

TRSH/Admn/2023-24/ 25'

02.06.2023

Env. Engineer, BMW Cell,
Delhi Pollution Control Committee,
Department of Environment,
(Govt. of NCT of Delhi),
4th Floor, ISBT Building, Kashmere Gate,
Delhi - 6

07/06/2023
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject: Submission of Annual Report

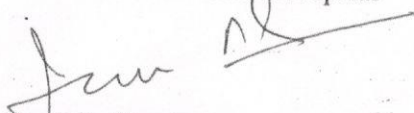
Sir,

Please find enclosed herewith (Form-IV) Annual Report of Bio Medical Waste generated in our hospital for the year 2022.

Kindly acknowledge the same.

Thanking you,

Yours faithfully,
For Tirath Ram Shah Hospital


Dr. J.P. Singh
Medical Director



Form – IV
(See rule 13)
ANNUAL REPORT

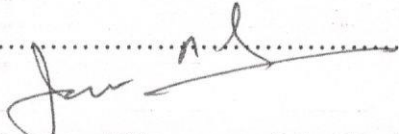
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars	:	
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Jatindera Paul Singh Medical Director
	(ii) Name of HCF or CBMWTF	:	Tirath Ram Shah Charitable Hospital
	(iii) Address for Correspondence	:	2A, RBL Isher Das Sawhney Marg, Rajpur Road, Delhi – 110 054
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	44333333
	(vi) E-mail ID	:	admin@trs.ch.com
	(vii) URL of Website	:	www.trsch.com
	(viii) GPS coordinates of HCF or CBMWTF	:	27.2046N, 27.4977E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Trust Run Hospital
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC/(II)(5)(309)/N-03/BMW-06/OLD/24/21019 dated 13.12.2019 Valid upto: 28.06.2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 19.05.2025
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	DGHS/NH/102 dated 07.04.2021
3	Details of CBMWTF	:	SMS Water Grace BMW Pvt. Ltd.
	(i) Number of health care facilities covered by CBMWTF	:	<i>NA - 7 pertaining to CBMWTF</i>
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category: 773 Kg.</i> <i>Red Category: 703 kg</i> <i>White: 77 kg</i> <i>Blue Category: 98 kg</i> <i>General Solid Waste: 5663 kg</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: 125 sq. ft.

	facility		Capacity: segregated space for all category of waste as per the requirement of the hospital			
			Provision of on-site storage : (Cold storage or any other provision)			
	(ii) Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
			Incinerators			/
			Plasma Pyrolysis			
			Autoclaves			
			Microwave			
			Hydroclave			
			Shredder			
			Needle tip cutter or destroyer			
			Sharps			
			Encapsulation or concrete pit			
			Deep burial pits			
			Chemical disinfection:	60 liter / day		
			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.) 8436 kg Handed over to SMS Water Grace BMW Pvt. Ltd.			
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	Segregated space for collection of BMW and transportation by CBWTF			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
			Incineration Ash	NA		
			ETP Sludge			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		SMS Water Grace BMW Pvt. Ltd., Delhi Jal Board Complex, Nilothi, New Delhi			
	(vii) List of member HCF not handed over bio-medical waste.		NA			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes Copy enclosed			

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		60
	(ii) Number of personnel trained		260
	(iii) 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
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details		NIL
	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA Incinerator not available in the hospital
	Details of Continuous online emission monitoring systems installed		Yes - NEVCO
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		60 litre / day – chemical disinfection
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) NA Incinerator not available.

Certified that the above report is for the period from 01.01.2022 to 31.12.2022.

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Name and Signature of the Head of the Institution

Date: 05-06-2023

Place: Delhi

Minutes Of Meetings Hospital Infection Control Committee

Date : 16th December 2022

Time : 2:30 PM

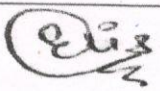
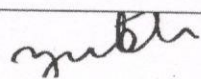
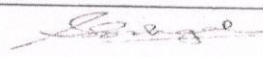
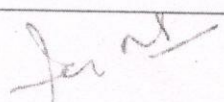
Location : Conference room school of nursing

Chaired by : Dr. YUKTI SHARMA

(Sr. Consultant – Microbiology)

Members Present :

