

To,

The Regional officer,
Pollution Control Board
Kabir Nagar, Raipur (C.G)

Date: 5/01/2023

SUBMISSION: SUBMISSION OF ANNUAL REPORT OF BIOMEDICAL WASTE (1ST JAN 2022 – 31ST DEC 2022),
RAMKRISHNA CARE HOSPITAL

Dear Sir,

We (Ramkrishna Care Hospital) are submitting the annual Bio medical waste report for the above mentioned period.

Enclosed: Form IV

Regards,



Dr. Sandeep Dave
MD

Ramkrishna Care Hospital

DR. SANDEEP DAVE
MEDICAL & MANAGING DIRECTOR
RAMKRISHNA CARE HOSPITAL



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. SANDEEP DAVE
	(ii) Name of HCF or CBMWTF	: Ramkrishna Base MEDICAL PM
	(iii) Address for Correspondence	: Near Aurvinda Enclave
	(iv) Address of Facility	: Pachpedi Naka Raipur. CG
	(v) Tel. No, Fax. No	:
	(vi) E-mail ID	: devendar.nirmalkar@carehospi
	(vii) URL of Website	: www.carehospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: CECB 4360/BMW/HO/CECB/2022 9/8/22 Valid upto: 2/8/25
	(xi). Status of Consents under Water Act and Air, Act	: Valid upto: 30/06/2023
2	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds: 359
	(ii) Non-bedded hospital.	:
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:
	(iii) License number and its date of expiry	: RAIP0005/RAIP0005/HOR/RB 13/01/2027
3	Details of CBMWTF	:
	(i) Number of health care facilities covered by CBMWTF	:
	(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: 4535.3025 Red Category: 5094.817667 White: 160.075833 Blue Category: 848.5425 General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:
	(i) Details of the on-site storage	: Size: 12.3X13.5 7.57X8 610X12

facility		Capacity: 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:			
		Any other treatment equipment:	STD + (HY BOD)		
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	Red Category (like plastic, glass, etc.) N.A.			
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	2			
(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			
		ETP Sludge	NIL		
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATER Grass 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 + (12 MONTH Report)			

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		43
	(ii) Number of personnel trained		1662
	(iii) Number of personnel trained at the time of induction		210
	(iv) Number of personnel not undergone any training so far		NON
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		NIL
	(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?		NIL (ALL PARAMETER WITHIN LIMIT)
	Details of Continuous online emission monitoring systems installed		N A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NIL All Parameter within limit
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL All Parameter within limit
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

1st January 2022 - 31st Dec 2022

Date:

Place:

Signature of the Head of the Institution
SANDEEP DAVE
 MEDICAL & MANAGING DIRECTOR
 KRISHNA CARE HOSPITAL, RAIPUR

FORM - I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

1. Date and time of accident :
2. Type of Accident :
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment:
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does your facility have an Emergency Control policy? If yes give

details: Date : 04/01/2023

Signature Amal

Place: Raipur

Designation H.K. HOD

RAMKRISHNA CARE HOSPITAL RAIPUR

24TH JANUARY 2022

CHAIRMAN: Dr. Sabah Javed

From: HICC Committee

HICC MINUTES OF MEETING

Time: 3PM - 4PM

VENUE: 5TH FLOOR TRAINING HALL C BLOCK

To: All Concerned

Members Present : DR.SABAH JAVED, DR.SANDEEP DAVE, MR.ASHIM KUMAR, DR.ANKIT JACOB, DR.VISHAL KUMAR, MRS. LEENA NAIR.

S N O.	AGENDA POINT	DISCUSSION OF DISCUSSED POINT	RCA	ACTION PLAN	RESPON SIBILITY	TARGET DATE
1.	Previous Meeting points were reviewed and discussed.	Discussed. No pending points evidenced.				
2.	Discussion on HAI rates of December 2021	In December CAUTI-2, CLABSI-2, VAP-1, SSI-2 are reported.	Cather care was not proper in ICU & the urobags are not emptying as per protocol. Bundle care was not followed properly.	On floor training was given. Regular audits to be done by specialty team. Demonstration of catheter care to be done in all critical areas.	ICN, Link Nurse	15 days
3	Discussion on VAP case of December 2021	1- VAP case was reported in December 2021.	Oral care not up to the mark. No date & time in NS bottle which was used for suction.	On floor training done. Incharges are also briefed to ensure the same.	ICN	7Days
4.	Discussion on Biomedical Waste Management & policy.	Proper discarding of BMW was discussed.	During audit it was found that the wastes are not segregated properly.	On the job training to be given for all HCW.	ICN	7Days
5.	Discussion on pressure injury & preventive measures.	3 Bedsores cases were reported in December 2021.	During audits it was found that proper positioning was not given to the patients, risk assessment was not done properly.	On floor training to be given and briefed the in-charges to ensure 2hrly positioning of patients.	Speciality team	15 days

Sabah Javed
DR.SABAH JAVED
INFECTION CONTROL OFFICER

RAMKRISHNA CARE HOSPITAL RAIPIUR

16TH MARCH 2022

CHAIRMAN BY:- Dr. Sabah Javed

From: HICC Committee

HICC MINUTES OF MEETING

Time:- 3PM - 4PM

VENUE:- 5TH FLOOR TRAINING HALL C BLOCK

To: All Concerned

Members Present : DR. SABAH JAVED, DR. SANDEEP DAVE, MR. ASHIM KUMAR, DR. SUJITH KUMAR, DR. VISHAL KUMAR, DR. ANKIT JACOB, MS. JESSICA JACOB, MRS. LEENA NAIR, MR. JOSEPH MM.

S N O.	AGENDA POINT	DISCUSSION OF DISCUSSED POINT	RCA	CAPA	RESPON SIBILITY	TARGE T DATE
1	Prevention of CLABSI	Three CLABSI cases reported in the month of February 2022. Training and education of nursing staff, dialysis technicians regarding importance of Hand Hygiene practices, Hub disinfection Practices, Immediately replaced dressing that were wet, soiled or dislodged & safe injection and infusion practices of Central Line. QIP started on prevention of CLABSI.	During round it was observed that staff re-handling the CVC line while wearing same pair of gloves used to perform other task.	On floor training given to the assigned staff regarding CVC site dressing and educate the importance of CVC care bundle. To prevent CLABSI QIP started from the month of March.	ICN Link Nurse	(QIP) 3 month
2	Awareness on Hand Hygiene	Hand Hygiene awareness session is to be conducted in which various activities are organized such as poster competition, role play & quiz competition to make aware to the health care workers regarding the importance of Hand Hygiene.	It is noticed that while taking care of the patient staff are not doing proper 6 steps of hand hygiene which lead to possible cross contamination.	Organize Awareness Programme on Hand Hygiene. Conduct Hand Hygiene classes with the help of External Vendors. Conduct Direct and Indirect observation of hand hygiene to improve the compliance.	ICN Link Nurse	15Days
3	Discussion on Proper Biomedical Waste Management	To Organize training classes on Biomedical waste Management for all Nursing staff, Housekeeping staff, Doctors & all technicians.	Mixing of Biomedical waste with general waste was noticed in critical & semi-critical areas.	Training classes conducted on Biomedical Waste Management specially focused on how General waste is segregated from Biomedical Waste.	ICN Link Nurse All Incharges	7Days

