

TRSH/Admn/2026-27/

08.06.2026

Env. Engineer, BMW Cell,
Delhi Pollution Control Committee,
Department of Environment,
(Govt. of NCT of Delhi),
3rd Floor, Block – I, DMRC IT Park,
Shastri Park, Delhi – 110 053

Subject: Submission of Annual Report

Sir,

Please find enclosed herewith (Form-IV) Annual Report of Bio Medical Waste generated in our hospital for the year 2025.

Kindly acknowledge the same.

Thanking you,

Yours faithfully,
For Tirath Ram Shah Hospital

Dr. J.P. Singh
Medical Director



HBM

Sumit
11/06/26
ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT OF NCT OF DELHI
3RD FLOOR DMRC BUILDING
IT PARK SHASTRI PARK DELHI-110053

**Form - IV (See rule 13)
ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Jatinderu Paul Singh Medical Director
	(ii) Name of HCF or CBMWTF	:	Tirath Ram Shah Charitable Hospital
	(iii) Address for Correspondence	:	2A, R3G Isher Dan Saundhry Mang, Rajpur Roe Delhi 11005
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	44333333
	(vi) E-mail ID	:	admin@trsh.com
	(vii) URL of Website	:	www.trsh.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC/111(5)(01)/2024/BMW/15/15/24.....valid up to 12.06.2028
(xi) Status of Consents under Water Act and Air Act	:	Valid up to: 07-04-2030 Certificate No. G-47375	
2.	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	:	No. of Beds:.....200
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
(iii) License number and its date of expiry	:		
3.	Details of CBMWTF	:	SMS Water Urace BMW 100. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	Details pertaining to CBMWTF
	(ii) No of beds covered by CBMWTF	:	"
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg/day "
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day "
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 12962.64 Kg/1Pa
		:	Red Category : 12076.22 Kg/1Pa
		:	White: 1000.329 Kg/1Pa
		:	Blue Category: 2286.889 Kg/1Pa
		:	General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size : 125 sqft

the provincial

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)			NIL
(iv) No of vehicles used for collection and transportation of biomedical waste	:				By CBMOTF
(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			49 Kg
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of	:				SMS water grill BMMO Pvt. Ltd.
(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

60 Gram/day

7	Details trainings conducted on BMW		No. of Trainings - 69
	(i) Number of trainings conducted on BMW Management	number of personnel trained	140
	(ii) number of personnel trained at the time of induction		110
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		N/A
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NO Incinerator not available in the hospital
	Details of Continuous online emission monitoring systems installed		YES Installed
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		60 ltr/day - chemical disinfectants.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Nil
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA Incinerator not available.

Certified that the above report is for the period from

January 2025 to December 2025

[Handwritten Signature]

Name and Signature of the Head of the Institution

[Handwritten Initials]



Date: 08/06/2026
Place: DELHI


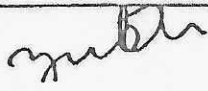

Minutes Of Meetings Hospital Infection Prevention & Control Committee

Date : 10th April 2025
Time : 2:30 PM
Location : Conference room school of nursing
Chaired by : Dr. J. P. Singh
Members Present :

1. Medical Director
2. Medical Superintendent
3. Administrator Head / HR
4. Nursing Superintendent
5. Sr. Quality Manager
6. Consultant – Microbiology
7. Sr. Consultant Gynaecologist-
Dr. Nishi Makhi Jha
8. Sr. Consultant Orthopaedics-
Dr. Himanshu Tewari
9. ICU HOD – Dr. Deepesh Gupta
10. Infection Control Nurse
11. Linked Nurses (ALL INCHARGES)
12. CSSD In charge
13. Maintenance Officer
14. Housekeeping In charge
15. Finance & Billing
16. Bronchoscopy & Endoscopy Technicians


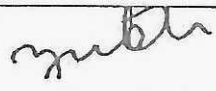
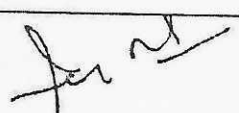
AGENDA:

1. Single use device (SUD) Reuse Policy – Implementation.
2. Presentation of HIC Indicators for month of April 2023.
3. MDR /CONS – A nuisance in health settings data.
4. Miscellaneous Points.

