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CARE CHL HOSPITALS

To,

The Regional Commissioner
Madhya Pradesh Pollution Control Board

Indore Division

Indore, Madhya Pradesh

Subject — Submission of Annual Report for Biomedical Waste Generation of M/S Care CHL Hospitals, Indore.

Dear Sir

We are enclosing herewith the Annual Report for Biomedical Waste Generation for the year 2025. We trust the information furnished is in line with the requirements.

Kindly acknowledge the same.

For Convenient Hospitals Limited
(Care CHL Hospital, Indore)

CONVENIENT HOSPITALS LTD. INDORE (M.P.)

म. प्र. प्रदूषण ... आवक क्र. ... दिनांक 29/6/26

Authorized Signatory
Mr. Tariq Tajdar
HCOO, Care CHL Hospital
Indore (M.P.)

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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)	:	MR. TARIQ TAJDAR
	(ii) Name of HCF or CBMWTF	:	CARE CHL HOSPITAL(A Unit of Convenient Hospital Limited)
	(iii) Address for Correspondence	:	AB Road Near LIG Square, RSS Nagar, Indore, Madhya Pradesh 452008
	(iv) Address of Facility		AB Road Near LIG Square, RSS Nagar, Indore, Madhya Pradesh 452008
	(v)Tel. No, Fax. No	:	07314774444
	(vi) E-mail ID	:	tariq.tajdar@carehospitals.com
	(vii) URL of Website		https:www.carehospitals.com/Indore
	(viii) GPS coordinates of HCF or CBMWTF		22.733306711253938, 75.8891692386295
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization Consent No:AWB-60490 Dt.18.06.2024 Valid up to : 31.05.2029
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to : 31.05.2029
2.	Type of Health Care Facility	:	Multispecialty - Allopathy
	(i) Bedded Hospital	:	No. of Beds : 200

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	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		Registration No-84, Date of Expiry 31.03.2027
3.	Details of CBMWTF	:	N/A
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1025.90 kg avg per month
			Red Category : 270.30 kg avg per month
			White : 42.37 kg avg per month
			Blue Category : 154.74 kg avg per month
			General Solid waste : 150kg avg per month
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size :
			Capacity :
			Provision of on-site storage : (cold storage or any other provision)

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	disposal facilities		Type of treatment equipment / No of units / Capacity Kg/ / Quantity treatedor disposedday in kg per annum Incinerators Plasma PyrolysisAutoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer - Sharps encapsulation or concrete pit - Deep burial pits: Chemical disinfection: - Any other treatment equipment:
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Hoswin Incinerator Pvt. Ltd. Sector-F, Sanwer, Industrial Area, Indore M.P.

	(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
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		25
	(ii) number of personnel trained		535
	(iii) number of personnel trained at the time of induction		160
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		None
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		02
	(ii) Number of the persons affected		02
	(iii) Remedial Action taken (Please attach details if any)		Yes
	(iv) Any Fatality occurred, details.		NO
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 timesyou have not met the standards in a year?		STP for hospital waste water treatment is available in HCF, periodically it is being tested and ensure that it is meeting its standard all the time.
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 method is meeting the log 4 standards all the time.

12	Any other relevant information	:	NA

Certified that the above report is for the period from 01-01-2025 to 31-12-2025

Name and Signature of the Head of the Institution

MR. TARIQ TAJDAR
HCOO, CARE CHL Hospital, Indore

Date: 12th June 2026
Place: Indore

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FORM – I

[(See rule 4(o), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and time of accident : 1 NSI : 10-Jan-2025 07:15 pm
   2.NSI : 30-Sep-2025 12:10 pm

2. Type of Accident : NSI

3. Sequence of events leading to accident : 1 NSI: While the housekeeping staff was removing a garbage bag from a red bin, a needle, which was not dispose, was present in the bin. After the garbage bag was removed, the staff member held it for disposal, and during this process, the staff accidentally sustained a needle stick injury.

   2. NSI : This incident occurred while the housekeeping staff was emptying the BMW (Biomedical Waste) bin. During the process, the staff noticed a needle improperly disposed of in the dustbin. While attempting to discard the needle, the housekeeping staff sustained a needle stick injury .

