

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) | : | PROF MUSHARRAF HUSAIN |
| | (ii) Name of HCF or CBMWTF | : | Hakeem Abdul Hameed Centenary Hospital |
| | (iii) Address for Correspondence | : | Hamdard Nagar, New Delhi 110062 |
| | (iv) Address of Facility | : | " |
| | (v) Tel. No, Fax. No | : | 011 - 29901010 |
| | (vi) E-mail ID | : | ms@himsr.co.in |
| | (vii) URL of Website | : | www.himsr.org |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 28° 30' 47" N 77° 15' 5" E |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: D.P.C.C./BMW/AUTH/NEWNO/2017/03289 Valid upto: |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: 2025 20th Aug. |
| 2 | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 470 |
| | (ii) Non-bedded hospital | : | NA. |
| | Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | |
| 3 | Details of CBMWTF | : | BIOTIC WASTE SOLUTIONS PVT LTD |
| | (i) Number of health care facilities covered by CBMWTF | : | NA. |
| | (ii) No. of Beds covered by CBMWTF | : | |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | : | _____ Kg / day |
| | (iv) Quantity of bio medical 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: 1059 Kg Red Category: 1608 Kg White: 34 Kg Blue Category: 287 Kg. General Solid Waste: |
| 5 | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility | : | |
| | (i) Details of the on-site storage | : | Size: Adequate |

| facility | | Capacity: 3 colour coded rooms | | | | |
|---|---|--|--------------------|--|--|------------|
| | | 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 | NA | | | |
| | | Plasma Pyrolysis | NA | | | |
| | | Autoclaves | 2 | | | 1692 kg/a. |
| | | Microwave | NA | | | |
| | | 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.) NA | | |
| (iv) No. of Vehicles used for collection and transportation of biomedical waste | : | NA | | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | NA | Quantity Generated | Where disposed | | |
| | | Incineration | | | | |
| | | Ash | | | | |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | | Biotic waste solution 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. | | | | |

| Details trainings conducted on BMW | | |
|------------------------------------|---|--|
| (i) | Number of trainings conducted on BMW Management | 62 |
| (ii) | Number of personnel trained | 2312 |
| (iii) | Number of personnel trained at the time of induction | ALL |
| (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 | NIL |
| | (i) Number of Accidents occurred |] NA |
| | (ii) Number of persons affected | |
| | (iii) Remedial Action taken (Please attach details if any) | |
| | (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? | NA |
| | Details of Continuous online emission monitoring systems installed | NA. |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | ETP with online monitoring system in place. |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Disinfection by Autoclave in place. |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) NA |

Certified that the above report is for the period from January 2021 to December 2021

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[Handwritten Signature]

Name and Signature of the Head of the Institution

Date: 30.4.2022

Place: New Delhi



BIOMEDICAL WASTE DETAILS 2021

HAHC HOSPITAL, HIMSR NEW DELHI 110062

| DATE | YELLOW | | RED | | WHITE | | BLUE | | TOTAL |
|-----------|--------|----------|-----|----------|-------|----------|------|----------|-------|
| | BAG | WT IN KG | BAG | WT IN KG | BAG | WT IN KG | BAG | WT IN KG | |
| JANUARY | 84 | 605 | 116 | 696 | 11 | 50 | 27 | 132 | 1483 |
| FEBRUARY | 128 | 931 | 210 | 1545 | 5 | 24 | 41 | 232 | 2732 |
| MARCH | 157 | 1093 | 225 | 1819 | 7 | 18 | 61 | 346 | 3276 |
| APRIL | 116 | 718 | 145 | 1062 | 6 | 18 | 33 | 134 | 1933 |
| MAY | 90 | 476 | 92 | 497 | 0 | 0 | 0 | 0 | 974 |
| JUNE | 173 | 872 | 197 | 1037 | 13 | 28 | 22 | 110 | 2047 |
| JULY | 139 | 952 | 233 | 1642 | 13 | 21 | 49 | 268 | 2882 |
| AUGUST | 155 | 1240 | 249 | 2096 | 14 | 66 | 73 | 621 | 4023 |
| SEPTEMBER | 171 | 1569 | 244 | 2422 | 17 | 56 | 70 | 520 | 4567 |
| OCTOBER | 174 | 1651 | 250 | 2429 | 19 | 55 | 63 | 405 | 4540 |
| NOVEMBER | 155 | 1507 | 209 | 2198 | 10 | 47 | 54 | 353 | 4104 |
| DECEMBER | 92 | 1094 | 154 | 1855 | 10 | 26 | 45 | 334 | 3309 |