Prepared by	Reviewed by	Approved by
 Infection Control Nurse	 Sr. Consultant – Microbiology	 Medical Director


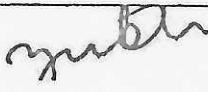
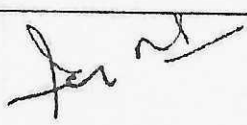
Following points were discussed:

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1	Chairpersons welcome all the members of the committee.				
2	Previous minutes of meeting.	Previous minutes of meeting was approved.			
3	Presentation of HAI data,	ICN presented the last two months HAI data with RCA & CAPA.	The respective consultants shared their views regarding HAI.	Microbiologist ICN	To be continued
4	Single Use Device (SUD) Reuse Policy – Implementation.	ICN presented the Single Use Device (SUD) Reuse Policy	The respective shared their views & approved for the same	Microbiologist Consultant ICN	To be continued
5	ON Job Training	Infection prevention & control training for staff education	ICN continued to trained all the health care workers.	ICN	To be continued
8	Antibiotic Stewardship	<p>1. Antibiotic Stewardship programme is being followed but there is an ample scope for improvements.</p> <p>2. Empirical therapy to be reviewed after 48-72hrs. by the clinicians and to be discussed with microbiologist along with culture reports, if required.</p>	<p>1. Regular rounds of clinical areas and follow up of treatment (Antibiotics) with respective clinicians is being done.</p> <p>2. De-escalation of antibiotics as soon as possible, to be done.</p>	Microbiologist Consultant ICN	To be continued

Prepared by	Reviewed by	Approved by
		
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Director

TIRATH RAM SHAH CHARITABLE HOSPITAL

MDR /CONS DATA	1. Progressive increase in sterile techniques reflecting in progressively decreasing trend of contaminations. Regular & repeated on job training is being continued & adhered to strictly. 2. As discussed in meeting with all members, sampling using aseptic precautions has to be strictly adhered to.	Aseptic precautions is being followed strictly	Microbiologist ICN	To be continued	
11	Bio Medical Waste	Biomedical waste management compliance report was presented and found satisfactory. Though occasional deviation in segregation and use of PPE has been observed by ICN in daily rounds and rectified immediately.	On job training is being continued.	NS ICN Linked Nurses	To be continued
12	Infection Control Surveillance	Air cultures are being regularly taken. On job training is being continued area wise, including Dental OPD's.	On job training is continued	ICN	To be continued
13	Needle Stick Injury	ICN presented the last two months data of NSI, there is no case of NSI.	On job training is continued in sample collection & handling sharp object/needle to avoid injury.	ICN	To be continued
15	The meeting concluded with vote of thanks by the ICN.				

Prepared by	Reviewed by	Approved by
		
Infection Control Nurse	Sr. Consultant - Microbiology	Medical Director

Hospital Infection Prevention & Control Committee Minutes of Meetings

Date : 07th July , 2025

Time : 02:30pm

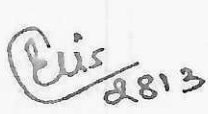
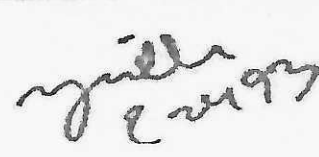

Location : 2nd Floor Conference hall

Chairperson : Medical Director (Dr. J.P. Singh)

Convener : Sr. Consultant – Microbiology & Infection Control Officer (Dr. Yukti Sharma)

Members Present:

1. Medical Director - Dr.J.P. Singh
2. Medical Superintendent - Dr. Nitin Srivastava
3. Nursing Superintendent – Cicily George
4. Sr. Quality Manager - Arkaprabha Bhattacharya
5. Consultant Microbiology & ICO - Dr. Yukti Sharma
6. Sr. Intensivist & HOD (ICU) – Dr. Deepesh Gupta
7. Infection Control Nurse – Elis
8. Linked Nurse – Bincy Varghese
9. Linked Nurse – Joice John
10. Linked Nurse – Mariamma Philipose
11. Linked Nurse – Tessy Biju
12. Linked Nurse – Anju Sharma
13. CSSD Technician – Mohit Kumar
14. Maintenance Officer – Byju Varghese
15. Mess Incharge – Seema Sharma
16. PSO – Usha Ajith