4. Has the Authority been informed immediately :NA

5. The type of waste involved in accident : White Category

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

7. Emergency measures taken :As per the policy vaccination was done and treatment was given

8. Steps taken to alleviate the effects of accidents : Titer value for all the staff were taken.

9. Steps taken to prevent the recurrence of such an accident : Training given on NSI Prevention, Strict monitoring and daily audit is conducted.

10. Does you facility has an Emergency Control policy? If yes give details: Yes (NSI Policy, BMW Management Policy, Spill Management Policy & Fire Safety Manual)

Date : 26th June 2026

Signature :

Place: CARE CHL Hospital AB Road, Near LIG Square, Indore

CONVENIENT HOSPITALS LTD. INDORE (M.P.)

Designation- HIC MANAGER

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HIC COMMITTEE MEETING MINUTES

Date : 30 Oct 2025
Venue : Board Room, Care CHL Hospitals
Time : 02:30 – 03:30 pm

Attendees Members:

S. N.	Committee Members	Role	Designation
1	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
2	Amrita Jasani	Convener	Microbiologist & Manager HIC
3.	Mr. Manish Gupta	Member	HCOO
4	Dr. Sanjay Rathore	Member	Medical Superintendent
5.	Dr. Surendra Singh	Member	Deputy Medical Superintendent
6	Dr. Archana Mahajan	Member	AGM Quality
7.	Ms. Lini I Oommen	Member	Nursing Superintendent
8.	Mr. Nilesh Rai	Member	Head Hospitality
9.	Mr. Mulayam Singh Kushwah	Member	Sr. ICN
10.	Sr. Esther	Member	ICN
11.	Dr. Tanvika Sharma	Invitee Member	Head Operations
12.	Ms. Akshita Sharma	Invitee Member	Executive

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

Last Meeting Agenda:

S. No.	Agenda Points	Status
1.	Conventional cotton mops to be replaced with Microfiber mops	Pending
2.	Area wise color coding of mops	Pending
3.	Soiled linen are kept on floor while changing	Pending
4.	Supervisor should ensure that the correct dilution has been made and cleaning and disinfection has been done in correct order by following correct procedure. Supervisors will ensure cleaning & disinfection of high touch surfaces.	Pending
5.	Supervisors are instructed immediately to keep the wet soiled linen directly into yellow bag and dry soiled linen into dirty laundry trolley.	Pending
6	Cleaning of dustbins in night	*Partially implemented*
7.	Availability of Chlorhexidine alcohol hand rub in critical care areas	*Pending*
8.	Replacement of poor quality infusion sets	*Closed*
9.	Perioperative MRSA screening of patients	*Partially implemented*
10.	Validation of Reuse items in cath lab – cleaning & reprocessing, quality check, marking	Closed
11.	Cleaning & Disinfection of water lines & tank	Closed & continuous
12.	Housekeeping staff are frequently changed in critical areas (NICU,CVTS,DIALYSIS)	Pending

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

Current Meeting Agenda:

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
1.	HAI Sep – 2025	In Aug 2025, there were 1 CLABSI & 1 SSI reported. 1. Lapse in adherence to insertion bundle. 2. Non-compliance observed especially inadequate hand hygiene during central line care bundle maintenance. 3. Breach in the Infection control practices , hand hygiene. Comorbid patient condition, Prolonged hospitalization and broadspectrum antibiotic selection pressure with breach in proper hand hygiene leads to wound infection caused by Candida.	Training on insertion & maintenance bundles.	1. Clinical admin team 2. Nursing administration 3. IPC Team	Oct 2025	
2.	NSI – Sep 2025	NSI – 02 There were two NSI reported in the month of Sep. Immediately informed to IPC team. Corrective measures were taken immediately. Baseline viral markers were done and anti-HBS status were checked.	1. Reinforce mandatory adherence to infection control policies, including the use of a new sterile syringe and needle for every injection or blood draw attempt.	IPC team		

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
			2. Provide training to clinical staff on safe injection practices and correct handling of sharps 3. Implement routine monitoring and safety audits to identify and correct unsafe practices in real time.			
3.	Surgical Prophylaxis audit – within specified time frame	Overall compliance to the surgical prophylaxis within specified period noted 95.6% this month.	Informed in writing to the concerned department& explained to staff about the significance of surgical prophylaxis timing.	Surgeons & OT team	Continuous	
4.	Appropriate Surgical Prophylaxis	Overall 99.7% compliance noted in appropriateness of surgical prophylaxis.	Continued monitoring	Clinical administration	Continuous	
5.	Hepatitis B Vaccination	Hepatitis B vaccination given to newly joined clinical staff, HK staff and staff who were due for 2nd & 3rd dose.	Vaccination is ongoing process.	Clinical administration Nursing administration House keeping Manager IPC team	Continuous	

