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RAMKRISHNA CARE HOSPITALS

To,

The Regional Officer,

C. G Environment Conservation Board
Raipur(C.G)

Date:-

Subject: Submission of Annual Biomedical Waste Report for the year 2025 (1st Jan 2025 - 31st Dec 2025)

Dear Sir/Madam,

We, at Ramkrishna Care Hospital, here by submit the Annual Biomedical Waste Report (1st Jan 2025 to 31st Dec 2025).
The report ,enclosed - Form IV, & Form I

Regards
Dr.Sandeep Dave
MD
Ramkrishna Care Hospital

RAMKRISHNA CARE MEDICAL SCIENCES PVT. LTD. Aurobindo Enclave, Pachpedi Naka Dhamtari Road

R.O.C.E.C.B. L.R. NO. DATE. 25/09/25 Ring Road No. 2 Tatibandh, Raipur

Form - IV (See rule 13)
ANNUAL REPORT

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

Sl. No.	Particulars		
1 .	Particulars of the Occupier		
	(i)Name of the authorised person (occupier or operator of facility)	:	Dr. Sandeep Dave
	(ii)Name of HCF or CBMWTF	:	Ramakrishna Care Medical Science Pvt Ltd
	(iii)Address for Correspondence	:	Aurobindo Enclave, Dhamtari Rd,Pachpedi Naka, Raipur, Chattisgarh
	(iv)Address of Facility		Aurobindo Enclave, Dhamtari Rd,Pachpedi Naka, Raipur, Chattisgarh
	(v)Tel.No, Fax.No		9827134600 0771-4004037
	(vi)E-mail ID		sandeepdaveryp@hotmail.com
	(vii)URL of Website		https://www.carehospitals.com/raipur/
	(viii)GPS coordinates of HCF or CBMWTF		21.213551,81.65361
	(ix)Ownership of HCF or CBMWTF		Private
	(x).Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.:8792/BMW/HO/CECB/2025 valid up to:02/08/2027
	(xi).Status of Consents under Water Act and Air Act		Valid up to:30/06/2026
2.	Type of Health Care Facility		
	(i)Bedded Hospital		No. of Beds: 359
	(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		RAIP0005/RAIP0005/HOS/R8 , 13/01/2027
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 5500.10
			Red Category:5808.87
			White :170.63
			Blue Category:1261.75
			Chemo : 66.49
			General Solid waste : 13165

<table>
<tr><td>5</td><td colspan="3">Details of the Storage,treatment,transportation, processing and Disposal Facility</td></tr>
<tr><td></td><td>(i)Details of the on-site storage facility</td><td></td><td>Size : 250 sq.ft
Capacity : 750 kg
Provision of on-site storage : Normal</td></tr>
<tr><td></td><td>Disposal facilities</td><td></td><td><table><tr><td>Type of Treatment Equipment</td><td>Number of units</td><td>Capacity (kg/day)</td><td>Quantity Treated or Disposed(kg/annum)</td></tr><tr><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr></table></td></tr>
<tr><td></td><td>(iii)Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.</td><td></td><td>69706.53</td></tr>
<tr><td></td><td>(iv)No of vehicles used for collection and transportation of biomedical waste</td><td></td><td>1</td></tr>
<tr><td></td><td>(v)Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum</td><td></td><td><table><tr><td>Type of waste</td><td>Quantity generated</td><td>Where disposed</td></tr><tr><td>NA</td><td>NA</td><td>NA</td></tr></table></td></tr>
<tr><td></td><td>(vi)Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</td><td></td><td>SMS Water Grace Enviro protect Pvt .Ltd.</td></tr>
<tr><td>6</td><td>(i) Do you have bio-medical waste management committee?</td><td></td><td>Yes</td></tr>
<tr><td></td><td>(ii) If yes, attach minutes of the meetings held during the reporting period</td><td></td><td>Attached</td></tr>
<tr><td>7</td><td>Details trainings conducted on BMW</td><td></td><td></td></tr>
<tr><td></td><td>(i)Number of trainings conducted on BMW Management.</td><td></td><td>197</td></tr>
<tr><td></td><td>(ii)number of personnel trained</td><td></td><td>4687</td></tr>
<tr><td></td><td>(iii) number of personnel trained at the time of induction</td><td></td><td>482</td></tr>
<tr><td></td><td>(iv) number of personnel not undergone any training so far</td><td></td><td>0</td></tr>
</table>