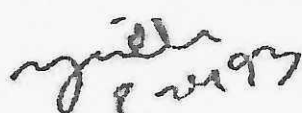

Prepared by : Infection Control Team		Approved By : (Chairperson)
 Elis 2813 Infection Control Nurse	 Microbiologist & ICO	 Medical Director

AGENDA:

1. Presentation of HIC & HAI Indicators month of June 2025.
2. Miscellaneous Points.

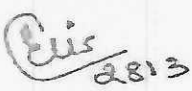
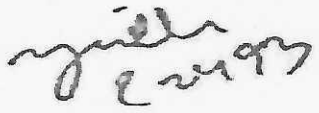

Following points were discussed:

<u>S. No</u>	<u>AGENDA</u>	<u>DISCUSSION</u>	<u>ACTION PLANNED</u>	<u>RESPONSIBILITY</u>	<u>TARGET DATE</u>
1.	Convener welcome all presenting members.	Dr. Yukti Sharma (ICO) welcomed the members and explained urgent need to call the mentioned members in the list .			
2.	Presentation of HAI data & HIC indicators.	ICN presented the last month HAI data & HIC indicators with RCA & CAPA.	The respective consultants shared their views regarding HAI.	Microbiologist ICN	To be continued
3	Hand Hygiene compliance	Hand Hygiene compliance has been improved, however still scope for improvement.	1.The hand hygiene practices as per guidelines. 2.Strict compliance to hand hygiene has to continue.	NS ICN Linked Nurses	To be continued

Prepared by : Infection Control Team		Approved By : (Chairperson)
 Infection Control Nurse	 Microbiologist & ICO	 Medical Director

TIRATH RAM SHAH CHARITABLE HOSPITAL

Surgical antimicrobial prophylaxis data is presented & discussed with members.	The antimicrobial prophylaxis compliance has increased but there is scope for improvement.	Microbiologist addressed regarding strict adherence to antimicrobial prophylaxis.	Microbiologist Consultant ICN	To be continued
5 Bio Medical Waste	Biomedical waste management compliance report was presented and found satisfactory. Though occasional deviation in segregation and use of PPE has been observed by ICN in daily rounds and rectified immediately.	On job training is being continued.	NS ICN Linked Nurses	To be continued
6 ON Job Training	Infection prevention & control training for staff education	ICN continued to trained all the health care workers.	ICN	To be continued
Vote of Thanks.	The meeting concluded with vote of thanks by the chairperson & ICN.			

Prepared by : Infection Control Team		Approved By : (Chairperson)
 Infection Control Nurse	 Microbiologist & ICO	 Medical Director

Hospital Infection Control Committee Meetings Minutes

Date : 11th December 2025
 Time : 11am
 Location : 2nd Conference Hall
 Chairperson : Dr. J.P. Singh (Medical Director)
 Convener : Dr. Yukti Sharma (Sr. Consultant – Microbiology & Infection Control Officer)

Members Present:**HICC Members**

1. Medical Superintendent - Dr. Nitin Srivastava
2. Nursing Superintendent – Cicily George
3. Sr. Quality Manager - Arkaprabha Bhattacharya
4. Sr. Consultant (Surgery) - Dr. Anand Tyagi
5. Sr. Consultant (Gynaecologist) – Dr. Nishi Makhijha
6. Sr. Intensivist & HOD (ICU) – Dr. Deepesh Gupta
7. Infection Control Nurse – Elis
8. OT Incharge – Ruby Dogra
9. Linked Nurse – Bincy Varghese
10. Linked Nurse – Joice John
11. Linked Nurse – Mariamma Philipose
12. Linked Nurse – Tessy Biju
13. CSSD Technician – Mohit Kumar

AGENDA:

1. Presentation of HIC & HAI Indicators.
2. Miscellaneous Points.

Prepared by:
Infection Control Team

Microbiologist & ICO:

Infection Control Nurse:

Approved by:

Medical Director:

Yukti Sharma

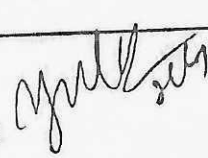
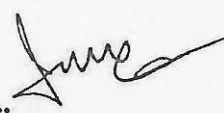