1. Medical Director
2. Medical Superintendent
3. Deputy Medical Superintendent
4. Administrator Head / HR
5. Nursing Superintendent
6. Consultant – Microbiology
7. Sr. Consultant Surgery - Dr.P.N. Sinha
8. Neurology Consultant - Dr.Khushboo Gyan Chandani
9. ICU Intensivist Dr. Abhishek Vishnu
10. Infection Control Nurse
11. Linked Nurses (ALL INCHARGES)
12. CSSD In charge

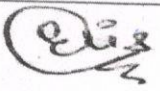
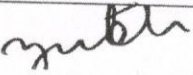
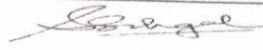
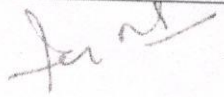
Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

AGENDA:

1. Review of previous meeting minutes.
2. Presentation of HIC Indicators & HAI data for month of December 2022.
3. Chemoprophylaxis compliance data presentation.
4. Antibiotic policy compliance data presentation.
5. Antibiotic stewardship compliance data presentation.
6. Linen Management according to policy.
7. Proper Disposal of Needles.
8. Any other important points to be discussed with the permission of the chairman.

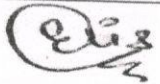
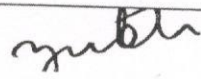
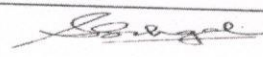
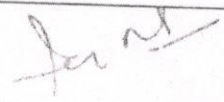
Following points were discussed:

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1	Chairpersons welcome all the members of the committee.				

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

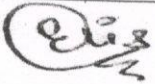
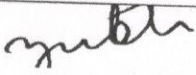
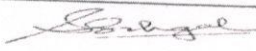
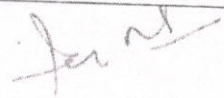
TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
2	Previous minutes of meeting	Previous minutes of meeting was approved.			
3	Presentation of HAI data & HIC indicators.	ICN presented the last month HAI data & HIC indicators with RCA & CAPA.	The presented members shared their views.	Microbiologist ICN	To be continued
4	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
5	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

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

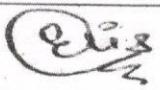
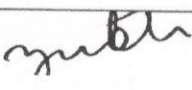
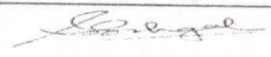

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
6	Antibiotic policy compliance data presentation	Antibiotic compliance has increased but there is scope for improvement	Microbiologist addressed regarding strict adherence to Antibiotic compliance.	Microbiologist Consultant ICN	To be continued
7	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 Superintendent	Medical Director
			

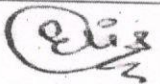
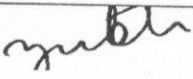
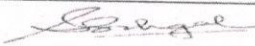
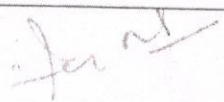
TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
9	Linen Management according to the policy.	It should be a separated trolleys while transporting the soiled linen and clean.			
10	Proper disposal of Needles.	All sharps disposal containers should be made of a heavy-duty plastic and able to close with a tight-fitting, puncture-proof lid, without sharps being able to come out. It should be upright and stable during use and leak-resistant.			
11	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

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

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
12	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
13	Covid 19	Infection control protocol is being strictly adhered for any covid patient admitted. All patients are subjected to mandatory covid tests after admission as well.	To continued Infection control protocol for covid patients is followed strictly as per the guidelines.	ICN	To be continue
14	Vote of Thanks.	The meeting concluded with vote of thanks by the chairperson & ICN.			

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

Minutes Of Meetings Hospital Infection Control Committee

Date : 1ST November 2022
Time : 12 PM
Location : Conference room school of nursing
Chaired by : Dr. YUKTI SHARMA (Sr. Consultant – Microbiology)
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
8. Sr. Consultant - Orthopaedics
9. Infection Control Nurse
10. Linked Nurses (ALL INCHARGES)
11. CSSD In charge
12. Maintenance Officer
13. Housekeeping In charge

AGENDA:

1. Review of previous minutes of meeting.
2. Presentation of HIC Indicators & HAI data for the month of 2022.
3. Chemoprophylaxis compliance data presentation.
4. Antibiotic policy compliance data presentation.
5. Antibiotic stewardship compliance data presentation.
6. Miscellaneous points involving different areas to be discussed with the permission of the chairperson.