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
6	Hand Hygiene compliance – Aug 2025	In June, Hand hygiene compliance for clinical staff were – Doctors :-92.5% Nurses :-94.6% House keeping :-89.2 % Other supportive staff :-91.6 % **During shadow audit, the hand hygiene compliance was very low.**	Training on appropriate hand hygiene techniques & correct volume of hand rub.	HK Supervisors Nursing educator Clinical educator & ICN	Continuous	
7	BMW management	In Aug, overall BMW audit compliance was 94.69%. Proper biomedical waste segregation – 72.35% Biomedical waste is not being segregated at the point of generation especially during dressing time.	On site, nursing staff sensitized over the waste segregation at the point of generation. Continuous education needed	Nursing educator	Continuous	
8	Laundry Management	**Soiled linen are still found kept overloaded and on ground while changing.**	**Clean linen & dirty linen should be transported in separate designated closed trolleys. Dirty transport trolley should be immediately cleaned & disinfected after every use.**	**HK Manager & Supervisors**	**10th Nov 2025**	

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
9	Effectiveness of cleaning & disinfection	**Sep- 88.23%** 1. The cleaning in the high touch surfaces are not done properly. 2. It's found the BMW bins are not cleaned in the night. Partially implemented 3. Cleaning equipment not washed on daily basis. 4. Urine pots is not properly clean after the use 5. 1.Suction jar are not timely emptied in critical care area 6 The HK staff are making dilutions of cleaning agents and disinfectants without measuring the amount of water resulting in ineffective dilution.	1. Supervisor should ensure the adherence to cleaning & disinfection protocols. 2. For preparing effective dilutions of cleaning agent & disinfectants, either there should be use buckets with the marking or the measuring jar. 3. IPC team will make a calendar and schedule for training of supervisors & HK staff	HK Manager & all HK Supervisors	10th Nov	
10	Chlorhexidine hand rub	Chlorhexidine hand rubs are not available in the Pharmacy store	Informed to pharmacy in charge for the same	Pharmacy In-charge	10th Nov 2025	

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HIC COMMITTEE MEETING MINUTES

S. oi No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
11 it irk l w	Reuse items in cath lab	During surveillance of reuse items in cath lab it has been found that – 1. Damaged guidewires 2. Reuse Items without marking 3. Two dressing sets found without CSSD indicators.	1. All damaged items and items without marking identified and handed over to In-Charge for condemnation. 2. Training given to assigned GDA staff on proper cleaning & disinfection of reuse items. 3. Marking is mandatory for all reuse items. 4. Every reuse item should be inspected by Cath lab In-charge & CSSD In-charge for appropriateness of cleaning and for any damage in the item.	Cath Lab In-charge, CSSD In-charge IPCN	Continuous	
12 zt O inf irs air off	OT Air culture discussion	It was noted that there was zero colony count in the OTs (Cardiac & Onco OTs) where HVAC system was working on during operational as well as non operational hours, whereas in GOT there was growth noted in air culture because the HVAC system was shut off during non operational hours.	NABH recommends that the HVAC system should remain operational during both working and non-working hours. As discussed in the meeting, the HVAC systems in the GOTs are very old, making it difficult to keep them running continuously. Sudden shutdowns may occur; therefore, the system cannot be maintained in continuous operation until changed with new one. Meanwhile other measures will be continued to lower the colony count.	Maintenance	-	