12708

19298

409

3455

35870

2021

ACCIDENT REPORTS BMW
HAHC HOSPITAL, JAMIA HAMDARD/HIMSH
NEW DELHI 110060

2021

| MONTH | NO.OF ACCIDENTS | SIGNATURE |
|-----------|-----------------|-----------|
| January | NIL | Beena |
| February | NIL | Beena |
| March | NIL | Beena |
| April | NIL | Beena |
| May | NIL | Beena |
| June | NIL | Beena |
| July | NIL | Beena |
| August | NIL | Beena |
| September | NIL | Beena |
| October | NIL | Beena |
| November | NIL | Beena |
| December | NIL | Beena |

BIO MEDICAL WASTE MANAGEMENT TRAINING 2021

HAHC HOSPITAL

| DATE | TOPIC | DEPARTMENT | | | | |
|------------|------------------------------------|------------|-----|------|------------|---------|
| | | NURSES | GDA | HK | TECHNICIAN | DOCTORS |
| 01-01-2021 | SPILL MANAGEMENT | 12 | | | | |
| 18-1-21 | NEEDLE STICK INJURY | 7 | | | | |
| 25-1-21 | BIOMEDICAL WASTE MANAGEMENT | 8 | | | | |
| 27-1-21 | NSI | | 13 | | | |
| 27-1-21 | BIOMEDICAL WASTE MANAGEMENT | | 13 | | | |
| 02-03-2021 | BIOMEDICAL WASTE MANAGEMENT | | 15 | | | |
| 02-01-2021 | NEEDLE STICK INJURY | 8 | | | | |
| 08-02-2021 | BIOMEDICAL WASTE MANAGEMENT | 20 | | | | |
| 10-02-2021 | BIOMEDICAL WASTE MANAGEMENT | | 12 | 6 | | |
| 15-2-21 | NEEDLE STICK INJURY | 9 | | | | |
| 22-2-21 | SPILL MANAGEMENT & BMW | 11 | | | | |
| 24-2-21 | SPILL MANAGEMENT | | 8 | | | |
| 16-3-21 | BIOMEDICAL WASTE MANAGEMENT | 10 | | | | 71 |
| 17-3-21 | BIOMEDICAL WASTE MANAGEMENT | 11 | 34 | 11 | 4 | |
| 18-3-21 | BMW, HAND HYGIENE, NSI | | 28 | | | |
| 23-3-21 | BIOMEDICAL WASTE MANAGEMENT & NSI | 9 | | | | |
| 24-3-21 | BIOMEDICAL WASTE MANAGEMENT & NSI | | 12 | 12+7 | | |
| 25-3-21 | SPILL MNGT, BMW, NSI, HAND HYGIENE | | 30 | 11 | | |
| 26-3-21 | SPILL MNGT, BMW, HAND HYGIENE | 30 | | 25 | | |
| 22-4-21 | SPILL MNGT, BMW | 4 | | | | |
| 23-4-21 | SPILL MNGT, BMW, HAND HYGIENE | 17 | 10 | | | |
| 28-4-21 | SPILL MNGT, BMW, HAND HYGIENE | 16 | 10 | 7 | | |
| 23-6-21 | SPILL MNGT | | 9 | | | |
| 07-07-2021 | BASIC INFECTION CONTROL PRACTICES | | | | 26 | |
| 07-07-2021 | BIOMEDICAL WASTE MANAGEMENT | | 17 | | 32 | |
| 27-07-2021 | SPILL MANAGEMENT DEMO | | 9 | | | |
| 07-09-2021 | BASIC INFECTION CONTROL PRACTICES | | | | 6 | |
| 12-07-2021 | BASIC INFECTION CONTROL PRACTICES | | | | 6 | 6 |
| 08-07-2021 | SPILL MANAGEMENT | 12 | | | | |
| 13-7-21 | BASIC INFECTION CONTROL PRACTICES | | | | | 9 |
| 14-7-21 | BASIC INFECTION CONTROL PRACTICES | | | | | 20 |
| 15-7-21 | BASIC INFECTION CONTROL PRACTICES | | | | 6 | 29 |
| 16-7-21 | BASIC INFECTION CONTROL PRACTICES | | | 23 | | 24 |
| 17-7-21 | BASIC INFECTION CONTROL PRACTICES | | | 14 | | 27 |
| 19-7-21 | BASIC INFECTION CONTROL PRACTICES | | | 12 | | |
| 19-7-21 | BIOMEDICAL WASTE MANAGEMENT | 8 | | | | |
| 20-7-21 | BASIC INFECTION CONTROL PRACTICES | | | 12 | | |
| 26-7-21 | HAND HYGIENE & SPILL MNGT | 13 | | | | |
| 18-08-2021 | HH, NSI & SPILL MNGT | | 9 | | | |
| 01-09-2021 | BMW | | 12 | | | |