Elis

J.P. Singh

TIRATH RAM SHAH CHARITABLE HOSPITAL

Following points were discussed:

S.No.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1.	All the members were welcome by Chairperson of the committee .	Chairperson welcomed all the members.			
2.	Presentation of HIC & HAI Indicators.	<ul style="list-style-type: none"> • ICN presented the HAI data & HIC indicators with RCA & CAPA. 	<ul style="list-style-type: none"> • The HICC members shared their views regarding HAI. • In-depth analysis of identified HAIs to determine underlying cause. • Development of targeted corrective actions to address root causes and prevent future occurrences. 	ICO ICN Linked Nurses	To Continued
		<ul style="list-style-type: none"> • Hand Hygiene compliance data presented. 	<ul style="list-style-type: none"> • Increased compliance with hand hygiene guidelines has contributed to a reduced risk of healthcare-associated infections. • Continued efforts are necessary to achieve optimal hand hygiene practices among all healthcare workers. • Sustain and reinforce education 	ICO ICN Linked Nurses	To Continued

Prepared by: Infection Control Team	Approved by:
Microbiologist & ICO: 	
Infection Control Nurse: 	Medical Director:

TIRATH RAM SHAH CHARITABLE HOSPITAL

	<ul style="list-style-type: none"> • Antimicrobial prophylaxis compliance data presented. 	<p>and training programs on hand hygiene.</p> <ul style="list-style-type: none"> • The hospital has shown improvement in adherence to antimicrobial prophylaxis guidelines. • Develop and implement strategies to address identified gaps in compliance. 	<p>ICO ICN</p>	<p>To Continued</p>
	<ul style="list-style-type: none"> • Biomedical waste management compliance report was presented and found satisfactory. 	<ul style="list-style-type: none"> • Continuous monitoring and auditing of biomedical waste management practices. • Ongoing education and training for healthcare workers on proper segregation, storage, and disposal of biomedical waste. 	<p>ICN</p>	<p>To Continued</p>
	<ul style="list-style-type: none"> • ICN presented data on Needle Stick Injury (NSI) with RCA and CAPA. 	<ul style="list-style-type: none"> • Regular training and education on NSI prevention and post-exposure protocols. • Continued emphasis on safe injection practices and PPE use. 	<p>ICN</p>	<p>To Continued</p>

Prepared by: Infection Control Team	Approved by:
Microbiologist & ICO:	
Infection Control Nurse:	Medical Director:

**Minutes of Meeting
HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE**

TRSCH/MOM/HIPCC/001/2026

Date: February 27, 2026

Time: 2pm


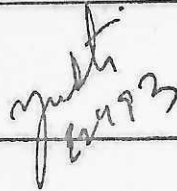
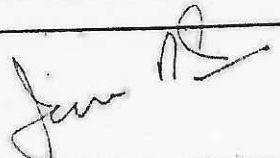
Venue: Conference Hall, 2nd Floor

Members Present:


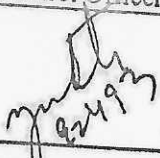
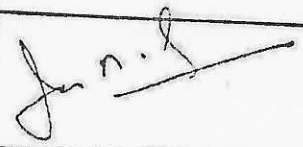
1. Medical Director – Dr. J. P. Singh
2. Deputy Medical Superintendent – Dr. Vivek Dutta
3. Administrator Head /HR – Heera Adhikari
4. Nursing Superintendent – Cicily George
5. Sr. Consultant (Surgery) – Dr. Anand Tyagi
6. Sr. Consultant (Obs & Gynae) & HOD of Labour Room – Dr. Indu Chawla
7. Sr. Consultant (Anaesthesia) & HOD of OT /CSSD – Dr. Ramesh Chand Kashav
8. HOD of ICU – Dr. Abhimanyu Bhatia
9. Sr. Consultant Microbiology & Infection Prevention & Control Officer – Dr. Yukti Sharma
10. Infection Prevention & Control Nurse – Elis
11. Linked Nurse – Daisy Joseph
12. Linked Nurse – Mariamma Phillipose
13. Linked Nurse – Anju Sharma
14. Linked Nurse – Poonam Singhal
15. Linked Nurse – Shabeena Bano
16. Linked Nurse – Thresiamma George
17. Linked Nurse – Joice John
18. Linked Nurse – Bincy Varghese
19. Housekeeping Incharge – Mathew K.T.
20. CSSD Technician – Birmla Bhatt
21. Mess Incharge – Seema Sharma
22. Patient Safety Officer – Usha Ajith

Agenda:


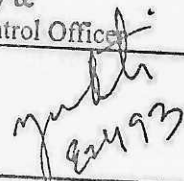
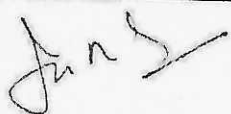
1. Review of HAI data & Infection prevention & control indicators.
2. Antimicrobial Stewardship Program – updates & action points.
3. Isolation
4. Outsourced Training programs conducted for linked nurses and IPCN.
5. Miscellaneous points with the permission of the Chairperson.

Prepared by: Infection Prevention & Control Nurse	Reviewed by: Sr. Consultant Microbiology & Infection Prevention & Control Officer	Approved by: Medical Director
 28/2	 27/2	

S. No.	Agenda	Discussion	Action to be taken	Responsibilities	Target date
01.	The Chairperson welcomed all the members and started the meeting.				
02.	Review of HAI data & Infection prevention & control indicators.	<p>IPCN presented HAI data & IPC Indicators along with RCA & CAPA.</p> <p>➤ Catheter Associated Urinary Tract Infection (CAUTI) – Benchmark < 6.1 per 1000 catheter days. • January – December 2025: 6579 catheter days, 01 incident (April 2025), rate 0.15. • January 2026: 776 catheter days, 0 incident.</p> <p>➤ Central Line Associated Blood Stream Infection (CLABSI) – Benchmark < 7.4 per 1000 central line days. • January – December 2025: 825 central line days, 01 (September 2025), rate 1.21. • January 2026: 108 central line days, 0 incident.</p> <p>➤ Ventilator Associated Pneumonia (VAP) - Benchmark < 14.7 per 1000 ventilator days. • January – December 2025: 702 ventilator days, 02 incidents (February & September 2025), rate 2.84. • January 2026: 78 ventilator days, 0 incident.</p> <p>➤ Surgical Site Infection (SSI) – Benchmark < 3%. • January – December 2025: 2402 surgeries, 03 SSI cases (02 – Implant & 01 – Non Implant surgeries), (April & June 2025), rate 0.12. • January 2026: 40 surgeries, 0 SSI cases.</p> <p>➤ Post-operative Endophthalmitis - Benchmark < 3%. • January – December 2025: 26 Ophthalmic surgeries, 0 cases.</p>	<p>Continue monitoring infection rates and implement preventive bundles.</p> <p>➤ Continue strict implementation of CAUTI Insertion & Maintenance bundle</p> <p>➤ Maintain compliance with CLABSI prevention bundle and monitoring.</p> <p>➤ Continue implementation of VAP prevention bundle and ventilator care protocols.</p> <p>➤ Maintain SSI prevention practices and post-operative 30 day / 90 day follow up surveillance conducted.</p> <p>➤ Continue adherence to aseptic surgical protocols.</p>	Nursing Linked Nurses IPCN	Continued

Prepared by: Infection Prevention & Control Nurse	Reviewed by: Sr. Consultant Microbiology & Infection Prevention & Control Officer	Approved by: Medical Director
		

bed

		<p>➤ Spillage -</p> <ul style="list-style-type: none"> January – December 2025: 05 incidents (03 – OPD and 02 IPD) (01 Minor, 02 Major & 02 Mock drill). January 2026, 0 incident. <p>➤ Needle Stick Injury –</p> <p>Benchmark 0 per 1000 patient's days.</p> <ul style="list-style-type: none"> January – December 2025: 15 incidents of NSI: 42672 patient days, rate 0.35. January 2026: 01 incidents, 3647 patient days, rate 0.02. <p>➤ Blood & Body fluid exposure –</p> <ul style="list-style-type: none"> January 2025 – January 2026: No incidents reported. <p>➤ Biomedical waste management - compliance report presented and found satisfactory.</p>	<p>➤ Continue training on spill management and conduct mock drills.</p> <p>Conduct regular training on NSI prevention, safe injection practices, and post exposure protocols.</p> <p>Maintain strict compliance with PPE usage and exposure prevention protocols.</p> <p>➤ Continuous monitoring, auditing and training regarding waste segregation and disposal.</p>		
03	Antimicrobial Stewardship Program – updates & action points.	<p>➤ Antimicrobial Stewardship Program includes:</p> <ol style="list-style-type: none"> Antibiotics as per antibiotic policy. Restricted Antibiotics Pre surgical antimicrobial prophylaxis. <p>Improvement observed in compliance.</p>	➤ Identify compliance gaps and discuss improvement strategies with clinicians.	IPCO IPCN	At the earliest
04	Isolation	Isolation protocols reviewed during the meeting.	Reinforce isolation precautions and staff awareness.	HCWs IPCN IPCO	On going
05	Outsourced Training programs conducted for linked nurses and IPCN.	IPC outsourced training required for Linked Nurses and IPCN.	It was suggested that Admin. & HR head to arrange training programs for IPCN & Linked Nurses.	Admin. & HR head	At the earliest
Prepared by: Infection Prevention & Control Nurse		Reviewed by: Sr. Consultant Microbiology & Infection Prevention & Control Officer		Approved by: Medical Director	
					

TIRATH RAM SIAH HOSPITAL

• January 2026: 06 Ophthalmic surgeries, 0

cases.

► Hand Hygiene Compliance -
Monthly surveillance conducted.

• January - December 2025 Average % of

Compliance:

Doctors 69%,

Nurse 85%,

Physiotherapy Staff 73%,

Technician 72%

Housekeeping Staff 81%.

• January 2026 compliance:

Doctors 70%,

Nurse 80%,

Physiotherapy Staff 75%,

Technician 75%

Housekeeping Staff 85%.

Increased compliance with hand hygiene guidelines has contributed to a reduced risk of healthcare-associated infections.

► January 2026 compliance is improved slightly. Awareness activities conducted including hand hygiene week celebration and community education through skits, speeches, handouts and posters displayed in OPD areas and patient movement zones.

► Thrombophlebitis -

Benchmark 5%,

• January - December 2025: 40497 peripheral access, 156 incidents, rate 4.57.

• January 2026: 3245 peripheral access, 10 incidents, rate 3.08.

► Extravasation -

Benchmark 0%.

• June - December 2025: 23799 peripheral access 01 incident (OPD), rate 0.02.

• January 2026: 3245 peripheral access, 0 incident.

► Continued efforts


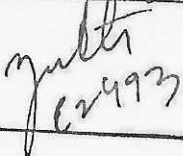

are necessary to achieve optimal hand hygiene practices among all healthcare workers.

✓ Sustain and reinforce education and training programs on hand hygiene.

✓ Continue awareness programs, monitoring compliance, and reinforcing hand hygiene training.

► Continue peripheral IV line care bundle and staff training.

► Maintain vigilance and reinforce IV administration protocols. Review the monitoring strategies.

Prepared by: Infection Prevention & Control Nurse	Reviewed by: Sr. Consultant Microbiology & Infection Prevention & Control Officer	Approved by: Medical Director
		

06	Miscellaneous points with the permission of the Chairperson.	<ul style="list-style-type: none"> ➤ Work restriction policy for transmissible disease. ➤ IPCN addressed that in NABH its updated the name of the Infection Control to Infection Prevention & Control. ➤ IPCN highlighted that many handwashing stations do not have elbow operated taps and no hand drying facilities. 	<ul style="list-style-type: none"> ➤ It was suggested that it could be discussed separated with Admin. & HR head. ➤ It was discussed that all the things come under Infection Control, to be addressed as Infection Prevention & Control for example ICN, now it called IPCN. ➤ Replace non elbow operated taps and ensure availability of tissue paper in all hand washing stations. 	<p>IPCO Admin. & HR head</p> <p>Admin. & HR head HIPCC</p> <p>Admin. & HR head Maintenance Officer Store Incharge Linked Nurses</p>	<p>At the earliest</p> <p>On going</p> <p>At earliest</p>
07	Vote of Thanks.	The meeting concluded with a vote of thanks by the chairperson.			

Prepared by: Infection Prevention & Control Nurse	Reviewed by: Sr. Consultant Microbiology & Infection Prevention & Control Officer	Approved by: Medical Director