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
13	ICRA status	There were two renovation sites completed. 2nd floor and GOT – 04.	All IPC measures were taken during the renovation.			
14	Kitchen Audit	Several dried food items were found with expired labels 2.The gravy container was not labeled with a specific preparation date 3. A flower bouquet was found stored inside the refrigerator.	Informed to F & B Manager to ensure shelf life & quality of food material.	F & B Manager	Immediate	
15	Non compliance noted in changing O2 flow meter water	During surveillance it has been found that water was not being changed properly as per policy. Water sample from one such jar was collected for culture which came positive for Gram negative bacteria.	IPC team regularly sensitize the staff to comply with the policy.	Nursing In-charges & IPC team	Immediate	
16.	Non compliance in Dialysis unit regarding Multi dose vial policy	Multiple dose vial policy not followed in Dialysis unit. There was no opening date mentioned on the open vial of Lox.	Staff was sensitized immediately	Dialysis In-charge	Immediate	
17.	Perioperative MRSA screening	Perioperative MRSA screening is implemented partially.	The clinical administration & IPC team will sensitize the Surgeons again & will ensure its implementation.	Clinical administration	10th Nov 2025	

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HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
18.	Training & education	Trainings of Nurses, HK staff & Doctors conducted in the month. There was Infection prevention week celebrated early in the month. Patient attendants were sensitized & educated regarding hand hygiene, wound care & Foley's management at home under community education.		Continuous		

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HIC COMMITTEE MEETING MINUTES

The Chairperson thanked all members for their presence and concluded the meeting.

Minutes Prepared by: AMRITA JASANI Sign & date: 3 NOV 25

Minutes Reviewed by: } DR NIKHILESH JAIN Sign & date:

Minutes Approved by: Sign & date:

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

Date : 25 Feb 2026
Venue : Board Room, Care CHL Hospitals
Time : 02:30 – 03:30 pm

Attendees Members:

S. N.	Committee Members	Role	Designation
1.	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
2.	Amrita Jasani	Convener	Microbiologist & Manager HIC
3.	Dr. Sanjay Rathore	Member	Medical Superintendent
4.	Dr. Archana Mahajan	Member	Quality Team
5.	Dr. Aparna singh	Member	Clinical Pharmacologist
6.	Ms. Lini T Oommen	Member	Nursing Superintendent
7.	Mr. Nilesh Raj	Member	Head Hospitality
8.	Mr. Sandeep Rai	Member	Procurement Manager
9.	Mr.Rahul Sonawane	Member	Deputy Manager Logistics
10.	Mr. Mulayam Singh Kushwah	Member	Sr. IPCN
11.	Sr. Esther	Member	IPCN
12.	Mr. Vishnu Pal	Invitee Member	ANS
13.	Mr.Sanjit Kumar	Invitee Member	Housekeeping Supervisor
14.	Mr.Alkesh Nahar	Invitee Member	Maintenance Department

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HIC COMMITTEE MEETING MINUTES

Last Meeting Agenda:

S. No.	Agenda Points	Status	Time line	Responsibility
1.	Availability of Chlorhexidine alcohol hand rub in critical care areas	Pending	25th March 2026 (extended)	CDH Head
2.	Effectiveness of cleaning & disinfection	Continuous		HK Manager
3.	Liquid waste in MoU of BMW	Pending	25th March 2026 (extended)	HK Manager
4.	Requirement of exhaust fan in HDU	Pending	March 2026 (extended)	Maintenance
5.	Clean linen should be stored in cleaned and covered area and should be transported in closed trolley.	Pending	25th March 2026	HK Manager
6	In polybags the labels not present	Pending	10th March 2026	HK Manager
7.	Proper perioperative patient care before shifting to OT (Part preparation on same day of surgery/ Bath/ sponging & oral care)	On going		
8.	OT Air pressure monitoring system – Onco OT	Pending	25th March 2026	Maintenance
9.	Sunday /Appropriate deep cleaning not evidence in high risk areas	Closed		
10.	Use of urobag/urimeter with clamp & sample collection port	Pending	25th March 2026	CDH Head
11.	Fentanyl patch disposal	Closed		

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

Current Meeting Agenda:

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
1.	HAI – Jan 2026 Perioperative MRSA screening	In Jan 2026, there were 4 SSI is reported. 1. MRSA in Cardiothoracic surgery 2. *S. epidermidis* in spine surgery 3. *E. faecium* in ortho surgeries 4. *E.coli* in spine surgery	Perioperative MRSA screening to be initiated in elective surgeries (Ortho, Cardiothoracic and onco surgeries)	Clinical admin team	March-26	
2.	Use of electric clippers for part preparation		Implementation of electric clippers for perioperative part preparation where indicated. To be used on the same day of procedure.	Nursing Admin	March-26	
3.	Peri-operative CHG bath		Peri-operative CHG bath in all patients undergoing surgeries.	Nursing Admin	March-26	
4.	Supervising perioperative patient preparation in ward		Assigned nursing staff will ensure proper part preparation, CHG bath/ sponging, proper grooming & proper oral care of the patient before shifting to OT.	Nursing & ICN	Closed	
5.	Surgical skin preparation		Chlorhexidine – alcohol based scrub to be used for surgical skin preparation in		Closed	