| | | | | | | |
|------------|-----------------------------|------|-----|-----|-----|-----|
| 06-09-2021 | BMW | 26 | | | | |
| 13-09-2021 | SPILL MANAGEMENT | 18 | | | | |
| 15-09-2021 | SPILL MNGT DEMO | | 11 | | | |
| 15-09-2021 | IPC PRACTICES(BMW,NSI) | | | | | 15 |
| 17-09-2021 | BMW | | | | 12 | |
| 20-09-2021 | NSI& SPILL MNGT DEMO[OJT] | 14 | | | | |
| 20-09-2021 | HH & SPILL MNGT | 11 | | | | |
| 27-09-2021 | NSI | 17 | | | | |
| 06-10-2021 | HH & NSI | 10 | | | 3 | |
| 07-10-2021 | IP PRACTICES (BMW,NSI) | 9 | 3 | | 6 | |
| 13-10-2021 | SPILL MNGT &HH | | 18 | | | |
| 14-10-2021 | HH,BMW SPILL MNGT | 21 | | | 6 | |
| 15-10-2021 | NSI FOR ICU STAFF] | 12 | | | | |
| 18-10-2021 | HAND HYGIENE /NSI | 9 | | | | |
| 25-10-2021 | BMW, SPILL MANAGEMENT | 23 | | | | |
| 01-11-2021 | PRESSURE SORE MANAGEMENT | 13 | | | | |
| 01-11-2021 | NSI | 118 | 75 | 10 | 10 | |
| 01-11-2021 | SPILL MANAGEMENT | 118 | 75 | 10 | 7 | |
| 01-11-2021 | NEEDLE STICK INJURY | 118 | 75 | 10 | 7 | |
| NOV.21 | BMW | 118 | 75 | 10 | 7 | |
| Dec-21 | BIOMEDICAL WASTE MANAGEMENT | | 75 | 10 | 7 | |
| Dec-21 | SPILL MNGT | 85 | 21 | 17 | 0 | 0 |
| Dec-21 | NSI | 90 | 21 | 17 | | |
| | | 90 | 21 | 17 | | |
| | | 1125 | 636 | 212 | 138 | 201 |

OFFICE OF THE MEDICAL SUPERINTENDENT
HAHC HOSPITAL, HIMSR, NEW DELHI-62

Date: 20.02.2021

MEETING INVITATION

Subject: Hospital Infection Control

A meeting is scheduled to be held as under:

Time: 12:00 noon

Date: 25.02.2021 (Thursday)

Venue: Room no. 105, Department of Medicine, First Floor, New Block

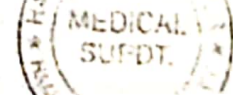
Following are requested to attend the same:

