected the findings immediately <p>Plan of action :</p> <ul style="list-style-type: none"> • Every Incharge of department to take the ownership and make sure avoid such incidents 	<ul style="list-style-type: none"> • ALL INCHARGES OF DEPARTMENT • HOUSE KEEPING SUPERVISOR • HOUSE KEEPING HOD • ICN 	Immediately	<p>HIC CHAIRPERSON</p> <p>HIC OFFICER</p> <p>CNO</p> <p>DCNO</p> <p>NON MEDICAL HOD</p> <p>MS</p>
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04.	<u>INFECTION CONTROL WEEK CELEBRATION OCT 17TH-24TH 2021</u> Need Maximum participation and support to make this Event a grand Success	All Healthcare workers	OCT 17TH-24TH	IIC CHAIRPERSON IIC OFFICER CNO DCNO NON MEDICAL HOD MS
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MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING DECEMBER 2021

1. DATE & TIME: 15/12/2021 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE: 2
3. NUMBER OF MEMBERS ATTENDED: 29 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:
UROLOGY,ORTHO SURGEON,GENERAL SURGEON
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO):YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF DECEMBER WITH NOVEMBER DATA -2021

- > ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- NIL
- > ANALYSIS OF HAND HYGIENE -92% OVERAL NOVEMBER 2021
- > BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS
- > SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE – NIL
- > ANY SURVAILANCE CULTURE NEED TO BE INFORMED TO MICROBIOLOGIST 48 HOURS PRIORLY.

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<p><u>Any surveillance culture to be informed to microbiologist 48 hours priorly.</u></p> <ul style="list-style-type: none"> Henceforth after <u>renovation or any surveillance culture need to be informed to microbiologist 48 hours priorly.</u> 	<ul style="list-style-type: none"> ALL INCHARGES ICN HEAD ADMINISTRATION 	IMMEDIATE & CONTINUOUS PROCESS	<ul style="list-style-type: none"> MS HIC CHAIRPERSON HIC OFFICER
2	<p><u>Analysis of hand hygiene compliance in the month of November 2021</u></p> <p>The average of the audit was taken and recognized the highest scored department as MICU (Score 90%) and the rolling trophy was handed over by Dr SANJAY (Cardiac surgeon) to Ms Deena MICU Incharge. Black rolling trophy labelled as Dark Hands was handed over to Mr. Thomas to lowest scoring department ONCOLOGY, to emphasize on improving hand hygiene in respective department, (Score-84%)</p>	<ul style="list-style-type: none"> Ward Incharge Staff Nurse Doctors House keeping Technician 	Mandatory and continuous Process	ICN ALL HOD OF DEPARTMENT TEAM MEMBERS
3	<p><u>General Infection Control and Biomedical waste management Audit Findings.</u></p> <ul style="list-style-type: none"> <u>Biomedical waste bins to be clear on time. Small PPC should not store anywhere.</u> <u>General Bins to be washed thoroughly.</u> 	<ul style="list-style-type: none"> HOUSE KEEPING SUPERVISOR HOUSE KEEPING HOD ICN 	Immediately and continuous process	HIC CHAIRPERSON HIC OFFICER NON MEDICAL HOD

MINUTES OF MEETING

NAME OF UNIT: CG FORTIS

NAME OF COMMITTEE: HIPAC AND BMW MONTHLY COMMITTEE
MEETING JANUARY 2022

1. DATE & TIME: 13:01:2022 AT 02:30PM
2. TOTAL NO. OF MEMBERS IN THE COMMITTEE: 29
3. NUMBER OF MEMBERS ATTENDED: 27 MEMBERS WITH SOCIAL DISTANCING AND N95 ADHERING TO COVID PRECAUTIONS.
4. CHAIRMAN, CONVENER & MANDATORY MEMBERS PRESENT (YES/NO):YES
5. DETAILS OF ESSENTIAL MEMBERS WHO NEITHER ATTENDED NOR SENT A REPRESENTATIVE:
UROLOGY,ORTHO SURGEON,GENERAL SURGEON
6. AGENDA CIRCULATED PRIOR TO MEETING (YES/NO):YES
7. DISCUSSION ON ACTION TAKEN REPORT ON ACTION ITEMS / RECOMMENDATIONS FROM PREVIOUS MEETING (YES/NO) YES

8.SUMMARY OF DISCUSSION ON REPORTS / DOCUMENTS OF ALL ESSENTIAL AGENDA ITEMS PRESENTED FOR THE MONTH OF JANUARY 2022 WITH DECEMBER DATA -2021

- ANALYSIS OF HEALTH CARE ASSOCIATED INFECTIONS- NIL
 - ANALYSIS OF HAND HYGIENE -92% OVERAL DECEMBER 2021
 - BIO MEDICAL WASTE MANAGEMENT AUDIT FINDINGS-NIL
 - SHARP INJURY AND BLOOD & BODY FLUID EXPOSURE - NIL
 - COVID PROTOCOLS OF 3RD WAVE
-

SL NO	ACTION ITEM	RESPONSIBILITY	EXPECTED CLOSURE	INTER DEPENDENCIES
1.	<ul style="list-style-type: none"> <u>COVID PROTOCOL FOR 3RD WAVE:</u> <u>Positive staff quarantine policy:</u> <u>NO SYMPTOMS:</u> Positive Just wait for 7 days (from the day of symptoms), out of which 5th, 6th, 7th, should be without symptoms and return back to duty, NO RTPCR required, If extended symptoms the doctor certification at our hospital to continue to quarantine beyond 8th day needed. <u>MILD SYMPTOMS:</u> -Positive (requiring oxygen, and beyond)-Totally 10 days quarantine, in the last 3 days (8th, 9th, 10th day) Staff should check whether they are out symptoms, report and then Join Back to duty with permission of physician, RTPCR NOT REQUIRED. <u>SEVERE SICK :</u> Positive, 14 days quarantine, and repeat RTPCR , x-ray and physician clearance to join back duty, <u>STAFF FAMILY POSITIVE:</u> 5 days of quarantine-no symptoms whole 5 days then do RTPCR if negative join back. Positive -follow 7 days protocol <p>If Symptomatic within 5 days then immediate RTPCR</p>	<ul style="list-style-type: none"> ALL INCHARGES ICN HEAD ADMINISTRAT ION 	IMMEDIATE & CONTINOUS PROCESS	<ul style="list-style-type: none"> MS HIC CHAIRPERS ON HIC OFFICER