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
	with members				
6	ON Job Training	Infection prevention & control training for staff education	ICN continued to trained all the health care workers.	ICN	To be continued
7	Sterile dressing techniques	As suggested by gynaecologist Dr. Modhusmita Chetia, Surgical dressing is to be done in steps wise manner with proper aseptic techniques and standard precautions.	Procedure like dressing of surgical wounds by resident doctors to be monitored by consultants.	Consultant	With immediat e effect
8	Antibiotic Stewardship	1. Antibiotic Stewardship programme is being followed but there is an ample scope for improvements. 2. Empirical therapy to be reviewed after 48-72hrs. by the clinicians and to be discussed with microbiologist along with culture reports, if required.	1. Regular rounds of clinical areas and follow up of treatment (Antibiotics) with respective clinicians is being done. 2. De-escalation of antibiotics as soon as possible, to be done.	Microbiologist Consultant ICN	To be continued

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
9	OT Hepa filters	The OT Hepa filters renewal validation, valid till Oct 19,2022, has to be updated.	The same has been communicated to the with Purchase In charge (Ms. Kavita), which has to be done as soon as possible.	Purchase Department	With immediate effect
10	Lab quality markers	1.Progressive increased 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	On job training is being continued.	NS ICN Linked Nurses	To be continued

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
		observed by ICN in daily rounds and rectified immediately.			
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
14	Covid 19	Infection control protocol is being strictly adhered for any covid patient admitted. All patients are subjected to mandatory covid tests after admission as well.	To continued Infection control protocol for covid patients is followed strictly as per the guidelines.	ICN	To be continue.
15	The meeting concluded with vote of thanks by the chairperson & ICN.				

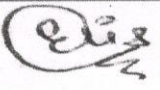
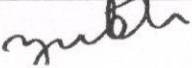
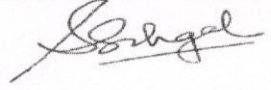
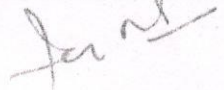
Prepared by	Reviewed by	Approved by	
Infection Control Nurse <i>Elis 1850</i>	Sr. Consultant – Microbiology <i>gutti</i>	Medical Superintendent <i>Sahgal</i>	Medical Director <i>Jaral</i>

Minutes Of Meetings Hospital Infection Control Committee

Date : 06th October 2022
Time : 2:30 PM
Location : Conference room school of nursing
Chaired by : Dr. YUKTI SHARMA
(Sr. Consultant – Microbiology)

Members Present :

1. Medical Director
2. Medical Superintendent
3. Deputy Medical Superintendent
4. Administrator Head / HR
5. Nursing Superintendent
6. Consultant – Microbiology
7. Infection Control Nurse
8. Linked Nurses (ALL INCHARGES)
9. CSSD In charge
10. Maintenance In charge
11. Housekeeping In charge


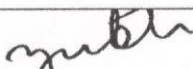
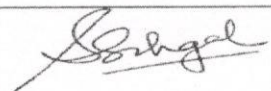
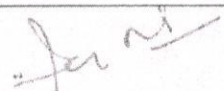
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Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

AGENDA:

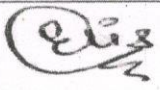
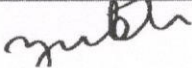
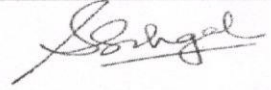
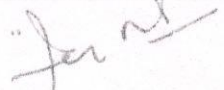
1. Review of previous meeting minutes.
2. Presentation of HIC Indicators & HAI data for month of October 2022.
3. Chemoprophylaxis compliance data presentation.
4. Antibiotic policy compliance data presentation.
5. Bio Medical Waste Management
6. Any other important points to be discussed with the permission of the chairman.

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.		..	

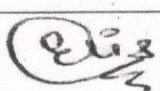
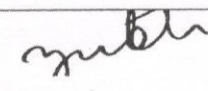
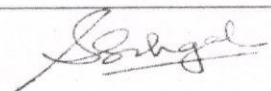
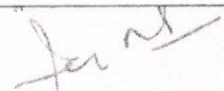
Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

3	Presentation of HAI data & HIC indicators.	ICN presented the last month HAI data & HIC indicators with RCA & CAPA.	The presented members shared their views.	Microbiologist ICN	To be continued
4	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
5	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