- | | |
|---|--------------------|
| 1. Dr. Ajaz Mustafa, Medical Superintendent | - Chairman |
| 2. Dr. Neetu Shree, Infection Control Officer | - Member Secretary |
| 3. Col. (Dr.) M S Kidwai, Addl. Medical Supdt. | - Member |
| 4. Dr. Musharraf Husain, HoD Surgery | - Member |
| 5. Dr. Khairat Mohd., HoD Anesthesia | - Member |
| 6. Dr. Aruna Nigam, Prof. Dept. of Obst & Gynae | - Member |
| 7. Dr. Aparna Chakravarty, Asst. Prof. Paediatric | - Member |
| 8. Ms. Seema Wilson, Nursing Superintendent | - Member |
| 9. Mr. Ayan Kumar Das, Demonstrator | - Member |
| 10. Mr. Ravinder Kumar, CSSD In-Charge | - Member |
| 11. Ms. Sheeba Khan, In-charge New OT | - Member |
| 12. Ms. Shaini Mol M.K, In-charge Old OT | - Member |
| 13. Ms. Beena Mathew, Infection Control Nurse | - Member |
| 14. Ms. Nazia Parveen, Infection Control Nurse | - Member |
| 15. Dr. Abhishek Sharma, QCO | - Member |

Cc to:

- All concern members

Medical Superintendent



HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH
AND ASSOCIATED HAI CENTENARY HOSPITAL

JAMIA HAMDARD, HAMDARD NAGAR,

NEW DELHI-110062

Hospital Infection Control Committee meeting

Date: 25.02.2021 (Thursday)

Time: 12.00 noon

Venue: Room No. 105, Department of Medicine, First floor, New Block
HAHC Hospital

Total no. of Members in the committee: 15

Number of members attended (attach attendance sheet): 12

Chairman, convener & Mandatory Members present (Yes/No): YES

1. Agenda circulated prior to meeting (Yes/No): YES

2. Details of action items open from previous meetings:

- a. Testing of Dialysis water to meet NABH standards
- b. Improvement of BMW compliance
- c. Training of staff
- d. Records of vaccination status of staff
- e. Improving SSI surveillance
- f. Implementation of AMS (*Anti Microbial Stewardship*)

Attendees

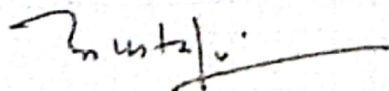
1. Dr. Ajaz Mustafa, Medical Superintendent
2. Dr. Musharraf Husain, HoD, Surgery
3. Dr. Aparna Chakravarty, Associate Professor,
Paediatrics
4. Dr. Nectu Shree, ICO
5. Dr. Ayan Das, Microbiology
6. Dr. Abhishek Sharma, QCO
7. Ms. Seema Wilson, Nursing Superintendent
8. Mr. Ravinder Kumar, In-charge CSSD
9. Ms. Sheeba Khan, In-charge new OT
10. Ms. Shani Mol M.K, In-charge old OT
11. Ms. Beena Mathew, ICN
12. Ms. Nazia Parveen, ICN

Essential agendas

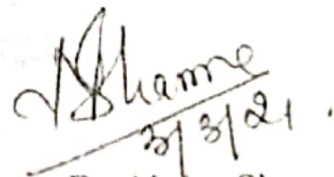
- All the environmental surveillance reports for the month of December & January were presented before the committee.
- For water testing of Dialysis water, it was decided and approved by Dr. Ajaz Mustafa (M S) to get it done by a NABH accredited external Lab as per NABH standards.
- All the BMW audits in the month of December & January were discussed before the committee.
In view of repeated non-compliance, observed during BMW audits, regarding inappropriate waste segregation, it was opined by the members to increase the number of training for healthcare staff.
 - Training schedule
- Report on all the trainings of staff in months of December & January was presented. It was decided to cover all staff in coming two month for BMW training. Dr. Musharraf Husain suggested to get the department wise details to ensure better staff coverage in BMW/HICC training sessions.
 - Department wise list of staff
- It was discussed and approved by members that to improve BMW compliance, the OT round to be done weekly.
- It was discussed by the members that regarding Vaccination status of new staff especially doctors, the information needs to be coordinated by HR and Nursing staff and the same should be updated in HICC meetings.
- Dr. Aparna suggested to include the data of Catheter Related Blood Stream Infections (CRBSI) for HAI surveillance. The point was well appreciated and it was further discussed to include the monitoring of Multidrug Resistant organisms (MDROs) also and the data of same should be presented in HICC meetings.