RAMKRISHNA CARE HOSPITAL RAIPUR

16TH MARCH 2022

CHAIRMAN: Dr. Sabah Javed
From: HICC Committee

HICC MINUTES OF MEETING
Time: 3PM - 4PM

VENUE: 5TH FLOOR TRAINING HALL C BLOCK

To: All Concerned

4	NSI Protocol and Post Exposure prophylaxis is for blood borne Viruses.	There are two NSI cases was reported in the month of February. One NSI case was from HBsAg positive patient and another source is unknown. For this blood sample taken for viral Marker & Anti HBsAg Titer, Inj. TT given to the both HCW and the result shows within the normal range. On the job training given to the HCW regarding Do's & Dont's of sharp.	Thumb forcep was not used during suturing suture needle pricked in the index finger and got needle stick injury. During changing the linen surgical blade pierced into left hand got sharp injury.	Training done on do's and dont's of sharps and NSI protocol.	ICN, Link Nurse, All Incharges	7 Days
5	Indication for short term and long term catheterization to prevent CAUTI.	In long stay patient silicon catheter should be used to prevent CAUTI.	In few critical areas it is noted that patient with long stay have frequently changed latex catheter but silicon catheter was not catheterized which lead to CAUTI.	Training classes conducted on Indication for short term and long term catheterization to prevent CAUTI and device protocol.	ICN, Link Nurse, All Incharges	15 Days
6	Daily Basis entry of insertion bundle checklist in MEDBLAZE	In most of the critical areas, daily entry of insertion bundle checklist is not followed by the Incharges and link nurses.	For entering of HAI rates in MEDBLAZE there is a need of insertion bundle checklist which is not followed	Organize demonstration on how to enter insertion bundle in MEDBLAZE	ICN	15 Days



DR. SABAH JAVED
INFECTION CONTROL OFFICER

15TH NOVEMBER 2022

HALL C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-3PM -4PM

VENUE:-5TH FLOOR NEW TRAINING

To: All Concerned

AGENDA	<ul style="list-style-type: none"> Review of the committee member Review of HAL Rates month of October 2022. Discussion on VAP, CLABSI, CAUTI & SSI cases of October 2022. Discussion on Hand Hygiene Audit, NSI Cases of October 2022. Discussion on BMW Management Audit month of October 2022. Discussion on Audits of different areas month of October 2022.
ATTENDANCE	<p>Members Present :- DR.SABAH JAVED, DR.SUJITH KUMAR,, MR. JAFAR SAHBAJ,MR. K. JOSEPH ANTHONY, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RANJIT NIRALA, MS. DIMPLE LADER, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent :- DR. S.TAMASKAR, DR.VISHAL KUMAR,DR.I. RAHAMAN, DR. SANTOSH KUMAR SINGH,, MR.MAYUKH CHAUDHURI, MR.POSHAN LAL GUPTA.</p>

PREVIOUS MINUTES OF MEETING

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	TARGET DATE
1.	Previous Meeting point's were discussed.	Discussed, One pending points evidenced. In most of the critical areas Environmental Cleaning Checklist was not followed on regular basis.	It is observed that in most of the critical areas patient bedside locker,bedside rails found dirty.	To sensitize the health care worker including HK staff on the importance of environmental cleaning and disinfection to reduce the HAI in healthcare setting. Educational session to be conducted on chemical dilution protocol and disinfection process of dusting cloths and mops.Ensure that the incharge/shift check these point once in there shift.	ICN / Link Nurse / All Incharge	7 Days

2.	Discussion on HAI rates of October 2022	In October CLABSI - 3, CAUTI - 1, SSI - 1 case reported.	During infection control rounds of this 3 CLABSI cases; it was noticed that the patient was immunocompromised and Emergency Central Line was inserted in ICU, having both Central Line & HD line. Patient is on Hemodialysis. having multiple ports and excessive manipulation of line also noticed in the first case. 2) Central line insertion site found redness. 3) Emergency central line insertion done in ER. During round it was found that the hub disinfection practice not up to the mark.	Two days workshop was conducted on Infection Prevention with focused on Blood Stream Infection for health care personnel and involve in the insertion, care and maintenance of the Central line & HD line. Ensure that the health care personnel follow safe injection and infusion practices and ensure the central line insertion following by aseptic technique, use maximal barrier precaution and hand hygiene & hub disinfection before & after accessing the catheter to prevent CLABSI as well as daily inspection of CVC site for infection.	ICN/ Link Nurse/ All Incharge.	7 Days
3.	Discussion on SSI case of October 2022.	SSI - 1 case reported in the month of October.	Patient was the K/C/O Type II DM, Hypothyroidism and obese and difficulty in walking. After surgery H/O sudden twist of hip at home after that patient experience pain in operated site and later swelling and pus discharged from operated site noticed.	Planned Education of Nursing staff, Floor managers and advised resident doctors for better counselling during the discharge of the patient regarding the preventive aspect of care like 1. Do not internally rotate or hyperflex te hip. 2. Avoid unnecessary stress on the hip. 3. Monitor body weight and keep it control. 4. Don't twist your Hip suddenly. Ensure the incharge and shift incharge brief the same to HCW who taking care of these patient.	ICN / All In-charges	10 Days

15TH NOVEMBER 2022

ALL C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

AMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-3PM -4PM

VENUE:-5TH FLOOR NEW TRAINING

To: All Concerned

4	Mega Drive on Prevention of NSI for all Doctors, Nurses, Housekeeping staff and Technicians.	NSI- 4 Case reported in the month of October 2022. Nursing Staff -3 (NSI from Negative Source) Doctor - 1 (NSI from HBsAg Positive)	1-While transferring sharp kidney tray was not used which lead to NSI to the co-worker. 2-Risk assessment not done before doing the procedure. During cannulization suddenly patient took back his hand and staff NSI occurred to the HCW. 3-While obtaining blood culture; at the same time doctor order to collect blood for Sr.electroforosis. Staff who assist her in the procedure went to get container and at the same time staff who obtain blood sample turn back and simultaneously co-worker give the container and accidentally NSI occurred to the Co-worker. 4-After insertion of central line; while suturing of the skin instead of using cuttingbody needle doctor used roundbody needle which lead to more force to piercing the skin and accidentally needle slipped from needle holder and got a prick on Lt. thumb from the used suture needle.	Viral marker done, immediate PEP initiated. NSI Prevention Mega Drive 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 Don'ts of sharp & NSI protocol. Ensure the safe handling and selection criteria of suture needles and used tooth forceps for better grip to hold the skin & the needle to prevent NSI.	ICN / Link Nurse /All Inc harge	7 Days
5.	Discussion on BMW Waste M anagement	Proper disposal of Bio Medical Waste.	During infection control rounds of critical areas Biomedical waste mixing found 2 mixing in Yellow,1 mixing in Red,1 mixing in white & 1 mixing in blue	Awareness training session was given on BMW Rule to the all health care worker including HK Staff.	ICN / Link Nurse / All Inc harge	7 Days

Sabah Javed

Dr. Sabah Javed

Chairperson of HIC committee

Cc: All Members of HIC committee



AGENDA	<ul style="list-style-type: none"> Review of the committee member Review of HAI Rates month of November 2022. Discussion on VAP, CLABSI, CAUTI & SSI cases of November 2022. Discussion on Hand Hygiene Audit, NSI Cases of November 2022. Discussion on BMW Management Audit month of November 2022. Discussion on Audits of different areas month of November 2022.
ATTENDANCE	<p>Members Present : -DR.SABAH JAVED, DR.J. RAHMAN, MR. K. JOSEPH M.M, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RANJIT NIRALA, MS. DIMPLE LADER, MS. JERIN B ABRAHAM, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent : - DR. S.TAMASKAR, DR.VISHAL KUMAR, DR. SANTOSH KUMAR SINGH,, MR.MAYUKH CHAUDHURI, MR.POSHAN LAL GUPTA.</p>

PREVIOUS MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	STATUS
1.	Previous Meeting point's were discussed. 500ml I.V bottle NS, DN S, RL leakage issue unresolved (Company - ACULIFE)	Discussed, One pending point evidenced. 500ml I.V bottle NS, DN S, RL leakage issue unresolved (Company - ACULIFE)	There is leakage issue was identified in ICU's and wards. In ICU after putting the IV set into 500ml IV bottle even after carefully pricking the IV bottle; it got started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected and also risk for damage BME equipment (syringe pump).	Issue discussed with HOD of CDS & Purchase department and explain them the device associated risk factor which may lead Health Care Associated Infection. Also discussed with ACULIFE company person regarding the same; NS, DNS & RL B attach No, Manufacture No, given to the company Regional Manager. Ensure to make available better quality product as patient safety is first.	CDS/ Purchase	7 Days
2.	Discussion on HAI rates of September 2022	In September CLABSI - 3, CAUTI - 1, SSI - 1 case reported.	During infection control rounds of this 3 CLABSI cases; it was noticed that the 1) patient have both central line & HD line, having multiple port & hubs frequently accessed by HCW and hub disinfection practice not upto the mark. 2) Emergency central line insertion done in ER. During round it was found that 100ml NS bottle which was used for flushing have no opening date & time. 3) Central	Awareness session was conducted for health care personnel involve in the insertion, care and maintenance of the Central line & HD line. Ensure that the health care personnel follow safe injection and infusion practices and ensure the central line insertion following by aseptic technique, use maximal barrier precaution and hand hygiene & hub disinfection before accessing the catheter to prevent CLABSI as well	ICN/ Link Nurse/ All in charge.	7 Days

21st DECEMBER 2022

C BLOCK CHAired BY:- Dr. Sabah Javed

Time:- 3PM -4PM

VENUE:- 5TH FLOOR OLD TRAINING HALL

From: HICC Committee

To: All Concerned

			line insertion site found redness.	as daily inspection of CVC site for infection.	ICN / All Incharges	10 Days
3.	Discussion on SSI case of August 2022.	SSI - 1 Reported in the month of August. After discharged patient developed SSI. Proper surgical site wound care and personal hygiene was not maintained.	After interviewing of few post op patient it has come to know that the patient's and their relatives have lack of knowledge regarding proper surgical site wound care, sign and symptoms of infection and importance of blood glucose level in DM-II cases.	Planned Education of Nursing staff, Floor managers and advised resident doctors for better counselling during the discharge of the patient regarding care of surgical site wound, personal hygiene, hand hygiene, sign and symptoms of infection, tight glucose control etc. to prevent SSI.		
4	Discussion on BMW Waste Management.	Proper disposal of Bio Medical Waste.	During rounds it was found that the mixing of general waste with Biomedical waste. In Black - 3 mixing was found in the month of August 2022.	Awareness training session was given on BMW Rule to the health care worker including HK Staff.	ICN, Link Nurse, All Incharge	7 Days
5	Discussion on Biomedical Equipment cleaning and disinfection.	Proper Biomedical Equipment cleaning was not done.	During infection control round of GOT C Block it was found that the USC machine found dirty. Risk for cross transmission of disease.	Ensure that the technician who handle the BME equipment should clean before & after it use and the department incharges to cross check this point to reduce the cross transmission of disease.	Technicians / All Incharges	5 Days
6.	Discussion on Preventive Measures Bedsores.	Bedsores - 1 Case reported in the month of September 2022.	Patient was admitted in CTICU, diagnosed with CSD with PAH, HIE, Seizure Disorder, AKI Stage-4, Sepsis and an operated case of VSD Closure. Patient was in coma status, whole body was swollen and continued with peritoneal dialysis however it was not stitched but fixed with adhesive tap and during this period position properly not changed and gradually developed Grade II bedsores in both buttocks.	Awareness training session to be conducted for all nursing staff of critical and semi-critical areas. Ensure risk assessment fully documented along with full skin inspection, implement preventative measures i.e. Air mattress, daily skin infection, nutritional assessment, manage moisture etc. according to identified risk and document interventions regularly evaluate effectiveness of interventions. Provide patient and relative education regarding pressure ulcer prevention. Ensure that the incharge check these points in their shift.	ICN, Link Nurse, All Incharge	7 Days
7.	Review the Preventive strategies of Needle Stick Injury and process of handling of	NSI - 1 Case reported in the month of September 2022. Source - HIV Positive	After doing tracheostomy while doing suturing; accidentally needle slipped got a prick from the used suture needle. While suturing of the skin instead of using tooth forceps HCW used plain forceps which lead to slipped the needle and NSI	Viral marker done, immediate first dose of PEP medications initiated. On job training given on Do's and Don'ts of sharp & NSI protocol & ensure the safe handling of suture needles; used tooth forceps for better grip to hold the skin & the needle to prevent NSI. Ensure safe handling	ICN, Link Nurse, All Incharge	7 Days

21st DECEMBER 2022

C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

Time:- 3PM -4PM

VENUE:- 5TH FLOOR OLD TRAINING HALL

To: All Concerned

	sharps.	occurred.	and prompt disposal of needles in sharps containers. Provide ongoing education on safe work practices for handling needles and other sharps.		
8.	Discussion on Environmental Cleaning Checklist.	In most of the critical areas Environmental Cleaning Checklist was not followed on regular basis.	It is observed that in most of the critical areas patient bedside locker, bedside rails found dirty.	To sensitize the health care worker including HK staff on the importance of environmental cleaning and disinfection to reduce the HAI in healthcare setting. Educational session to be conducted on chemical dilution protocol and disinfection process of dusting cloths and mops. Ensure that the incharge/shift check these point once in there shift.	ICN/All Incharge 7Days

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	TARGET DATE
1.	Discussion on weight-age of biomedical waste biomedical mixing	In most of the Critical areas and non critical areas iv bottles were not emptied.	It is observed that iv bottles of 100ml and 500ml were not emptied after use and directly discarded in the red bins.	Educate the health care worker about emptying of iv bottles to minimize the weight-age of garbage bags.	ICN, Link Nurse, All Incharge	7Days
2.	Discussion on engineering control of GOT of both block	Temperature and humidity was not maintained.	During surgery the temperature was +22 and humidity was 74 which was high. It was not up to the policy.	Training were given to the OT Staffs regarding temperature and humidity to be maintained while surgeries.	Maintenance and OT manager	10 days



Minutes of HIC Committee

Meeting started at: - 3PM -4PM

Date: - 26/4/2022

Venue: - 1st floor D Block

AGENDA	<ul style="list-style-type: none">Review of the committee memberReview of HAI Rates month of March 2022.Discussion on CLABSI & CAUTI cases of March 2022.Discussion on Hand Hygiene Audit, NSI Cases and BMW Management Audit month of March 2022.Discussion on Audits of different areas month of March 2022.
ATTENDANCE	<p>Members Present :- DR.SABAH JAVED, MR.ASHIM KUMAR, DR.L. RAHAMAN, DR.SANTOSH KUMAR, DR.SUJITH KUMAR, MR.POSHAN GUPTA, DR.ANKIT JACOB, MS. JESSICA JACOB, MRS. LEENA NAIR, MR. JOSEPH MM., MR. JOSEPH ANTONY, MR. JAFAR AHSBAJ, MR.DEVENDER NIRMALKAR, DR. AJAY KUMAR.</p> <p>Members Absent :- DR. S.TAMASKAR, DR.VISHAL KUMAR</p>

PREVIOUS MINUTES OF MEETING

NO	Agenda	DISCUSSION	RCA	CAPA	Responsibility	Status
1	Prevention of CLABSI	Three CLABSI cases reported in the month of February 2022. Training and education of nursing staff, dialysis technicians regarding importance of Hand Hygiene practices, Hand disinfection Practices, immediately replaced dressing that were wet, soiled or dislodged & safe injection and infusion practices of Central Line. CNE started on prevention of CLABSI.	During round it was observed that staff re-handling the CVC line while wearing same pair of gloves used to perform other task.	On floor training given to the assigned staff regarding CVC site dressing and educate the importance of CVC care bundle. To prevent CLABSI QIP started from the month of March.	ICN Link Nurse	Done
2	Awareness on Hand Hygiene	Hand Hygiene awareness session is to be conducted in which various activities are organized such as poster competition, role play & quiz competition to make aware to the health care worker regarding the importance of Hand Hygiene.	It is noticed that while taking care of the patient staff are not doing proper 6 steps of hand hygiene which lead to possible cross contamination.	Organize Awareness Programme on Hand Hygiene. Conduct Hand Hygiene classes with the help of External Vendors. Conduct Direct and Indirect observation of hand hygiene to improve the compliance.	ICN Link Nurse	Done

3	Discussion on Proper Biomedical Waste Management	To Organize training classes on Biomedical waste Management for all Nursing staff, Housekeeping staff, Doctors & all technicians.	Mixing of Biomedical waste with general waste was noticed in critical & semi-critical areas.	Training classes conducted on Biomedical Waste Management specially focused on how General waste is segregated from Biomedical Waste.	ICN, Link Nurse, All Incharges	Done
4	NSI Protocol and Post Exposure prophylaxis for blood borne Viruses.	There are two NSI cases was reported in the month of February. One NSI case was from HBSAg positive patient and another source is unknown. For this blood sample taken for viral Marker & Anti HBSAg Titer, Inj. TT given to the both HCW and the result shows within the normal range. On the job training given to the HCW regarding Do's & Don'ts of sharp.	Thumb forcep was not used during suturing suture needle pricked in the index finger and got needle stick injury. During changing the linen surgical blade pierced into left hand got sharp injury.	Training done on do's and don'ts of sharps and NSI protocol.	ICN, Link Nurse, All Incharges	Done
5	Indication for short term and long term catheterization to prevent CAUTI.	In long stay patient silicon catheter should be used to prevent CAUTI.	In few critical areas it is noted that patient with long stay have frequently changed latex catheter but silicon catheter was not catheterized which lead to CAUTI.	Training classes conducted on Indication for short term and long term catheterization to prevent CAUTI and device protocol.	ICN, Link Nurse, All Incharges	Done
6	Daily Basis entry of insertion bundle checklist in MEDBLAZE	In most of the critical areas, daily entry of insertion bundle checklist is not followed by the Incharges and link nurses.	For entering of HAI rates in MEDBLAZE there is a need of insertion bundle checklist which is not followed	Organize demonstration on how to enter insertion bundle in MEDBLAZE	ICN	Done

CURRENT MINUTES OF MEETING

NO	Agenda	DISCUSSION	RCA	CAPA	Responsibility	Status / Time line
1	Prevention of CAUTI	Six CAUTI case was reported in the month of March 2022. Targeted strategies for preventing CAUTI include proper hand hygiene, using aseptic technique for catheter insertion, if possible limit the use and duration of urinary catheters and adhering to proper catheter care bundle.	<ul style="list-style-type: none"> Improper catheter insertion technique and catheter care bundle was not followed. Foley's catheter was frequently changed but silicon catheter was not used. During rounds it was observed that while emptying the drainage bag, drainage port was contaminated with the urine collection jar. 	<ul style="list-style-type: none"> Demonstrate the catheterization procedure. CNE conducted regarding the catheter insertion and maintenance bundle. On floor training given to the GDA regarding safe empty of urine collection bag to prevent CAUTI. Training classes conducted on indication for short term and long term catheterization to prevent CAUTI and device protocol. 	ICN, Link Nurse, All Incharges	15 Days
2	Proper Biomedical Waste Management	Organize training classes on Biomedical waste Management for all HCW.	Mixing of Biomedical waste with general waste was noticed in critical & semi-critical areas.	Training classes conducted on Biomedical Waste Management.	ICN, Link Nurse, All Incharges	7 Days
3	Cleaning of Biomedical Equipment's.	Proper Cleaning of Biomedical Equipment's not done in all critical areas.	In critical areas it was noticed that Biomedical equipment's was not cleaning properly. Syringe pump & ventilators found dirty. Risk for transmission of infection.	The matter discussed with housekeeping and biomedical manager. It was discussed to provide a person to clean biomedical equipments and training given to assigned staff on how to clean biomedical equipment.	BME Incharge, HK Incharge	15 Days
4	Awareness programme on safe disposal of non-infectious waste for General public	Organize awareness programme on safe disposal of non-infectious waste for General public.	During rounds it was observed that attenders disposed general waste into Biomedical waste.	Awareness programme to be conducted regarding safe disposal of non-infectious waste for all attenders.	ICN	7 Days

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

18TH OCTOBER 2022

HALL C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

HICC MINUTES OF MEETING

Time:-4PM -5PM

VENUE:-5TH FLOOR NEW TRAINING

To: All Concerned

<p>AGENDA</p>	<ul style="list-style-type: none"> • Review of the committee member • Review of HAI Rates month of September 2022. • Discussion on VAP, CLABSI, CAUTI & SSI cases of September 2022. • Discussion on Hand Hygiene Audit, NSI Cases of September 2022. • Discussion on BMW Management Audit month of September 2022. • Discussion on Audits of different areas month, of September 2022.
<p>ATTENDANCE</p>	<p>Members Present :- DR.SABAH JAVED,DR.SUJITH KUMAR, MR. JAFAR SAHBAJ,MR. K. JOSEPH ANTHONY, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RANJIT NIRALA, MS. DIMPLE LADER, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent :- DR. S.TAMASKAR, DR.VISHAL KUMAR,DR.L. RAHAMAN, DR. SANTOSH KUMAR SINGH,, MR.MAYUKH CHAUDHURI, MR.POSHAN LAL GUPTA.</p>

PREVIOUS MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPON BILITY	STATUS
1.	Previous Meeting point's were discussed.	Discussed, One pending point's evidenced. 500ml I.V bottle NS, DNS,RL leakage issue unresolved(Company ACULIFE)	There is leakage issue was identified in ICU's and wards. In ICU after putting the IV set into 500ml IV bottle even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected and also risk for damage BME equipment (syringe pump).	Issue discussed with HOD of CDS & Purchase department and explain them the device associated risk factor which may lead Health Care Associated Infection. Also discussed with ACULIFE company person regarding the same; NS,DNS & RL Batch No, Manufacture No, given to the company Regional Manager.Ensure to make available better quality product as patient safety is first	CDS/ Purchase	In Process
2	Discussion on HAI rates of August 2022	In August CLABSI -2, CAUTI - 1, SSI - 1case reported.	During infection control rounds of this 2 CLABSI cases; it was noticed that the care & handling of central line was not proper and the less connector was not change as per protocol. (Should be change in 72hrs)	On the job training given on Care & handling of central line. Replaced needle-less connector and educate the health care worker regarding device protocol, CVC care bundle and disinfect catheter hub,needle-less connector before accessing the catheter.Ensure that the incharge check these point once in there shift	ICN,Link Nurse/ All Incharge.	Done

18TH OCTOBER 2022

HALL C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-4PM -5PM

VENUE:-5TH FLOOR NEW TRAINING

To: All Concerned

2.	Discussion on HAI rates of September 2022	In September CLABSI - 3, CAUTI - 1, SSI - 1 case reported.	During infection control rounds of this 3 CLABSI cases; it was noticed that the 1) patient have both central line & HD line, having multiple port & hubs frequently accessed by HCW and hub disinfection practice not up to the mark. 2) Emergency central line insertion done in ER. During round it was found that 100ml NS bottle which was used for flushing have no opening date & time. 3) Central line insertion site found redness.	Awareness session was conducted for health care personnel involve in the insertion, care and maintenance of the Central line & HD line. Ensure that the health care personnel follow safe injection and infusion practices and ensure the central line insertion following by aseptic technique, use maximal barrier precaution and hand hygiene & hub disinfection before accessing the catheter to prevent CLABSI as well as daily inspection of CVC site for infection.	ICN/ Link Nurse/ All Incharge	7 Days
3.	Discussion on SSI case of August 2022.	SSI - 1 Reported in the month of August. After discharged patient developed SSI. Proper surgical site wound care and personal hygiene was not maintained.	After interviewing of few post op patient it has come to know that the patient's and their relatives has lack of knowledge regarding proper surgical site wound care, sign and symptoms of infection and importance of blood glucose level in DM-II cases.	Planned Education of Nursing staff, Floor managers and advised resident doctors for better counselling during the discharge of the patient regarding care of surgical site wound, personal hygiene, hand hygiene, sign and symptoms of infection, tight glucose control etc. to prevent SSI.	ICN / All Incharges	10 Days
4	Discussion on BMW Waste Management.	Proper disposal of Bio Medical Waste.	During rounds it was found that the mixing of general waste with Biomedical waste. In Black - 3 mixing was found in the month of August 2022.	Awareness training session was given on BMW Rule to the health care workers including HK Staff.	ICN Link Nurse, All Incharge	7 Days
5	Discussion on Biomedical Equipment cleaning.	Proper Biomedical Equipment cleaning was not done.	During infection control round of GOT C Block it was found that the USG machine found dirty. Risk for cross transmission of disease.	Ensure that the technician who handle the BME equipment should clean before & after it use and the department Incharges to cross check this point to reduce the cross transmission of disease.	Technicians / All Incharges	5 Days

18TH OCTOBER 2022

HALL C BLOCK CHAIRED BY:- Dr. Sabah Javed

From: HICC Committee

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-4PM -5PM

VENUE:-5TH FLOOR NEW TRAINING

To: All Concerned

	Discussion on Preventive Measures Bedsores.	Bedsores - 1 Case reported in the month of September 2022.	Patient was admitted in CTICU, diagnosed with CSD with PAH, HIE, Seizure Disorder, AKI Stage-4, Sepsis and an operated case of VSD Closure. Patient was in coma status, whole body was swollen and continued with peritoneal dialysis however it was not stitched but fixed with adhesive tap and during this period position properly not changed and gradually developed Gr-II bedsores in both buttocks.	Awareness training session to be conducted for all nursing staff of critical and semi-critical areas. Ensure risk assessment fully documented along with full skin inspection, implement preventative measures i.e Air mattress, daily skin infection, nutritional assessment, manage moisture etc. according to identified risk and document interventions regularly evaluate effectiveness of interventions. Provide patient and relative education regarding pressure ulcer prevention. Ensure that the incharge check these point once in there shift.	ICN, Link Nurse, All Incharge	7 Days
7.	Review the Preventive strategies of Needle Stick Injury and process of handling of sharps.	NSI- 1 Case reported in the month of September 2022. Source - HIV Positive	After doing tracheostomy while doing suturing; accidentally needle slipped got a prick from the used suture needle. While suturing of the skin instead of using tooth forceps HCW used plain forceps which lead to slipped the needle and NSI occurred.	Viral marker done, immediate first dose of PEP medications initiated. On job training given on Do's and Don'ts of sharp & NSI protocol & ensure the safe handling of suture needles; used tooth forceps for better grip to hold the skin & the needle to prevent NSI. Ensure safe handling and prompt disposal of needles in sharps containers. Provide ongoing education on safe work practices for handling needles and other sharps.	ICN, Link Nurse, All Incharge	7 Days
8.	Discussion on Environmental Cleaning Checklist	In most of the critical areas Environmental Cleaning Checklist was not followed on regular basis.	It is observed that in most of the critical areas patient bedside locker, bedside rails found dirty.	To sensitize the health care worker including HK staff on the importance of environmental cleaning and disinfection to reduce the HAI in healthcare setting. Educational session to be conducted on chemical dilution protocol and disinfection process of dusting cloths and mops. Ensure that the incharge/shift check these point once in there shift.	ICN/All Incharge	7 Days

Sabah Javed

Dr. Sabah Javed

Chairperson of HIC committee

Cc: All Members of HIC committee



To: All Concerned

ICN / A	In Process
Planned Education of Nursing staff, Floor managers and advised resident doctors for better coordination during the discharge of the patient regarding care of surgical site wound, personal hygiene, hand hygiene, sign and symptoms of infection, tight glucose control etc. to prevent SSI.	ICN, Lin
Awareness training session was given on BMW Rule to the health care worker including HK Staff.	Done
After interviewing of few post op patient it has come to know that the patient's and their relatives has lack of knowledge regarding proper surgical site wound care, sign and symptoms of infection and importance of blood glucose level in DM-II cases.	ICN, Lin
During rounds it was found that the mixing of general waste with Biomedical waste. In Block 3 mixing was found in the month of August 2022.	Done
During infection control round of GOT C Block it was found that the USG machine found dirty. Risk for cross transmission of disease.	In Process
1 Reported in the month of August. After discharged patient developed SSI. Proper surgical site wound care and personal hygiene was not maintained.	ICN, Lin
Proper disposal of General Waste.	Done
Discussion on BMW Waste Management.	ICN, Lin
Discussion on Biomedical Equipment cleaning.	Done

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	TARGET DATE
1.	Previous Meeting point's were discussed.	Discussed, One pending point evidenced. 500ml 1.1V bottle NS, DNS, RL leakage issue unresolved (Company - ACULIFE)	There is leakage issue was identified in ICU's and wards. In ICU after putting the IV set into 500ml IV bottle even after carefully checking the IV bottle; it got started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected and also risk for damage BME equipment (syringe pump).	Issue discussed with HOD of CDS & Purchase department and explain them the device associated risk factor which may lead Health Care Associated Infection. Also discussed with ACULIFE company person regarding the same; NS, DNS & RL Batch No, Manufacture No, given to the company Regional Manager. Ensure to make available better quality product as patient safety is first.	CDS / Purchase	7 Days

20TH SEPTEMBER 2022

CHAIRMAN:- Dr. Sabah Javed

From:HICC Committee

HICC MINUTES OF MEETING

Time:-3PM -4PM

VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

AGENDA	<ul style="list-style-type: none"> Review of the committee member Review of HAI Rates month of August 2022. Discussion on CLABSI, CAUTI & SSI cases of August 2022. Discussion on Hand Hygiene Audit, NSI Cases of August 2022. Discussion on BMW Management Audit month of August 2022. Discussion on Audits of different areas month of August 2022.
ATTENDANCE	<p>Members Present : -DR.SABAH JAVED,DR.SUJITH KUMAR, , MR. JAFAR SAHBAJ,MR. K. JOSEPH ANTHONY, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RANJIT NIRALA, MS. DIMPLE LADER, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent :- DR. S.TAMASKAR, DR.VISHAL KUMAR,DR.I. RAHAMAN, DR. SANTOSH KUMAR SINGH, , MR.MAYUKH CHAUDHURI, MR.POSHAN LAL GUPTA.</p>

PREVIOUS MINUTES OF MEETING

SL NO.	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	STATUS
1.	Discussion on HAI rates of July 2022	In July CAUTI - 1, CLABSI - 1, SSI 1, HAP- 1 case reported.	During infection control rounds of the HAP case; NIV mask was found dirty.	On floor training given on cleaning protocol of NIV mask. Regular audits to be done.	ICN,Link Nurse.	Done
2	Discussion on Biomedical Waste Management & policy.	Proper discarding BMW was discussed.	During rounds it was found that the waste are not segregated properly in critical areas. In Yellow - 1, Red - 2, Blue - 1 & Black - 2 mixing was found in the month of July.	Then and there training given on BMW Management to the critical areas health care worker.	ICN,Link Nurse, All Incharge	Done
3.	Discussion on 1 Cannula Veneport 2. I.V sets with needle 3.Leukom	Availability of good quality Peripheral Cannula, Urobag, I.V sets without needle, 500ml I.V Bottle, Tegaderm	During round it was noticed that; 1. Cannula Veneport, Company-Romson. During cannulization it very difficulty to piercing the skin, sharp	All issue discussed with HOD of CDS & Purchase department and explain them the device associated risk factor which may lead Health Care Associated Infection. Ensure to make a available better quality product as patient safe	CDS/ Purchase / General store	Point 1,2,3 & 5 Closed and

20TH SEPTEMBER 2022

CHAired BY:- Dr. Sabah Javed

From:HICC Committee

RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-3PM -4PM



VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

	ed Tegaderm I V Film4. 500 ml I.V Bottle 5. Urobag	for peripheral I.V dressi ng and proper hand was h solution.	<p>ess of the cannula is not up to the ma rk. After removing the cannula stylet; the front part of cannula got kinking which lead to phlebitis and risk for br eakage of the front part of the cannul a, frequently changed the cannula an d dissatisfaction to the patient includ ing economic burden to the patient.</p> <p>2. I.V sets, company - BUY MED. As we all know that previ ously we are using needle less IV sets but now I.V setswhich was supply in all critical & semi- critical areas are found IV sets with n eedle which lead to huge generation of sharps& risk for Needle Stick Injury to the Health care worker.</p> <p>3.LeukomedTegaderm I.V Film,Company - ernity. There is another issue with Leukomed Tegaderm identified in both critical and semi critical areas. Because of the poor adhesiveness it is not stick properly over the skin cause displaced the cannula and frequently change of the Tegaderm; later on developed phlebitis and dissatisfaction to the patient including economic burden to the</p>	erty is first.		remaini ng NO. 4 points In Process
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20TH SEPTEMBER 2022
CHA/RED BY:- Dr. Sabah Javed
From:HICC Committee

Time:-3PM -4PM

VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

			<p>patient.</p> <p>4. 500ml I.V bottle, company - aculIFE There is leakage issue was identified in ICU's and wards. In ICU after putting the 500ml IV bottle into the pressure bag and while inflating the bag the solution dripped down along with the IV sets. Even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected.</p> <p>5.Urobag, Company- Romson.There is an issue of Urine Leakage from the Urobag identified in ICU's. Issue raised by ICU nursing staff and HK staff. After emptying the urobag while securing the drainage port into the secure pocket it will got tear and later on urine leakage started from the tear site. Quality of the Urobag is not good enough. Patient with have indwelling urinary catheter's more prone to get infection and this is one of the factors causing Catheter Associated Urinary Tract Infection.</p>		
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RAMKRISHNA CARE HOSPITAL RAIPUR
HICC MINUTES OF MEETING

Time:-3PM -4PM



VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

CURRENT MINUTES OF MEETING

SL NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONBILITY	TARGET DATE
1.	Previous Meeting point's were discussed.	Discussed, One pending points evidenced. 500ml I.V bottle NS, DNS, RL leakage issue unresolved (Company - ACULIFE)	There is leakage issue was identified in ICU's and wards. In ICU after putting the IV set into 500ml IV bottle even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected and also risk for damage BME equipment (syringe pump).	Issue discussed with HOD of CDS & Purchase department and explain them the device as associated risk factor which may lead Health Care Associated Infection. Also discussed with ACULIFE company person regarding the same; NS, DNS & RL Batch No, Manufacture No, given to the company Regional Manager. Ensure to make available better quality product as patient safety is first.	CDS/ Purchase	In Process
2.	Discussion on HAI rates of August 2022	In August CLABSI - 2, CAUTI - 1, SSI - 1 case reported.	During infection control rounds of this 2 CLABSI cases; it was noticed that the care & handling of central line was not proper and the needle-less connector was not change as per protocol. (Should be change in 72hrs)	On the job training given on Care & handling of central line. Replaced needle-less connector and educate the health care worker regarding device protocol, CVC care bundle and disinfect catheter hub, needle-less connector before accessing the catheter. Ensure that the incharge check these point once in there shift.	ICN, Link Nurse/ All Incharge.	Done

20TH SEPTEMBER 2022
CHAIRD BY:- Dr. Sabah Javed

From:HICC Committee

To: All Concerned

3.	Discussion on SSI case of August 2022.	SSI - 1 Reported in the month of August. After discharged patient developed SSI. Proper surgical site wound care and personal hygiene was not maintained.	After interviewing of few post op patient it has come to know that the patient's and their relatives has lack of knowledge regarding proper surgical site wound care, sign and symptoms of infection and importance of blood glucose level in DM-II cases.	Planned Education of Nursing staff, Floor managers and advised resident doctors for better counselling during the discharge of the patient regarding care of surgical site wound, personal hygiene, hand hygiene, sign and symptoms of infection, tight glucose control etc. to prevent SSI.	ICN / All Incharges	In Process
4	Discussion on BMW Waste Management.	Proper disposal of General Waste.	During rounds it was found that the mixing of general waste with Biomedical waste. In Block - 3 mixing was found in the month of August 2022.	Awareness training session was given on BMW Rule to the health care worker including HK Staff.	ICN, Link Nurse, All Incharge	Done
5	Discussion on Biomedical Equipment cleaning.	Proper Biomedical Equipment cleaning was not done.	During infection control round of GOT C Block it was found that the USG machine found dirty. Risk for cross transmission of disease.	Ensure that the technician who handle the BME equipment should clean before & after its use and the department incharges to cross check this point to reduce the cross transmission of disease.	Technicians / All Incharges	In Process

Sabah

Dr. Sabah Javed

Chairperson of HIC committee

Cc: All Members of HIC committee



RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Time:-3PM -4PM

VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

19TH AUGUST 2022
CHAIRD BY:- Dr. Sabah Javed
From:HICC Committee

AGENDA	ATTENDANCE
<ul style="list-style-type: none"> Review of the committee member Review of HAI Rates month of July 2022. Discussion on CLABS, CAUTI & SSI cases of July 2022. Discussion on Hand Hygiene Audit, NSI Cases of July 2022. Discussion on BMW Management Audit month of July 2022. Discussion on Audits of different areas month of July 2022. 	<p>Members Present :-DR.SABAH JAVED, DR.I. RAHAMAN, MR. JAFAR SABAH, DEVENDRA NIRMALKAR, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RAVUT NIKAL, MS. DIMPLE LADER, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent :- DR.S.TAMASKAR, DR.VISHAL KUMAR, DR.SANTOSH KUMAR SINGH, DR.SUJITH KUMAR, MR.MAYUKH CHAUDHURI, MR.POSHAN GUPTA,MS.LEENA NAR.</p>

PREVIOUS MINUTES OF MEETING

SL. NO.	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	STATUS	Done	Incharge	Link	ICN, Nurse, OT In charge	Point 1,2 & General 5
1.	Cleaning of Bio medical Equip ment's.	Proper Cleaning of Bio medical Equipment was not done in all critical areas.	In critical areas it was noticed that Bio medical equipment was not cleaning properly Syringe pump & ventilators & ECG Machine found dirty. Risk for transmission of infection.	The matter discussed with housekeeping and biomedical manager. It was discussed to provide a person to clean biomedical equipment's and training given to assigned staff on how to clean biomedical equipment.	BMIE Incharge, HK Incharge	Done					
2	Biomedical Waste Management Rules	Proper Management of sharps.	During OT audit it was found that the proper handling of sharp was not proper, sharps should be discarded immediately after use.	Then and there training given on Do's & Don'ts of sharps & NSI protocol for all health care worker of OT.	Link Nurse, OT In charge	Done					
3.	Discussion on 1.Cannula Veneport 2. LV Cannula, Urobag, LV	Availability of good quality of Peripheral Cannula, Urobag, LV	During round it was noticed that;	All issue discussed with HOD of CDS & Purchase department and explain them the device associated risk factor which may lead	CDS/ Purchase / General	Point 1,2 & General 5					



VENUE:-5TH FLOOR OLD TRAINING HALL C BLOCK

KAMKIRISHNA CARE HOSPITAL RAIPUR HICC MINUTES OF MEETING

Time:-3PM -4PM

To: All Concerned

19TH AUGUST 2022
CHAIRMAN BY:- DR. Sabah Javed
From: HICC Committee

sets with	3. Leukomed Tegaderm L.V Film 4, 500ml L.V Bottle 5. urobag
sets without needle,	hand wash solution.
500ml L.V Bottle,	Tegaderm L.V peripheral L.V for dressing and proper
sets without needle,	Romson. During cannulization it very
difficulty to piercing the skin, sharpness	of the cannula is not up to the mark.
After removing the cannula stylet; the	front part of cannula got kinking which
lead to phlebitis and risk for breakage of	the front part of the cannula, frequently
changed the cannula and dissatisfaction	to the patient.
to the patient including economic burden	2. L.V sets, company - BUY MED. As we
all know that previously we are using	needle less IV sets but now L.V sets which
was supply in all critical & semi-critical	areas are found IV sets with needle which
lead to huge generation of sharps & risk	for Needle Stick Injury to the Health care
worker.	3. Leukomed Tegaderm L.V Film,
Company - essly. There is another issue	with Leukomed Tegaderm identified in
both critical and semi critical areas.	Because of the poor adhesiveness it is
not stick properly over the skin cause	displaced the cannula and frequently
change of the Tegaderm ; later on	developed phlebitis and dissatisfaction to
the patient.	
Health Care Associated Infection. Ensure to	make available better quality product as
patient safety is first.	
store	
Close	d and remai
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points	In Pro
cess.	



RAMKRISHNA CARE HOSPITAL RAIPUR

HICC MINUTES OF MEETING

Venue:- 5th FLOOR TRAINING ROOM C BLOCK
TO:- All concerned

Time:- 3pm - 4pm

23RD JANUARY 2022

CHAIRD BY :- DR. SABAH JAVED

FROM HIC COMMITTEE

AGENDA

- Review of the committee member
- Review of HAI Rates month of December 2021.
- Discussion on VAP, CLABSI & CAUTI cases of December 2021.
- Discussion on Hand Hygiene Audit, NSI Cases of December 2021.
- Discussion on BMW Management Audit month of December 2021.
- Discussion on Audits of different areas month of December 2021.

ATTENDANCE

Members Present :- DR. SABAH JAVED, DR. SABAH JAVED, MR. ASHIM KUMAR, DR. ANKIT JACOB, DR. VISHAL KUMAR & LEENA NAIR.

S No.	AGENDA POINT	DISCUSSION OF DISCUSSED POINT	RCA	ACTION PLAN	RESPONBILITY	TARGET DATE
1.	Previous Meeting points were reviewed and discussed.	Discussed. No pending points evidenced.				
2.	Discussion on HAI rates of December 2021	In December CAUTI-2, CLABSI-2, VAP-1, SSI-2 are reported.	Catheter care was not proper in ICU & the urobags are not emptying as per protocol. Bundle care was not followed properly.	On floor training was given. Regular audits to be done by speciality team. Demonstration of catheter care to be done in all critical areas.	ICN, Link Nurse	15 days
3	Discussion on VAP case of December 2021	1- VAP case was reported in December 2021.	Oral care not up to the mark. No date & time in NS bottle which was used for suction.	On floor training done. Incharges are also briefed to ensured the same.	ICN	7days
4.	Discussion on Biomedical Waste Management & policy.	Proper discarding of BMW was discussed.	During audit it was found that the wastes are not segregated properly.	On the job training to be given for all HCW.	ICN	7days
5.	Discussion on pressure Injury & preventive measures.	3 Bedsores cases was reported in December 2021.	During audits it was found that proper positioning was not given to the patients, risk assessment was not done properly.	On floor training to be given and briefed the in-charges to ensure 2hrly positioning of patients.	Speciality team	15 days

Dr. Sabah Javed

Chairperson of HIC Committee

Cc: All Members of HIC Committee

	<p>4. 500ml I.V bottle, company - acuLIFE There is leakage issue was identified in ICU's and wards. In ICU after putting the 500ml IV bottle into the pressure bag and while inflating the bag the solution drip down along with the IV sets. Even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected.</p> <p>5. Urobag, Company - Romson. There is an issue of Urine Leakage from the Urobag identified in ICU's. Issue raised by ICU nursing staff and HK staff. After emptying the urobag while securing the drainage port into the secure pocket it will got tear and later on urine leakage started from the tear site. Quality of the Urobag is not good enough. Patient with have indwelling urinary catheter's more prone to get infection and this is one of the factors causing Catheter Associated Urinary Tract Infection.</p>	
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19TH AUGUST 2022

CHAIRMAN: Dr. Sabah Javed

From: HICC Committee

Time: 3PM - 4PM



VENUE: 5TH FLOOR OLD TRAINING HALL C BLOCK

To: All Concerned

CURRENT MINUTES OF MEETING

SL. NO	AGENDA	DISCUSSION	RCA	CAPA	RESPONSIBILITY	TIME LINE
1.	Discussion on HAI rates of July 2022	In July CAUTI - 1, CLABSI - 1, SSI 1, HAP-1 case reported.	During infection control rounds of the HAP case; NIV mask was found dirty.	On floor training given on cleaning protocol of NIV mask. Regular audits to be done.	ICN, Link Nurse.	3 Days
2	Discussion on Biomedical Waste Management & policy.	Proper discarding BMW was discussed.	During rounds it was found that the waste are not segregated properly in critical areas. In Yellow - 1, Red - 2, Blue - 1 & Black 2 mixing was found in the month of July.	Then and there training given on BMW Management to the critical areas health care worker.	ICN, Link Nurse, All Incharge	5 Days
3.	Discussion on 1. Cannula Venepoint 2. I.V sets with needle 3. Leukomed Tegaderm I.V Film 4. 500ml I.V Bottle 5. Urobag	Availability of good quality Peripheral Cannula, Urobag, I.V sets without needle, 500ml I.V Bottle, Tegaderm for peripheral I.V dressing and proper hand wash solution.	During round it was noticed that; 1. Cannula Venepoint, Company Romson. During cannulization it very difficulty to piercing the skin, sharpness of the cannula is not up to the mark. After removing the cannula stylet; the front part of cannula got kinking which lead to phlebitis and risk of breakage of the front part of the cannula, frequently changed the cannula and dissatisfaction to the patient including economic burden to the patient. 2. I.V sets, company - BUY MED. As we all know that previously we are using needle less IV sets but now I.V sets which was supply in all critical & semi-critical areas are found IV sets with needle which lead to huge generation of sharps & risk for Needle Stick Injury to the Health care	All issue discussed with HOD of CDS & Purchase department and explain the risk factor which may lead Health Care Associated Infection. Ensure to make available better quality product as patient safety is first.	CDS/ Purchase / General store	7 Days

worker.	<p>3. Leukomed Tegaderm I.V Film, Company - essity. There is another issue with Leukomed Tegaderm identified in both critical and semi critical areas. Because of the poor adhesiveness it is not stick properly over the skin cause displaced the cannula and frequently change of the Tegaderm; later on developed phlebitis and dissatisfaction to the patient including economic burden to the patient.</p> <p>4. 500ml I.V bottle, company - acuLIFE There is leakage issue was identified in ICU's and wards. In ICU after putting the 500ml IV bottle into the pressure bag and while inflating the bag the solution dripped down along with the IV sets. Even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected.</p> <p>5. Urobag, Company- Romson. There is an issue of Urine Leakage from the Urobag identified in ICU's. Issue raised by ICU nursing staff and HK staff. After emptying the urobag while securing the drainage port into the secure pocket it will got tear and later on urine leakage started from the tear site. Quality of the Urobag is not good</p>
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Minutes of HIC Committee

Meeting started at: - 3PM -4PM

Venue:- 5th floor C Block Old Training Training Hall

Date: - 21/06/2022

AGENDA	<ul style="list-style-type: none"> Review of the committee member Review of HAI Rates month of May 2022. Discussion on CLABSI & CAUTI cases of May 2022. Discussion on Hand Hygiene Audit, NSI Cases and BMW Management Audit month of May 2022. Discussion on Audits of different areas month of May 2022.
ATTENDANCE	<p>Members Present :- DR. SABAH JAVED, DR. I. RAHAMAN, DR. ABHISHEK, DR. SUJITH KUMAR, DR. ANKIT JACOB, MRS. LEENA NAIR, MR. JOSEPH ANTONY, MR. JOSEPH MM, MR. JAFAR SAHBAJ, MR. JAI TRIPATHY, DR. AJAY KUMAR, MR. PUSHKAR SAHU, MR. PRADEEP SHARMA, MR. ANIL SAINI, MS. SASHIBALA, MS. PRABHASINI ROUT.</p> <p>Members Absent :- DR. S. TAMASKAR, DR. VISHAL KUMAR, DR. SANTOSH KUMAR SINGH</p>

PREVIOUS MINUTES OF MEETING

N O	Agenda	DISCUSSION	RCA	CAPA	ACTION TAKEN	Time line
1.	Previous Meeting points were reviewed and discussed.	One point is pending i.e. Proper Cleaning of Biomedical Equipment's not done in all critical areas.	In critical areas it was noticed that Biomedical equipment's was not cleaning properly. Syringe pump & ventilators found dirty. Risk for transmission of infection.	The matter discussed with housekeeping and biomedical manager. It was discussed to provide a person to clean biomedical equipment's and training given to assigned staff on how to clean biomedical equipment.	BME Incharge, HK Incharge	In Process
2	Biomedical Waste Management Rules	Plan to conduct awareness session on use of PPE while segregating, transportation of Biomedical waste.	It is noticed that during transportation of Biomedical waste housekeeping staff was not wearing gum boots.	Awareness session to be conducted on importance of PPE while segregating & transportation of Biomedical waste for all Housekeeping staff.	ICN, Link Nurse, All In charges	Done
3	Central line insertion process.	2-CLABSI case was reported in the month of April.	<ul style="list-style-type: none"> During rounds it was observed that excessive access of CVC line & CVC site found visible dirty. Maintenance care bundle was not followed properly. (safe injection and infusion practices not followed.) 	Educational session to be conducted for all HCW regarding monitoring the process of central line insertion and maintenance care bundle.	ICN, Link Nurse, All In charges	Done