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

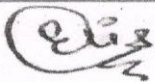
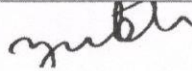
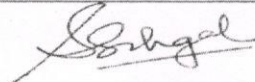
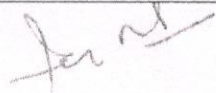
TIRATH RAM SHAH CHARITABLE HOSPITAL

6	Antibiotic policy compliance data presentation	Antibiotic compliance has increased but there is scope for improvement	Microbiologist addressed regarding strict adherence to Antibiotic compliance.	Microbiologist Consultant ICN	To be continued
7	ON Job Training	Infection prevention & control training for staff education	ICN continued to trained all the health care workers.	ICN	To be continued
8	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
9	Bio Medical Waste	- ICN presented last month report of Bio Medical Waste compliance. - The report was found satisfactory, however more emphasize to be given in segregation.	Compliance of Segregation at the point of generation has scope for improvement.	NS ICN Linked Nurses	To be continued

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

TIRATH RAM SHAH CHARITABLE HOSPITAL

10	Covid 19	Infection control protocol is being strictly adhered for any covid patient admitted. All patients are subjected to mandatory covid tests after admission as well.	To continued Infection control protocol for covid patients is followed strictly as per the guidelines.	ICN	To be continue
11	Vote of Thanks.	The meeting concluded with vote of thanks by the chairperson & ICN.			

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

Mr. Ashok ICN
 2/8/22



TIRATH RAM SHAH HOSPITAL

Minutes of Meeting Hospital infection control committee

TRSCH/MOM/HIC/003/2022

Date: 23 AUGUST 2022

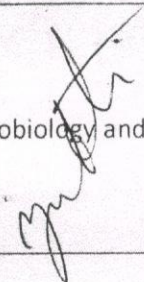
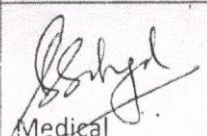
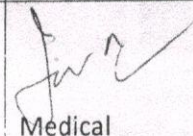
Time: 2:30 pm

Chairperson: Sr. Consultant – Microbiology

Members present:

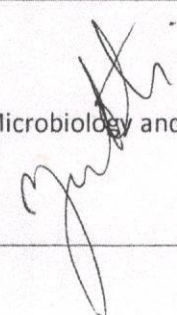
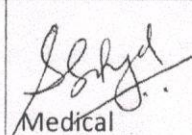
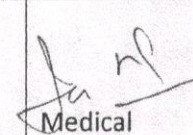
1. Medical Director
2. Medical Superintendent
3. Head- HR & Admin
4. Nursing superintendent
5. Sr. Manager – Quality
6. Maintenance Officer
7. Nursing In charge - OT
8. Housekeeping Supervisor
9. ICN
10. CSSD Technician
11. Linked Nurse's (ALL INCHARGES)

Sl. No	Discussion	Action to be taken	Responsibilities	Target date
1.	Chairpersons welcome all the members of the committee.			
2.	Linked nurse	As per previous discussion all in-charges are identified as Linked Nurse. ICN is being coordinating with Linked nurses for surveillance and other infection control related activities of their respective areas.	NS	
3.	HIC indicators presented by ICN along with compliance to Rational use of antibiotics.	The last one year trend of HAI indicator that reported case of HAI are within benchmark however reporting of HAI to be improved.	ICN	

Prepared By	Reviewed by	Approved by	Approved by
ICN <i>EUS/1850</i> <i>Shweta</i>	Sr. Consultant Microbiology and Chairperson HIC. 	 Medical Superintendent	 Medical Director

TIRATH RAM SHAH HOSPITAL
Minutes of Meeting
Hospital infection control committee

	regarding the sterile technique with respect to drawing blood for blood culture.	regarding the blood sample collection all was sensitized for the same and training were conducted in different areas.	In charges ICN	
7	Validation of OT HEPA filters report.	Validation of HEPA filter to be done every 6 months by the company and HEPA filter validation report verified by the microbiologist	Microbiologist	
8	Infection control during construction & renovation maintenance.	Construction and renovation checklist implemented for the risk assessment prior to the construction and renovation and also project completion checklist is also maintained.	Microbiologist ICN	On going
9	Increased number of Covid cases in month of August.	1. Separate ward and ICU for the Covid patient. 2. Separate linen management done. 3. Separate biomedical waste management done.	Microbiologist NS ICN	On going

Prepared By	Reviewed by	Approved by	Approved by
ICN <i>Elis</i> <i>1850</i> <i>Shweta</i>	Sr. Consultant Microbiology and Chairperson HIC 	 Medical Superintendent	 Medical Director

TIRATH RAM SHAH HOSPITAL
Minutes of Meeting
Hospital infection control committee

TRSCH/MOM/HIC/003/2022

Date: JUNE 3RD 2022

Time: 2 pm

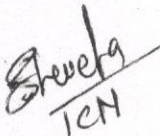
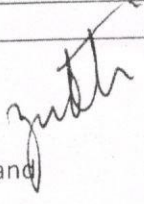
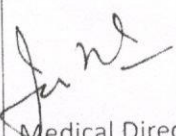
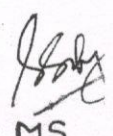
Chairperson: Sr. Consultant – Microbiology

Members present:

1. Medical Director
2. Head- HR & Admin
3. Nursing superintendent
4. Sr. Manager – Quality
5. Maintenance Officer
6. Nursing Incharge - OT
7. Housekeeping Supervisor
8. ICN
9. CSSD Technician

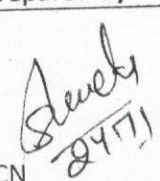
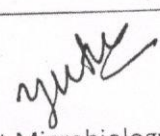
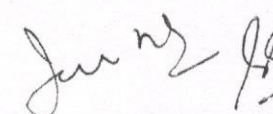
Sl. No	Discussion	Action to be taken	Responsibilities	Target date
1.	Chairpersons welcome all the members of the committee.			
2.	Linked nurse	As per previous discussion all in-charges are identified as Linked Nurse. ICN is being coordinating with Linked nurses for surveillance and other infection control related activities of their respective areas.	NS	
3.	HIC indicators presented by ICN along with compliance to Rational use of antibiotics.	The last one year trend of HAI indicator that reported case of HAI are within benchmark however reporting of HAI to be improved...	ICN	
4.	Antibiotic Audit compliance. a. Pre Surgical antibiotic and audit for rational use of antibiotic in ICU	a. Compliance of pre –surgical antibiotic and use of antibiotic as per Antibiotic policy to be improved in	a. Medical administration b. NS	With immediate effect

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Prepared By	Reviewed by	Approved by
 ICN	 Sr. Consultant Microbiology and Chairperson HIC	 &  Medical Director & MS

TIRATH RAM SHAH HOSPITAL
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	concern	.and data collection to be done on regular basis.	ICN	
8	Cleaning of OT, Its a matter of concern .	Cleaning of OT to be done on regular basis every week high dusting and washing and scrubbing of The floor to be done.	Housekeeping in charge	On going
9	Cleaning of CSSD ,It's a matter of concern, Shelf life of sterile sets to be increased.	<ul style="list-style-type: none"> • Cleaning of the CSSD, to be done on regular basis and every week high wall dusting and roof dusting with washing and scrubbing of the floor to be done by the housekeeping staff under the supervision of nursing staff . • Policy to be reviewed for 15 days shelf life of sterile set with double linen as per CDC guidelines. Also for the parallel study on day 15 day 21, and day 30, where by sterile sets will be cultured in the microbiology lab on the respective days from the day of sterilization. 	CSSD technician Microbiologist	With effect immediat

Prepared By	Reviewed by	Approved by
 ICN 24/7/11	 Sr. Consultant Microbiology and Chairperson HIC	 Medical Director & M

TIRATH RAM SHAH HOSPITAL
Minutes of Meeting
Hospital infection control committee

TRSCH/MOM/HIC/003/2021

Date: MARCH 31, 2022

Time: 3.00 pm

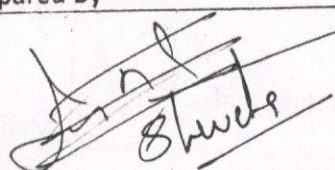
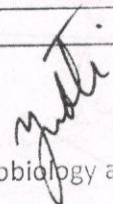
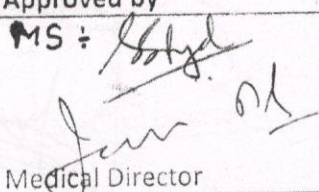
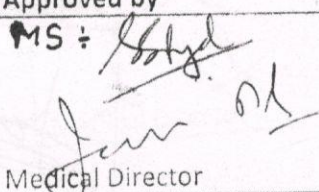
Chairperson: Sr. Consultant – Microbiology

Members present:

1. Medical Director
2. Head- HR & Admin
3. Nursing superintendent
4. Sr. Manager – Quality
5. Maintenance Officer
6. Nursing Incharge - OT
7. Housekeeping Supervisor
8. ICN
9. CSSD Technician

Sl. No	Discussion	Action to be taken	Responsibilities	Target date
1.	Chairpersons welcome all the members of the committee.			
2.	Linked nurse	As per previous discussion all in-charges are identified as Linked Nurse. ICN is being coordinating with Linked nurses for surveillance and other infection control related activities of their respective areas.	NS	
3.	HIC indicators presented by ICN along with compliance to Rational use of antibiotics.	The last one year trend of HAI indicator that reported case of hai are within benchmark however reporting of HAI to be improved..and also make the protocol for clabsi.SSI are observed properly and health education to be given to all the post op patient and follow up should be taken .	ICN	

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Prepared By	Reviewed by	Approved by
 ICN	 Sr. Consultant Microbiology and Chairperson HIC	 MS ÷  Medical Director

TIRATH RAM SHAH HOSPITAL
Minutes of Meeting
Hospital infection control committee

4.	<p>Antibiotic Audit compliance.</p> <p>a. Pre Surgical antibiotic and audit for rational use of antibiotic in ICU compliance report presented by ICN. Committee comprehends the report and found not satisfactory.</p>	<p>a. Compliance of pre-surgical antibiotic and use of antibiotic as per Antibiotic policy to be improved in ward/ICU.</p> <p>b. Chairperson of Infection control committee also emphasized for escalation and de-escalation of antibiotics based on culture report.</p> <p>c. Dr JP Singh has instructed to inform the consultant by RMO/Nursing In-charge, if the prescribed antibiotic not as per policy and the modify/escalate/de-escalate the antibiotic as per the policy as much as feasible. However, consultant has to write notes while deviating from antibiotic policy with reason.</p> <p>d. ICN Sr Shweta stated that there has been improvement of sending culture on admission. However, Dr JP Singh has instructed to send appropriate sample as per diagnosis on admission.</p> <p>e. Antibiotic policy to be reviewed.</p>	<p>a. Medical administration</p> <p>b. NS</p> <p>c. ICN</p>	<p>With immediate effect</p>
5.	<p>Bio Medical Waste Management :</p> <p>a. ICN presented last month report of Bio Medical Waste compliance.</p> <p>b. The report was found satisfactory, however</p>	<p>Compliance of Segregation at the point of generation has scope for improvement as per the ICN round report .</p>	<p>NS ICN</p>	<p>On going</p>

<p>Prepared By</p> <p><i>[Signature]</i></p> <p>ICN</p>	<p>Reviewed by</p> <p><i>[Signature]</i></p> <p>Sr. Consultant Microbiology and Chairperson NIC</p>	<p>Approved by</p> <p>MS <i>[Signature]</i></p> <p><i>[Signature]</i></p> <p>Medical Director</p>
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TIRATH RAM SHAH HOSPITAL
 Minutes of Meeting
 Hospital infection control committee

<p>more emphasize to be given in segregation.</p>			<p>With immediate effect</p>
<p>6. Needle Stick Injury has been reported. This has been a matter of concern.</p>	<ul style="list-style-type: none"> • Dr JP Singh instructed that puncture proof container should be sealed by the housekeeping under the supervision of nursing staff. • NSI letter to be issued by HR at the time of resignation, of the staff for the follow up purpose after resignation. • Assess the need of injection T.T and hepatitis vaccination according to previous immunization status • Nursing student to be submitted their immunization status at the time of admission exp-Hepatitis b • HR has to ensure that student nurses are also appropriately vaccinated based on their previous immunization status. • Staff nurses are to be more trained in sample collection and handling sharp object /needle to avoid injury. 	<p>ICN</p> <p>microbiologist</p> <p>Tuter</p>	

<p>Prepared By</p> <p><i>[Signature]</i></p> <p>ICN</p>	<p>Reviewed by</p> <p><i>[Signature]</i></p> <p>Sr. Consultant Microbiology and Chairperson HIC</p>	<p>Approved by</p> <p>MS <i>[Signature]</i></p> <p><i>[Signature]</i></p> <p>Medical Director</p>
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