	(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		6
	(ii) Number of the persons affected		6
	(iii)Remedial Action taken(Please attach details if any)		As per policy, vaccination was done to all biomedical waste handlers, Details are mentioned in form-1
	(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 times you have not met the standards in a year?		STP and ETP for hospital waste water treatment is available in HCF periodically it is being tested and ensured that it is meeting its standard. We are meeting all the standards all the time.
11	Is the disinfection method or sterilization meeting the log4 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 1st January 2025 to 31st December 2025

Date: 30/04/2026

Name and Signature of the Head of the Institution

Place: Raipur

FORM – I

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

ACCIDENT REPORTING

1. Date and time of accident : (14/4/25-3:00pm), (23/8/25-5:00pm), (13/9/25-1:30pm), (10/10/2511:30am), (26/12/25-11:00am, 29/12/25-2:00pm)

2. Type of Accident : NSI (Minor)

3. Sequence of events leading to accident : Handling of BMW

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 policy, vaccination was done to all biomedical waste handlers

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

9. Steps taken to prevent the recurrence of such an accident : Trainings 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, Biomedical waste management manual, Spill Management Policy Spill Management Policy, Fire Safety Manual)

Date : 30/04/2025

Place: Raipur

Signature :

Designation : Operation Head.

NSI

S.NO.	MONTH	STAFF INVOLVED	DETAIL OF INCIDENCE	TYPE	CAPA
1	Apr/25	Laundry staff-1	1.Staff got injury during the handling of soiled linen generated from the OT.	Handling of BMW	CAPA taken :1.EPINet (Exposure Prevention Information Network) form completed and filed.2.Viral marker testing performed for the staff member; results confirmed as Negative.Confirmed staff is fully vaccinated against HBV. Anti-HBs Titer level verified at >300 mIU/ml.Administered Inj. T.T. (Tetanus Toxoid) as a precautionary measure.On job trainig given to Follow the SOP during handling the linen genrated from the OT.Staff already vaccinated with HBV and Inj T.T given Titer of the staff >300 MIU/ml.Instruct the staff regarding follow up after 6 month .
2	Aug/25	HSK-1	1.A housekeeping staff member was cut by a hidden surgical blade while washing a tray.	Handling of BMW	CAPA taken :-followed nsi protocol ,INJ TT O.5 ML IM given .Viral marker done the test was negative.On job training given to the doctor regarding to strictly follow the SOP during the procedure.EPINet Form filled.Staff already vaccinated with HBV and Titer of the staff >300 MIU/ml.
3	Sep/25	HSK-1	1.During a PPC exchange, the container fell because it wasn't secured, leading to a needle-stick injury..	Handling of BMW	CAPA taken:The NSI protocol was strictly followed, which included filing the EPINet form and confirming the staff member's negative viral markers and strong HBV immunity (>230 mIU/ml). After administering Inj. T.T., the housekeeping staff received on-the-job training to ensure strict adherence to SOPs and the use of heavy-duty gloves when handling biomedical waste.
4	Oct/25	HSK-1	1.A sharp injury occurred when a housekeeping staff member accidentally cut their ring finger while inserting a surgical blade back into its cover.	Handling of BMW	CAPA taken:Following the NSI protocol, the EPINet form was filed and viral markers were confirmed negative, while housekeeping staff received on-the-job training on the safe handling of sharps and correct use of PPE. The staff were specifically instructed to use forceps for discarding sharps and to ensure that all necessary protective equipment is always available on the dressing trolley.
5	Dec/25	HSK-2	1.While cleaning a sink, a staff member was injured by a surgical blade that had been improperly disposed of in the drain. 2.A housekeeping staff member was pricked by a needle after it got stuck in their mop. The injury happened while they were trying to pull the needle out of the mop fibers	Handling of BMW	CAPA taken:Following the NSI protocol, immediate first aid and antiseptic dressing were provided, and the staff member's negative viral markers and strong HBV immunity (>250 mIU/ml) were confirmed. The sharp was safely removed, the drainage system was inspected, and the staff received on-the-job training regarding the use of forceps and heavy-duty gloves for safe disposal.

29/9/26

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

13 March 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

AGENDA	Review of the committee member • Review of HAI Rates month of February 2025. • Discussion on VAP, CLABSI, CAUTI & SSI cases of February 2025. • Discussion on Hand Hygiene Audit, NSI Cases of February 2025. • Discussion on BMW Management Audit month of February 2025. • Discussion on Audits of different areas month of February 2025.
ATTENDANCE	**Members Present** : -Dr.Sabah Javed, Dr. Hardik Shah, Dr.I. Rahman , Mrs. M T Asha , Dr. Ujjwala M., Dr. Ankit Jacob, Mrs. Mini .R. Varghese, Mrs. Sapna Das, Mr. Ranjit Nirala, ,Ms. Nisha Sahu ,Ms Anjali, ICU Inchares, Cssd Incharge , OT Manager, Ms. Jessy TM : - **Members Absent** : - Dr. Hardik Shah, Dr.I. Rahman , Mrs. M T Asha ., Dr. Ankit Jacob, ICU Inchares,

PREVIOUS MEETING

SL.NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	TARGET DATE

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

13 March 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

1	**Discussion on HAI Jan uary of 2025**	**In VAP -0 Case CLABSI -2 Case, CAUTI -0 case SSI- 1 case reported.**	**<u>VAP -</u>** **<u>CLABSI</u>** **RTA in 3 case** **Crush injury in one case .** **Massive blood transfusion in 1 case .** **Non compliance found in safe infusion practices in 2 cases .** **Non compliance of hand hygiene in 2 cases .** **Aseptic technique not use during handling of central line dressing in 1case** **<u>SSI</u>** **Long duration of immobilization** **Intestinal adhesion** **Necrosis tissue** **Poor skin integrit<u></u>**	**Change central line and placed new central line .** **Antibiotic therapy changed based on culture/sensitivity results.** **On the Job Training given to the assigned staff regarding cvc care bundle and safe injection and infusion practices . and strict hand hygiene compliance .** **Ensure proper monitoring of bundle check list .** **Discussed with treating consultant and OT Team .** **Preventive Action:Educated the health care worker regarding preventive aspect of care like hand hygiene before and after wound care .** **Training given to the dresser regarding the strict aseptic techniques during the dressing .**	**ICN/ Link Nurse/** **All Incharge.**	Done
2.	Discussion on biomedical waste Gar bage	There was a discussion between Hicc members ,In-charges and housekeeping personell	Shortage of garbage bag in end of the last month The absence of garbage of perticular bins increses the risk of biomedical waste management mixing	Discussed with houskeeping personell to provide garbage bag for BMW bins .	Operation manager /ICN /Housekeeping	Inprocess

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

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3.	Discussion on shortage of appropriate size Tegarderm	There was a discussion between In-charges and pharmacy regarding central line dressing I.E. Tegaderm.	The absence of a central line dressing increases the risk of CLABSI infection, so it is important to apply a dressing to the Central line	Discussed with the Pharmacy incharge to provide central line tegaderm dressing.	Pharmacy Incharge/Incharge/ICN	Inprcess
4.	Discussion of OT humidity and temperature with Pressure Defference	OT engineering control of AB.Block CT OT	Humidity>60%(70%)and pressure Difference >2.5pascal(20)more then due to defective OT Door not closing properly)	Informed to maintenance departmental & OT in charge to repair the OT door (AB Block CTOT)	Maintenance & Operation	Inprcess
5.	Discussion of biomedical cleaning equipment	There has been discussion in the meeting regarding cleaning of biomedical equipment, as has been discussed between Quality and HICC members.	If the biomedical cleaning equipment is not being cleaned then a staff is necessary for cleaning.	Biomedical sanitation workers should be made available as soon as possible	Biomedica/All Incharge/ ICN	Inprocess
6.	**Discussion on linen transport trolley**	**Discussion on transport dirty and linen trolley . Discussion in HICC meeting members**	**Discussion on dirty and clean transport linen trolley**	**Linen trolley is necessary for transport the linen provide as soon as possible**	**Operation / manager laundry incharge Housekeeping incharge ICN**	**1 month**
7.	Discussion on Biomedical waste bins	Discussion on biomedical waste bins foot paddle not working proper	Biomedical waste bin ICU and ward not functional foot operated paddle and leads	Biomedical waste bin for ICU and wards provide as soon as possible	**O**peration / manager Housekeeping ,in charges	1 month
8	Discussion of high end antibiotic performa	High end antibiotic form is not being sent, this was discussed with ICU.	Due to non-availability of high-end antibiotic forms, patients are not able to get the right high-end antibiotic. It is necessary to take high end antibiotic form.	This is why it is necessary to send high end antibiotic forms.	Doctor /Incharge/ICN	1 month
9.	Discussion on Antimicrobial Stewardship Audit for	Discussion on Antibiotic usage based on culture sensitivity and their escalation and de-escalation	In few cases antibiotic de-escalation was not done due to LAMA/DAMA/Death/DOR	• Training given on Antibiotic usage as per the policy to the doctor's.	**ASP committee**	On going

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From: HICC Committee To: All Concerned

	the month Nov. 2024 till Jan. 2025.	was done in the meeting, with compliance percentage of the following : • Culture sending compliance : 64% • Escalation of Antibiotics: 35% • De-escalation of Antibiotics: 62%.	comprising of total 22 patient sample files.	• Regarding Antibiotic Escalation & De-escalation discussed with treating consultant by ICO and ASP chairperson.		

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	TARGET DATE
1	**Discussion on HAI rates Month of February of 2025**	**VAP - 0 Case** **CLABSI -1 Case** **CAUTI - 1case** **SSI - 2 case reported .**	**Poor hand hygiene compliance .** **Poor hub disinfecton .** **Inappropriate dressing size** **Bundle not followed .** **Catheter not fixed.** **Dressing soiled due to Increase**	• **Remove central line.** **Antibiotic therapy changed based on culture/sensitivity results.** **On the job training was given to the staff special regards strict hand hygien compliance and use aseptic techniques .** **Educated the health care worker regarding CVC care bundle device protocol .**	**ICN/ Link Nurse/ All Incharge**	**1 week**

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

13 March 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

			frequency of urination **Out side dressing done** **Long duration of hospitalization and immobilization .** **Tissue not able to hold the suture** **Peritoneum perforation** **Ischemia**	**Class room Training provided to the Nursing staff regarding CVC bundle and Use aseptic techniques for all access to the line and follow safe injection and infusion practices** • **Catheter changed and placed new catheter.** **Educated the staff regarding folyes care.** **Training provided to the staff regarding CAUTI care bundle and maintainence bundle.** **Class room training provided to the nursing staff regarding CAUTI care bundle and their components** • **Change antibiotic according to culture and sensitivity.** **Discussed with the treating consultant and OT team.** **Eduated the patient and the attendars regarding preventive aspect of care like hand hygiene before and after wound care,maintain personal hygiene.** **Training given to the dressor regarding the strict aspetic technique during the dressing.**		
2	Prevention of NSI for all health care staffs	NSI- 3 Case reported in the month of February 2025. Nursing Staff -2 Doctor - 1	1. Staff got needle stick injury while disassembled the lantus needle without help of forceps after using the inj lantus. 2. Staff got needle stick injury while separating the plunger from the insuline syring that caused the NSI.	Organize training classes on Needle stick injury .Viral marker done, immediate PEP initiated. Training was conducted specially focused on safe handling, safe work practices and prompt disposal of needles and other sharps . On floor awareness session was conducted on Do's and Dont's of sharp & NSI protocol. Insulin needles and used forceps the needle to prevent NSI. On the job training given to the nusring staff special regards whenever using the fixed needle with syringe to be	ICN / Doctors/Link Nurse /All Incharge	**2 week**

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

13 March 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

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From: HICC Committee To: All Concerned

			3. Doctor got needle stick injury while perform the procedure of pleural tapping .patient sudden turn into the right side and that cause the injury .	discarded as is		

Dr. Sabah Javed
Chairperson of HIC committee
Cc: All Members of HIC committee

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

AGENDA	Review of the committee member • Review of HAI Rates month of SEPTEMBER 2025. • Discussion on VAP, CLABSI, CAUTI & SSI cases of SEPTEMBER 2025. • Discussion on Hand Hygiene Audit, NSI Cases of SEPTEMBER 2025. • Discussion on BMW Management Audit month of SEPTEMBER 2025. • Discussion on Audits of different areas month of SEPTEMBER 2025.
ATTENDANCE	**Members Present** : -Dr.Sabah Javed, , Mrs. M T Asha , Dr. Ujjwala M., Dr POOJA SRIVASTAV ,Mrs. Mini .R. Varghese,, MrS. Alisha singh ,Ms. Nisha Sahu , Cssd Incharges , OT Manager, Ms. Jessy TM : - **Members Absent** : - Dr. Hardik Nilesh bhai Shah, Dr.I. Rahman , sha ., Ms pooja shrivastav , DR, UJJWALA M.

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

PREVIOUS MINUTES OF MEETING

L. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	TARGET DATE

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time: 3PM-4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

1	Discussion on HAI rates of Month of August 2025	VAP - 0Case CLABSI -1Case CAUTI - 1 case SSI - 0 case reported .	Patient is diabetes and meningitis case Lapse of care lack of consent documentation Delay in identification of early symptoms Frequent line access, Soiled central line site . Dressing moist due to disease condition (pimphigus valgaris) . Dressing not done due to the moist skin (Blisters) . Critically ill,inappropriate size transparent dressing .immunocompromised .catheter care not done frequently . Long duration of catheterization and long duration of immobilization .	Remove central line. Antibiotic therapy changed based on culture/sensitivity results. On the job training was given to the staff special regards strict hand hygiene compliance and use aseptic techniques . Educated the health care worker regarding CVC care bundle device protocol . Class room Training provided to the Nursing staff regarding CVC bundle and Use aseptic techniques for all access to the line and follow safe injection and infusion practices • Catheter changed and placed new catheter. Educated the staff regarding folyes care. Training provided to the staff regarding CAUTI care bundle and maintenance bundle. Class room training provided to the nursing staff regarding CAUTI care bundle and their components • Change antibiotic according to culture and sensitivity. Discussed with the treating consultant and OT team. Educated the patient and the attenders regarding preventive aspect of care like hand hygiene before and after wound care,maintain personal hygiene. Case discuss with consultant RCA of ssi case	ICN/ Unit Nurse/ All Incharge	1 week

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

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				Surgical wound class dirty Bowel adhesion . **Densely adhered bowel and omentum .** **Training given to the dresser regarding the strict aseptic technique during the dressing.**		

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

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2.		Prevention of NSI for all health care staffs	Discussion of Do`s and don`ts of NSI .	Reduce the nsi rates training given to reduce the NSI	On the job training given to the nursing staff . Do and Don`ts of sharp & NSI protocol Follow the NSI protocol to reduce the NSI.	ICN / Doctors/Link Nurse /All Incharge	**2 week**
3.		Discussion on promote removal of waste from PPC container after full	Waste in ppc containers is not being removed promptly ones containers are full	Lack of monitoring or escalation mechanism when bins are full .	Instruction given housekeeping staff to remove waste immediately ones containers fill up to 3/4 of ppc container. Assign clear responsibility for monitoring PPC containers in each unit and department .	ICN /Link Nurse /All Incharge	**1month**
4.		Discussion on Effectiveness of hand hygiene	Discussion focused on evaluating the effectiveness of hand hygiene practices.	**Ineffectiveness of hand hygiene from bed side.**	Training given on hand hygiene to all staff & housekeeping staff on bed side.	ICN/ All nursing staff & housekeeping staff	**1 month**

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	TARGET DATE
1	Discussion on HAI rates Month of September of 2025	VAP - 0Case CLABSI -2Case CAUTI - 1 case SSI - 1 case reported .	**RCA OF CLABSI** Patient had immunocompromised condition haveing steven johonson syndrome with CKD. Patient entire body was covered with erythmatous dry patches that are exfoliating from body. that exfoliated skin contaminated the CVC catheter dressing & port . which increased susceptibility to infection. . Patient had immunocompromised condition haveing left MCA territory infarct. Non - compliance observed in hand hygiene & aseptic technique not followed during care of CVC. which increased the risk of bloodstream infection. Non compliance with the central line care bundle was noted ,as the dressing was	**CAPA OF CLABSI** Antibiotic change according to culture senstivity report . Central line removed . On the job training was given to the staff regarding CVC care bundle on 20/09/2025 . Reinfroce the staff to foloow the hand hygiene . Central line dressing changed , central line cover change .clean and disinfect the catheter hub . Antibiotic change according to culture senstivity report . Central line removed . On the job training was given to the staff regarding CVC care bundle on 19/09/2025 . Reinfroce the staff to follow the hand hygiene . CAPA OF CAUTI Catheter change and placed new catheter . Antibiotic change according to culture senstivity report . .On the job Training given to staff strict aseptic technique	ICN/ Link Nurse/ All Incharge	1 week

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

			soiled ,the port and cover were unclean ,and appropriate maintenanace practices were not adhere. **RCA CAUTI** **Catheter care not done in every shift .** **Hand hygiene not maintained .** **RCA SSI** **Patient gall bladder tense thick walled edematous filled with empyema ,gall bladder perforated at the fundus (pus aspirated and culture not send)**	**followed during catheterization .** **Reinforce the staff to strictly followed the CAUTI prevetion bundle on 19/09/2025 ,22/09/2025** **CAPA SSI** **Discussed with the treating consultant and OT team.** **Strict adherence of hand hygiene .**		
2	Prevention of NSI for all health care staffs	Discussion of Do`s and don`ts of NSI .	Reduce the nsi rates training given to reduce the NSI	On the job training given to the nursing staff . Do and Don`ts of sharp & NSI protocol Follow the NSI protocol to reduce the NSI.	ICN / Doctors/Link N urse /All Incharge	**2 week**
3	Discussion on changing policy for shelf life of autoclave items 14 days to 28 days	Discussion on changing policy for shelf life of autoclave items	**To reduce the processing time of articles** **To avoid extra wastage of usage of articles .**	This information circulated and all departments Training was given cssd , ot & nursing staff .	ICN /Link Nurse /All Incharge	**1month**
4	Discussion on Effectiveness of hand hygiene	Discussion focused on evaluating the effectiveness of hand hygiene practices.	**Ineffectiveness of hand hygiene from bed side.**	Training given on hand hygiene to all staff & housekeeping staff on bed side.	ICN/ All nursing staff & housekeeping staff	**1 month**

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

27 OCTOBER 2025 Time:-3PM -4PM VENUE:-5TH FLOOR NEW TRAINING HALL C BLOCK

CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee To: All Concerned

Dr. Sabah Javed
Chairperson of IPC committee
Cc: All Members of IPC committee