4	Environmental cleaning and disinfection	Discussion on environmental cleaning and disinfection in all critical areas.	It is observed that in all critical areas most of the patient bedside found dirty.	To conduct classes on environmental cleaning and disinfection for all the housekeeping staff and housekeeping supervisors.	ICN/All Incharge	Done
5	Multi dose vial policy	Multi dose vial policy was not followed in few critical areas	During visit of the critical areas it was noticed that multi dose vial policy was not followed. No date & time mentioned in insulin & lignocaine vials.	Organize training classes on multi dose vial policy & Safe Injection and infusion practices for all HCW.	ICN, Link Nurse, All In charge	Done

CURRENT MINUTES OF MEETING

N O	AGENDA	DISCUSSION	RCA	CAPA	ACTION TAKEN	TIME LINE
1.	Cleaning of Bio medical Equipment's.	Proper Cleaning of Biomedical Equipment's not done in all critical areas.	In critical areas it was noticed that Biomedical equipment's was not cleaning properly. Syringe pump & ventilators found dirty. Risk for transmission of infection.	The matter discussed with housekeeping and biomedical manager. It was discussed to provide a person to clean biomedical equipment's and training given to assigned staff on how to clean biomedical equipment.	BME Incharge, HK In charge	15 Days
2	Biomedical Waste Management Rules	Plan to conduct awareness session on use of PPE while segregating and transporting the Biomedical waste.	It is noticed that during transportation of Biomedical waste housekeeping staff was not wearing gum boots.	Awareness session to be conducted on importance of PPE while segregating & transporting of Biomedical waste for all Housekeeping staff.	ICN, Link Nurse, All In charges	7Days
3	Discussion on pressure injury & preventive measures.	2 Bedsores cases were reported in May 2022.	During audits it was found that proper positioning was not given to the patients, risk assessment was not done properly.	On floor training to be given and briefed the in-charges to ensure 2hrly positioning of patients.	Specialty team	7Days
4	Environmental cleaning and disinfection	Discussion on environmental cleaning and disinfection in all critical areas.	It is observed that in all critical areas most of the patient bedside found dirty.	To conduct classes on environmental cleaning and disinfection for all the housekeeping staff and housekeeping supervisors.	ICN/All In charge	7Days

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



Minutes of HIC Committee

Venue: - 5th Floor C Block Old Training Hall

Date: - 19/07/2022

Meeting started at: - 3PM -4PM

AGENDA	ATTENDANCE
<ul style="list-style-type: none"> Review of the committee member Review of HAI Rates month of June 2022. Discussion on VAP, CLABSI & CAUTI cases of June 2022. Discussion on Hand Hygiene Audit, NSI Cases and BMW Management Audit month of June 2022. Discussion on Audits of different areas month of June 2022. 	<p>Members Present : -DR.SABAH JAVED, DR.L RAHAMAN, MR.K. JOSEPH ANTONY, DR. AJAY KUMAR, MR. PUSHKAR SAHU, MR. SUNIL DHARW, MR. DEVENDRA NIRMALKAR, MR. ANURODH KUMAR MISHRA, MS. TRUPTI REKHA PRADHAN, MR. RANJIT NIRALA, MS. DIMPLE LADER, ALL INCHARGES OF CRITICAL AREAS.</p> <p>Members Absent : - DR. S.TAMASKAR, DR.VISHAL KUMAR, DR. SANTOSH KUMAR SINGH, DR.SUJITH KUMAR, MR.MAYUKH CHAUDHURI, MR.POSHAN GUPTA.</p>

SN	Agenda	DISCUSSION	RCA	CAPA	ACTION	TIME
1.	Cleaning of Biome- dical Equipment	Proper Cleaning of Bio- medical equipment's no done in all critical area s.	In critical areas it was noticed that Biomed- ical equipment's was not cleaning properly.Syringe pump & ventilators found dirty. Risk for transmissi- on of infection.	It is noticed that during transportation of Bi- omedical waste housekeeping staff was no gregating & transporting of Biomedical waste for all Housekeeping staff.	The matter discussed with housekeeping and Bi- omedical manager. It was discussed to provide and training given to assigned staff on how to cl- ean biomedical equipment	Done
2	Biomedical Wast- e Management	Plan to conduct awaren- ess session on use of PPE while segre- gating and transportin- g the Biomedical waste.	During audits it was found that proper positioning was not given to the patients, risk assessment was not done properly.	On floor training to be given and briefed the in-charges to ensure 2hrly positioning of patients.	ICN,Link N All In charges	Done
3	Discussion on pressure injury & prevention measures.	2 Bedsores cases was reported in May 2022.	It is observed that in all critical areas most of the patient bedside found dirty.	To conduct classes on environmental cleaning and disinfection for all the housekeeping staff and housekeepin- g supervisors.	Special ity team	Done
4	Environmental cl- eaning and disin- fection in all critical area s.	Discussion on environm- ental cleaning and disin- fection in all critical area s.			ICN/All In charge	Done



CURRENT MINUTES OF MEETING

N	0	ACTION TIME	AGENDA	DISCUSSION	RCA	CAPA
1.	Cleaning of Biomedical Equipment	15 Days	Biomedical Waste Management	Proper Cleaning of Bio medical Equipment's not done in all critical areas.	In critical areas it was noticed that Biomedical equipment's were not cleaned properly. Machine found dirty. Risk for transmission of infection.	The matter discussed with housekeeping and biomedical manager. It was discussed to provide a person to clean biomedical equipment's and training given to assigned staff on how to clean biomedical equipment.
2.	Biomedical Waste Management	7 Days	Proper Management of sharps.	Proper handling of sharp was not proper; sharps should be discarded immediately after use.	During OT audit it was found that the proper handling of sharp was not proper; sharps should be discarded immediately after use.	Then and there training given on Do's & Don'ts of sharps & NSI protocol for all health care worker of OT.
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4.	Discussion on quality of Peripheral Cannula, Urobag, LV sets with 500ml LV Bottle, Tegaderm LV Film 4 500ml LV Bottle 5. Hand wash solution quality.	15 Days	Availability of good quality of Peripheral Cannula, Urobag, LV sets without needle, 500ml LV Bottle, Tegaderm LV Film 4 500ml LV Bottle 5. Hand wash solution quality.	During round it was noticed that:	All issue discussed with HOD of CDS & Health Care Associated Infection. Ensure to make available better quality product as device associated risk factor which may lead to patient safety is first.	2. LV sets, company - BUY MED. As we all know that previously we are using needle less IV sets but now LV sets which was supply in all critical &



			<p>semi-critical areas are found IV sets with needle which lead to huge generation of sharps & risk for Needle Stick Injury to the Health care worker.</p> <p>3. Leukomed Tegaderm I.V Film, Company - essity. There is another issue with Leukomed Tegaderm identified in both critical and semi critical areas. Because of the poor adhesiveness it is not stick properly over the skin cause displaced the cannula and frequently change of the Tegaderm ; later on developed phlebitis and dissatisfaction to the patient including economic burden to the patient.</p> <p>4. 500ml I.V bottle, company - acuLIFE There is leakage issue was identified in ICU's and wards. In ICU after putting the 500ml IV bottle into the pressure bag and while inflating the bag the solution drip down along with the IV sets. Even after carefully pricking the IV bottle; it get started leakage which may lead blood stream infection to the patient and due to this safe infusion practices will be affected.</p> <p>5. Urobag, Company - Romson. There is an issue of Urine Leakage from the Urobag identified in ICU's. Issue raised by ICU nursing staff and HK staff. After emptying the urobag while securing the drainage port into the secure pocket it will got tear and later on urine leakage started from the tear site. Quality of the</p>	
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		Urobag is not good enough. Patient with have indwelling urinary catheter's more prone to get infection and this is one of the factors causing Catheter Associated Urinary Tract Infection.		
		6. It was noticed that the Hand wash solution consistency(texture) was not up to the mark; hands are getting dry, require more solution for hand wash causing increasing in consumption.		

Sabah

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