- HAI: One case of SSI reported. However, ICO and ICN was instructed by the members to do more active surveillance for finding cases.
 - Regarding surveillance for SSIs, again it was emphasized to do integrated follow up by keeping a track record of all surgical discharge patients and tracking their follow up for wound infection in dressing room and documentation of the same in the register along with follow up. Additionally, the patient information could be tracked through the follow up of pus culture samples from surgical departments in Microbiology lab.
- NSI :2 cases of NSI, in the month of December & and 2 cases in January were tabled before committee.
 - NSI prevention trainings to continue by ICN and ICO
- It was discussed to expand and review the **Surgical Prophylaxis compliance and Anti-Microbial Stewardship compliance** in a step wise manner to include other surgical departments also apart from Surgery department.

It was further discussed as there is a shortage of staff, Dr. Abhishek will designate the Quality students in other surgical departments for gathering data related to AMS.
- Regarding Laundry, the issue will be reviewed after March, after starting of new laundry contract.
- Regarding the issue of old samples in Mortuary, it was suggested by Dr. Ajaz Mustafa that a final request letter will be send to concerned authority for its discard.



Dr. Ajaz Mustafa
MS, Chairman, HICC
IAH Centenary Hospital,
IIMSR, New Delhi



Dr. Neetu Shree
ICO, HIMSR & IAHIC Hospital

- CC to all committee members

Hospital Infection Prevention Committee
HAH Centenary hospital, New Delhi 110062
Minutes of Meeting

Date:-29-11-2021

Date: 24.11.2021

Time: 12AM-1:30PM

Place: OT Faculty Lounge, A Block, HAHC Hospital

Agenda: To discuss IPC activities and their associated non-compliance due to critical shortage of cleaning supplies and consumables

Following members were present:-

| | |
|-------------------------------------|-------------------------------|
| Dr.Ajaz Mustafa | MS, Chairman of HICC |
| Dr M S Kidwai | Addl. Medical Superintendent |
| Dr.Musharraf Hussain | HOD Surgery |
| Dr.Aruna Nigam | Professor Obst & Gynae |
| Dr Jyotsna Agarwal | Assoc. Professor, Aneasthesia |
| Dr Aparna Chakravarty | Assoc Professor, Pediatrics |
| Dr Ayan k Das | Microbiology |
| Dr.Mehvash Haider | Infection Control Officer |
| Mr Kanan Balakrishnan | Quality manager |
| Sister Rubeena | In- charge OT |
| Sister Beena Mathew, Sister Shaista | ICN |
| Sister Sheeba | ANS/OT Incharge |
| Mr Ravinder | CSSD in charge |

Dr.Mehvash started the meeting by welcoming all the members of HICC
 The points were discussed and agreed upon by all members present:

| S. No | Agenda items | Discussion details | Decisions & actions to be taken | Responsibility / Time Target |
|-------|-----------------------------------|--|--|------------------------------|
| 1. | Bed side availability of Hand rub | Hand rubs to be made available bed side. | Ward Nurse in charge to get Hand rub issued from Pharmacy and bill to patient. | Nursing in charges AMS |
| 2. | Mask in OT | Fresh Mask to be made available to only those entering the OT. | OT Nurse in charge to get N-95 (AGP) and | OT Nurse in charge |

Signature:

| | | | | |
|----|--|---|--|---|
| | | | Surgical masks issued for all staff (surgical team, anesthesia team, nurses, tech staff). All persons entering OT must wear fresh masks | |
| 3. | OT dress | Inadequate OT dresses. Personal OT dresses with questionable laundering. | OT nurse in charge to forward and follow up application for new dresses and repair of old OT dresses on an urgent basis. | OT Nurse in charge MS |
| 4 | Anti HBsAb Titre | HCW not getting Anti HBs Ab titre done as it is paid investigation. | Anti HBsAb Titre to be done free of cost for cases of occupational exposure. | MS |
| 5 | BMW Trolley | Colour coded trollies to be purchased to replaced broken ones. | Application sent by ICO and ICN to MS | Purchase Section Ms Saltanat |
| 6 | Housekeeping | Housekeeping staff to be increased in critical areas. Incharge to make cleaning products, consumables available for proper cleaning. To replace old broken cleaning carts | Due to increased demand of housekeeping activities in critical areas housekeeping staff to be increased in OT-4 in morning shift LAB COMPLEX- 3 in morning shift | MS AMS Mr Azhar Housekeepin g in charge Mr Azhar |
| 7 | Hand washing Facility in patient care areas | Wash basin at BMW storage site Wash basin not functional at multiple sites in wards | Wash basin to be installed at BMW storage site Basins in the wards to be made functional. | MS AMS Mr Harender |
| 8 | SSI Surveillance and prevention in Gynaecology | SSI register to be maintained in OPD Blower/heater needed for normothermia of post op gynae patients in ward | SSI register to be maintained in Gynae OPD by Nursing staff on duty. All patients with pus sampling to be sent to nurse on duty for entry into register. | Dr Aruna Nigam MS |

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Hospital Infection Prevention Committee
HAHC Hospital, New Delhi 110062
Minutes of Meeting

Date: 18.12.2021

Time: 12AM-1:00PM

Place: Surgery Demo Room, Ground Floor, HAHC Hospital, New Building

Agenda: To discuss IPC activities, HAI rates, RCA and CAPA and other HICP issues

Following members were present:-

| | |
|-----------------------|------------------------------|
| Dr. Ajaz Mustafa | MS, Chairman of HICC |
| Dr M S Kidwai | Addl. Medical Superintendent |
| Dr. Ajay Thakral | Assoc Prof. Surgery |
| Dr. Aruna Nigam | Professor Gynaecology |
| Dr Pratibha | Assoc. Professor, Anesthesia |
| Dr Apama Chakravarty | Assoc Professor, Pediatrics |
| Dr Ayan k Das | Microbiology |
| Dr. Mehvash Haider | Infection Control Officer |
| Mr Kanan Balakrishnan | Quality manager |
| Sister Seema Wilson | Nursing Superintendent |
| Sister Sister Shaista | ICN |
| Sister Nuzhat | Staff Nurse, CSSD |

Dr. Mehvash started the meeting by welcoming all the members of HICC
 The following points were discussed and agreed upon by all members present:

| S. No | Agenda items | Discussion details | Decisions & actions to be taken | Responsibility / Time Target |
|-------|--------------------|---|--|--|
| 1. | HAI | RCA and CAPA discussed | Bundle strengthening to be done Recapping of needles to be discourage VAP bundle strengthening to be done as a team (Participants – all HCW including faculty, JR, SR, Nurses of medical and surgical teams taking care of patients on ventilators) | ICN, Link nurses ICN, Link nurses, NS Dept of Anesthesia |
| 2. | Hand hygiene Audit | To increase validity of audits audit protocol to be changed | Fewer health areas to be audited more frequently in a month to increase the number of moments being audited. Link nurses to conduct audits in evening and night shifts for a more holistic picture. | ICN Link nurses Quality Cell |

Mehvash Haider

Mustafa

| | | | | |
|----|--|---|--|--|
| 3. | NSI | RCA and CAPA discussed Poor collection practices being followed at collection centre of Old hospital building. | In Charge collection to conduct training of all collection staff in correct collection procedure (vacutainer and holder use) and to submit attendance to MS office | In Charge collection centre |
| 4 | OT complex | Geyser not on in the morning shift. Gloves | Geyser to be switched on before start of morning shift Size 6, 6.5 not available | OT Nurse in charge MS, Pharmacy in charge |
| 5 | SSI | RCA and CAPA discussed. Samples being sent from Drain site with no clinical deterioration in patients. | Bundle strengthening Samples from Drains are unacceptable due to natural colonization. Deep seated Sample, if must be sent in view of clinical deterioration of patient must be a guided aspirate. Catheter tips and ET tubes are also unacceptable samples | ICN HOD surgery HOD Medicine, HOD Surgery |
| 6. | COVID SOP, CSSD SOP, INFECTION CONTROL MANUAL, SSI prevention guidelines | Documents are ready | All documents prepared and soft copy handed to Quality cell for creation of control documents, master copies and wide circulation | MS Quality Manager |
| 7. | STP water quality | Online STP water monitoring system installed | Snap shot of display of online STP water quality monitoring system may be kept for record purpose | Quality Manager |

The status of points discussed in the last HICC meet are also attached as Annx- 1.
Last HICC observations from OT has been corrected and we are very thankful to HoD Anesthesia and all his team for this improvement.

Mehvash Haider
Dr. Mehvash Haider
Infection Control Officer
HAHC Hospital, HIMSR

Dr. Ajaz Mustafa
Dr. Ajaz Mustafa
M.S Chairman HICC
HAHC Hospital, HIMSR

| No | Agenda Items | Discussion details | Decisions & actions to be taken | Responsibility / Time Target | Status |
|----|-----------------------------------|---|---|---|---|
| 1. | Bed side availability of Hand rub | Hand rubs to be made available bed side. | Ward Nurse in charge to get Hand rub issued from Pharmacy and bill to patient. | Nursing in charges AMS | DONE |
| 2. | Mask in OT | Fresh Mask to be made available to only those entering the OT. | OT Nurse in charge to get N-95 (AGP) and Surgical masks issued for all staff (surgical team, anesthesia team, nurses, tech staff). All persons entering OT must wear fresh masks | OT Nurse in charge | DONE |
| 3. | OT dress | Inadequate OT dresses. Personal OT dresses with questionable laundering. | OT nurse in charge to forward and follow up application for new dresses and repair of old OT dresses on an urgent basis. | OT Nurse in charge MS | LETTER FROM OT REGARDING MISSING DRESSES WITH NEW DEMAND LAUNDRARY TO BE SENT IN 2 SHIFTS |
| 4 | Anti HBsAb Titre | HCW not getting Anti HBs Ab titre done as it is paid investigation. | Anti HBsAb Titre to be done free of cost for cases of occupational exposure. | MS | TO BE DONE WITH MS APPROVAL |
| 5 | BMW Trolley | Colour coded trollies to be purchased to replaced broken ones. | Application sent by ICO and ICN to MS | Purchase Section Ms Saltanat | IN PROCESS |
| 6 | Housekeeping | Housekeeping staff to be increased in critical areas. Incharge to make cleaning products, consumables available for proper cleaning. | Due to increased demand of housekeeping activities in critical areas housekeeping staff to be increased in OT-4 in morning shift LAB COMPLEX- 3 in morning shift | MS AMS Housekeeping Supervisor Housekeeping in charge Mr Azhar | REPORT SUBMITTED TO MS |

Mphuzak H. H.

Ms Saltanat

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| | | To replace old broken cleaning carts | | | |
| 7 | Hand washing Facility in patient care areas | Wash basin at BMW storage site Wash basin not functional at multiple sites in wards | Wash basin to be installed at BMW storage site Basins in the wards to be made functional. | MS AMS JE, Maintenance | IN PROCESS |
| 8 | SSI Surveillance and prevention in Gynaecology | SSI register to be maintained in OPD Blower/heater needed for normothermia of post op gynae patients in ward | SSI register to be maintained in Gynae OPD by Nursing staff on duty. All patients with pus sampling to be sent to nurse on duty for entry into register. 2 Blowers/heaters to be made available in Gynae ward for post op patients. | Dr Aruna Nigam MS | DONE |

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Mehvash Haider
 Dr. Mehvash Haider
 Infection Control Officer
 HAHC Hospital, HIMSR

Dr. Ajaz Mustafa
 Dr. Ajaz Mustafa
 M.S Chairman HICC
 HAHC Hospital, HIMSR

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 CC To:

- Dean HIMSR
- All HICC members.
- Mr Shahid BME
- Mr Akmal
- Pharmacy In Charge