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
			OT			
6.	NSI – 02 (1 OPD & 1 IPD)	The staff accidentally sustained a NSI while discarding the needle in the container	Immediate corrective actions and investigations done as per protocol. Training conducted for all nursing and paramedical staff on safe injection practices and HK staff for safe handling of biomedical waste	ICN	Closed	
7	Surgical Prophylaxis audit – within specified time frame (Jan-26)	Overall compliance to the surgical prophylaxis within specified period noted 99.09 % this month.	Informed in writing to the concerned department& explained to staff about the significance of surgical prophylaxis timing.	Surgeons & OT team	Continuous	Continuous
8	Appropriate Surgical Prophylaxis(Jan-26)	Overall 100 % compliance noted in appropriateness of surgical prophylaxis.	Continued monitoring	Clinical administration	Continuous	
9	Hand Hygiene compliance – Jan-2026	In Jan-2026, Hand hygiene compliance for clinical staff were – Doctors :-91.77 % Nurses :-91.21 %	Training on appropriate hand hygiene techniques & correct volume of hand rub.	HK Supervisors Nursing educator Clinical educator	Continuous	

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HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
		House-keeping :-90.01% Other supportive staff :-89.00 %		& ICN		
10	BMW management	In Jan-2026, overall BMW audit compliance was 94.5%. Proper biomedical waste segregation – 70 % Biomedical waste is not being segregated at the point of generation especially during dressing time.	On site, nursing staff sensitized over the waste segregation at the point of generation. Continuous education needed	Nursing educator & IPC Team	Continuous	
11	RO water port in Endoscopy	It was discussed with maintenance department in the meeting that there is no RO water port in endoscopy department	Maintenance department will review the possibility of new RO line in endoscopy department.	Maintenance Department	March-26	
12	Effectiveness of cleaning & disinfection	**Jan -2025 - 84.9%** 1. The dry soiled linen found to be kept on the floor 2. In polybags the labels not present 3. After the patients discharge room not being, clean.	Training and Continued monitoring	HK Manager & all HK Supervisors	Continues	
13	Inappropriate	The re-use items found not marked prop-	Identified and removed such item	HK Supervisor	Closed	

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HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
	cleaning & disinfection of reuse items	erly, some catheter and balloon were found damage.	from cath lab and re-educate concerned staff regarding cleaning and disinfection			
14	Concern related to Kare Jet (romson) syringe	The incident occurred after the staff nurse had collected the blood sample and was in the process of transferring the blood into a blood culture bottle. During this procedure, the syringe unexpectedly burst, resulting in a minor splash of blood onto the face . Affected staff washed face with soap and water immediately. Physician evaluation completed. Incident reported to Supervisor and IPC team. Same syringe batch isolated and kept on hold for quality review	As this was single incidence reported Nursing staff was advised to ensure inspection of syringes before use and report immediately if the incidence get repeated . Conduct training for nursing staff on safe blood culture collection technique. Reinforce PPE use (mask, face shield) during blood handling. Ensure inspection of syringes before use.	Nursing staff	Closed	
15	Inclusion of new peri-operative and post-operative SSI surveillance forms	It was informed in the meeting that the new surveillance forms that have been approved by HO	The forms will be implemented from 1st March. Existing surgical prophylaxis audit sheet will be discontinued to avoid duplication of work.	IPC team	1st March 2026	
	Training & education	Trainings of Nurses, HK staff & Doctors conducted in the month.	OJT Done	Continuous	Continuous	

CARE HOSPITALS

HIC COMMITTEE MEETING MINUTES

The Chairperson thanked all members for their presence and concluded the meeting.

Minutes Prepared by: AMRITA JASANI. Sign & date: 28 Feb 26

Minutes Reviewed by: DR. NIKHILESH JAIN Sign & date:

Minutes Approved by: Sign & date: