

MSSSH/DPCC/81

June 21, 2018

Sr. Env. Engineer
WMC - I
Delhi Pollution Control Committee
IVth floor, ISBT Building
Kashmere Gate
New Delhi - 110 006

29/6/18
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Sub: Submission of Annual Report under BMW rules for the period January 2017 to December, 2017

Dear Sir,

We are enclosing herewith Annual report in Form - IV with respect to Bio-Medical waste generated at Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Mandir Marg, Saket, New Delhi - 110 017 for the year January, 2017 to December, 2017.

We have an agreement with M/s. Biotic Waste Solutions Private Ltd. for disposal of Bio-Medical Waste generated in the hospital and the said agreement is valid till 31st March, 2019.

We are also enclosing herewith yearly collection report for 2017 issued by Biotic Waste Solution Pvt. Ltd.

Thanking you,

Yours faithfully,

For Max Smart Super Speciality Hospital

(a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences)


Nitin Navish Gupta
Vice President - Operations

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 preceeding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

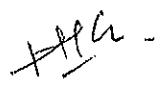
Sl. No	Particulars	
1	Particulars of the occupier	
	(i) Name of the Authorised person (occupier or operator of facility):	: Mr. Nitin Navish Gupta
	(ii) Name of HCF or CBMWTF	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences)
	(iii) Address for Correspondence	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017
	(iv) Address of Facility	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017
	(v) Tel. No. Fax No.	: 011 - 71212121
	(vi) Email ID	: susheela.krishnan@maxhealthcare.com
	(vii) URL of Website	: maxhealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	: 28.527267, 77.211482
	(ix) Ownership of HCF or CBMWTF	: Private Hospital
	(x) Status of Authorisation under the Bio-Medical Waste (management and Handling) Rules	: Authorisation No. DPCC/(11)(5)(887)/S-010/BMW-06/542 valid up to :11.09.2019
	(xi) Status of Consents under Water Act and Air Act	: Consent Order No. DPCC/WMC/2015/35910 Valid upto 10.08.2019
2	Type of Health Care Facility	
	(i) Bedded Hospital	: 214 bedded Hospital
	(ii) Non Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: Not Applicable
	(iii) License number and its date of expiry	: Regn. No. DGHS/NH/137 - valid upto 31.03.2020

3	Details of CBMWTF	: Biotic Waste Solutions Pvt. Ltd. 46-SSI Industrial Area, GTK Road, Delhi-110033			
	(i) Number of healthcare facilities covered by CBMWTF	: Not Applicable			
	(ii) No. of beds covered by CBMWTF	: Not Applicable			
	(iii) Installed treatment and disposal capacity of CBMWTF	: Not Applicable			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: Not Applicable			
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : 31220 Kg. p.a.			
		Red Category : 66492 Kg. p.a.			
		White : 4155 Kg. p.a.			
		Blue Category : 12917 Kg. p.a.			
		General Solid Waste : 99361 Kg. p.a.			
5	Details of Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	: Size : 484 sq,ft			
		Capacity : storage capacity of 760 kg/day			
		Provision of on-site storage : Air Conditioners installed in storage area			
	(ii) Disposal Facilities	: Agreement with Biotic Waste Solutions Pvt. Ltd. For disposal of Bio Medical Waste			
		Type of treatment equipment	No. of Units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators	Not applicable		
		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	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass etc.) : Not Applicable
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Not Applicable
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	Quantity Where generated and disposed
		Incineration Ash :	Not applicable
		ETP Sludge :	Not applicable
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic Waste Solutions Pvt. Ltd.
	(vii) List of member HCF not handed over bio-medical waste	:	Not Applicable
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	:	We have Infection Control Committee which is monitoring the activities related to Bio Medical Waste management. Minutes of the meeting held during the period are attached as Annexure - A
7	Details of trainings conducted on BMW		
	(i) Number of trainings conducted on BMW management	:	188
	(ii) Number of personnel trained	:	All employees are trained
	(iii) Number of personnel trained at the time of induction	:	612 (100% employees are covered in induction)
	(vi) Number of personnel not undergone any training so far	:	Nil
	(v) Whether standard manual for training is available ?	:	Infection Control Manual is available and Bio Medical Waste management is a part of the same
	(vi) Any other information	:	Nil
8	Details of the accidents occurred during the year	:	None
	(i) Number of Accidents occurred	:	Nil
	(ii) Number of persons affected	:	Nil

	(iii) Remedial action taken (Please attach details if any)	: Not applicable
	(iv) Any Fatality occurred, details	: None
9	Are you meeting the standards of Air Pollution from the incinerator? How many times in last year could not met the standards?	: Not applicable
	Details of Continuous online emission monitoring systems installed	: Not applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	: STP installed. We always met the standards
11	Is the disinfection method or sterilization meeting the log 4 standard? How many times you have not met the standards in a year?	: Not applicable
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator) : Not applicable

Certified that the above report is for the period from 1st January, 2017 to 31st December, 2017.


Nitin Navish Gupta
Vice President - Operations

Date : 25.06.2018

Place : New Delhi



BIOTIC WASTE SOLUTIONS PVT LTD

☎ 011-42528100
011-42528102

✉ info@biotic.co.in
www.biotic.co.in

📍 46/47, 5th Industrial Area
G.T. Karnal Road, Delhi-110044

ANNUAL REPORT 2017.

NAME:- Max Smart Super Speciality Hospital Saket (A Unit Of Gujramal Modi Hospital & Research Centre For Medical Sciences)

Address:- Mandir Marg, Saket, New Delhi -110017

REGN. NO.:-460

Months	Incinerable (Kgs)	Autoclavable (Kgs)	White Sharp(Kgs)	Blue (Kgs)
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January, 2017	5810	2286	667	356
February, 2017	4464	2217	578	508
March, 2017	5458	2574	943	422
April, 2017	6852	2492	1002	387
May, 2017	4520	2179	877	323
June, 2017	4941	2009	960	267
July, 2017	6223	3133	1493	309
August, 2017	6671	2801	1355	305
September, 2017	6362	2801	1258	333
October, 2017	6411	2927	1568	225
November, 2017	4235	3057	1126	346
December, 2017	4545	2745	1090	374



INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, 14th Feb 2017

Time: 3.00 pm – 4.00 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Dr Mukul Kapoor; Dr Bansidhar Tarai; Gaje Singh; Manju Devi Tyagi; Dr Prakash Singh; Dr. Chandra Shekhar Singha; Dr Nutan Panda; Dr Sahar Qureshi; Dr Manju Mani; Dr Alka Gujral; Dr Bela Makhija; Dr Bhaskar

Leave of Absence: Anju Panwar; Dr. Prashant Saxena; Dr. Alka Bhasin;

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Infection Control Update
3. Update on Biomedical waste Management
4. Discussion on following Items:
 - a. Update on Maximizer Project for reducing VAP
 - b. Infection Control Practices in PICU
 - c. Restricted Antibiotics Usage
 - d. Barrier Nursing Protocol
 - e. Protocol on wearing of Surgical Masks during Hysteroscopic and Laparoscopic surgeries
5. Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
1.	The meeting started with an update on Last MOM by all concerned stakeholders All Points were closed except the below mentioned point:		
	Ref: Last MOM Pt 1: Method to be explore to trace back all the patients with culture positive report by means of UHID so that, previous reports can also be referred in case of readmission of patient Status Update: Dr Bansidhar shared with the forum that in current set up, it will not be possible.		
	It was recommended that at least in case of Infectious Diseases like MRSA, some kind of tag should be put against the UHID of patient.	Feasibility to be explored with IT Team – Dr Bansidhar	31 st Mar 2017
2.	Ref: Last MOM Pt 2: In order to view the trends of Lab Values for OPD patients, all clinicians to provide their details to Quality Team for getting their HIS ID created	All Clinicians	31 st Mar 2017

Discussion on Infection Rates: It was shared with the forum that quality improvement projects have been taken up for reducing overall VAP rate & eradication of Acinetobacter from PICU. The detailed RCA findings of VAP, CAUTI, CRBSI & SSI were shared with the forum. For VAP prevention, following additional points were discussed:			
3.	It was recommended that in order to ensure proper disinfection & cleaning of expiratory valves, extra number of expiratory valves to be procured.	Manju Tyagi/Manisha Rattan ascertain the number of additional expiratory valves required & shared with Navindra Kumar	31 st Mar 2017
4.	In order to improve oral hygiene of Ventilated Patient, it has been proposed to procure Mouth wash containing chlorhexidine gluconate 0.12% & chlorhexidine mouth wash gel	Brijesh Kumar	31 st Mar 2017
5.	It was also discussed that training of 100% of PICU staff on Drager Ventilators to be completed	Shilpa Sharma to complete the training with the help of BME	31 st Mar 2017
6.	PICU Nurses training on VAP prevention bundles to be strengthened	Manisha Rattan	15 th Apr 2017
7.	CAUTI rates of last 3 months were showed. It was recommended that urobags with strong & broader hooks are required because when nurses are trying to hang the urobags, the hooks are getting cracked		
	Samples of urobags with broader hooks to be made available	Brijesh Kumar	30 th Apr 2017
8.	The size of surgical drapes to be relooked. Few sets with medium size of surgical drapes also to be made available.	Anju Panwar & Gaje Singh to work on it. Inputs to be taken from Dr Mukul	30 th Apr 2017
9.	Audit on Surgical Prophylaxis to be carried out & findings to be shared	Quality Team	15 th Apr 2017
10.	Discussion on Restricted Antibiotics: The point was raised in the meeting that awareness level of junior doctors & nurses on floors regarding restricted antibiotics is not adequate & that is why the less of Restricted antibiotics justification forms are getting filled from floors.		
	Training of junior doctors & nurses to be carried out for raising awareness regarding restricted antibiotics	Manisha Rattan	15 th Apr 2017
11.	Discussion on Barrier Nursing: It was also brought to the notice of Committee Members that currently sterile gowns are provided in barrier nursing is indicated		
	It was decided that all nursing staff to be briefed to keep Clean full sleeves gowns for use in case Barrier Nursing Precaution need to be taken	Manisha Rattan to do the briefing	31 st Mar 2017
12.	Doorknob Hangers for different category of Isolation Precautions to be indented & implemented	Manisha Rattan	31 st Mar 2017

13.	Discussion on Needle Stick Injuries: The trends have shown few NSIs were due to prick from the Lancet needle as currently the staff is manually pulling the needle from lancing device		
	It has been recommended that going forward lancing device with ejector to be procured & used on the floors. This device is already been used in other hubs.	Brijesh Kumar to find out the product code & share it with Manisha Rattan for indenting	31 st Mar 2017
14.	Protocol on wearing of Surgical Masks during Hysteroscopic and Laparoscopic surgeries		
	It was discussed and agreed upon that for all surgeries including Hysteroscopic and Laparoscopic surgeries, the surgeons will ensure compliance to wearing of surgical mask in such a way that it covers both the nose and mouth completely	All Surgeons	31 st Mar 2017

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, 2nd May 2017 **Time:** 3.30 pm – 4.00 pm

Venue: DSA Lab Conference Room

Chaired by: Dr Arun Dewan

Present: Dr.Trilochan Singh Jain; Bansidhar Dr. Tarai; Gaje Singh; Manju Devi Tyagi; Dr Nutan Panda; Sahar Qureshi; Anju Panwar; Dr Ritesh Aggarwal; Dr Prashant Saxena; Dr. Alka Bhasin; Yogesh Marwaha; Dr. Nidhi M Dev; Dr Sumeet Shah

Leave of Absence: Dr Mukul Kapoor; Dr. Alka Bhasin; Dr. Chandra Shekhar Singha;

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Discussion on creating a separate entrance directly from corridor to OT doctor's lounge. So that doctors are able to access the OT Doctors lounge from outside without having to change into OT clothes.
3. Infection Control Update including HAI rates / bundle compliances / antibiotics trends/ biomedical waste management compliance
4. Discussion on the following items
 - ✓ Increased Number of Needle Stick Injuries
 - ✓ Ralstonia Mannitollytica bacteremia cases
 - ✓ Carbapenem- resistant Enterobacteriaceae (CRE) cases
5. Any other item with permission of the chairperson

S.No.	Actionable Items	Responsibility	Timeline
Agenda 1: The meeting started with an update on Last MOM by all concerned stakeholders All Points were closed except the below mentioned point:			
1.	Ref: Last MOM Pt 1: Deferred for now. At backend, Lab team is trying to figure out the feasibility to tag infectious disease with the UHID of the patient		
2.	Ref: Last MOM Pt 8: The size of surgical drapes to be relooked. Few sets with medium size of surgical drapes also to be made available.	Still pending Dr Sahar Qureshi & Anju Panwar to get it sort out	31 st May 2017
Agenda No 2: Discussion on creating a separate entrance directly from corridor to OT doctor's lounge: In view of current infrastructural constraints, the proposal was deferred.			
Agenda No 3: Infection Control Update including HAI rates/ bundle compliances /antibiotics trends/ biomedical waste management compliance. Infection rates of the last quarter were shared. One concern was shared with the forum that BME team is taking lot of time to get the hooks attached to ICU beds & mechanism to be explored to			

expedite the process			
3.	BME team to expedite the process for getting the hooks attached to ICU beds	Vijin Varghese	15 th June 2017
4.	It was also proposed that CSSD team should work on separating the Arterial & Central line sets.	Gaje Singh to work on logistics	15 th June 2017
5.	It was proposed that in case of barrier nursing, option for creating the information leaflet for staff containing key do's & don't to be considered	Initial draft to be shared with Infection Prevention Task force	15 th June 2017
Antibiotics Usage & Ref: Last MOM Pt 9: Last quarter DDD trends of antibiotics were shared. It was told that in the last year we have reduced our DDD significantly (from 128.09 to 118.31) especially restricted antibiotics and in this year focus need to be put on promoting rational use of antibiotics in general It was also shared that Antibiotic Usage audit has been done for OBG & ER. The audit findings of OBG have been shared. Now the revised guidelines will be made.			
6.	Antibiotic Usage audit findings to be shared with ER Team	Infection Prevention Task force	31 st May 2017
7.	Surgical Prophylaxis Guidelines for OBG to be revised & finalized along with OBG team	Infection Prevention Task force	15 th June 2017
Agenda No 4: Ralstonia Mannitolilytica bacteremia cases: it was shared that recently in 2 cases, it has come positive			
8.	It was proposed that separate meeting of Infection Prevention Task force to be conducted along with Dialysis team and action plan to made to address the problem	Done	Done
9.	Bed side RO water pipes in ICU 2 & ICU 3 to be checked for functionality for addressing problem of leakage of water from pipe of portable dialysis machine	Yogesh Marwaha	20 th May 2017
10.	Part B Samples to be made part of routine monthly surveillance samples	Manisha Rattan	With Immediate Effect
Agenda No 5: Carbapenem- resistant Enterobacteriaceae (CRE) cases: It was discussed that recently sharp increase in number of CRE cases has been seen. In April 16 cases were reported. The risk factors & action plan to reduce the number of CRE cases was shared			
11.	It was proposed that in order to curb this problem, hand hygiene compliance to be ensured Surprise checks to be done to ensure the adherence to Hand Hygiene	Infection Prevention Task force	Ongoing

Agenda No 6: Increased Number of Needle Stick Injuries – It was told that within last 1 month, 3 NSIs have been reported in Housekeeping staff. It was shared that the current practices of cleaning bins by HK staff not appropriate & even there are flaws in BMW segregation at the point of generation by Nurses & doctors

12.	Reinforcement of training of Doctors & Nurses & paramedics to ensure proper BMW segregation to be carried out	Manisha Rattan	15 th June 2017
13.	Housekeeping protocols to be relooked & the HK supervisors to ensure that HK staff is not putting his/her hand in the bin to pick the waste	Anju Panwar	15 th June 2017
14.	Industrial gloves to be made available for HK staff & compliance to wearing of industrial gloves at the time of cleaning to be ensured	Anju Panwar	15 th June 2017

Agenda No 7: It was brought to the notice of committee that the cleaning between 2 OT cases is not happening properly

15.	It was decided that it will be discussed in OT Users Committee & inputs will be taken.	Dr Mukul Kapoor	Done
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Agenda No 8: Status update on implementation of BMW guidelines was given. It was shared with the forum that demo for bar coding has already been completed & the vendor is fixing some software related issues

Plan of BMW guidelines implementation was shared. It was told that training of nurses & HK staff has been initiated

16.	Sensitization of staff on New BMW guidelines to be completed & guidelines to be implemented	Manisha Rattan	31 st May 2017
17.	Agenda 9: Protocol for wearing white coats by doctor: It was shared that recently one study has been published & as per it around 94% of coats are contaminated It was proposed that a policy should be developed & implemented at Pan Max level. Therefore matter to be discussed in Central PSIC or Central HIC committee for action		
		Dr T S Jain/Dr Manju Mani/Dr Arun Dewan	30 th June 2017

Agenda No 10: Plan for Hand Hygiene Day Celebration : It was shared that as WHO celebrates 5 May as Hand Hygiene Day and some activities should be done in the hospital to raise awareness among health care providers at Max Smart

18.	It was decided that one week long Hand Hygiene drive will be organized starting from 5 th May	Infection Prevention Task force	5 th May 2017 (Done)
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INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Monday 7th Aug 2017 **Time:** 3.00 pm – 4.00 pm **Venue:** Conference Room

Chaired by: Dr Arun Dewan

Present:

Dr T.S Jain ; Dr. Alka Bhasin; Dr. Prakash Singh ; Dr Manju Mani ; Dr. Manish Mohil; Dr. Yogesh Agarwala; Dr. Mukul Kapoor; Dr Bansidhar Tarai ; Manisha Rattan; Dr. Nidhi M Dev; Gaje Singh; Chandana Baisya; Manju Tyagi ; Chandana Baisya

Leave of Absence: Anuj Panwar; Dr. Prashant Saxena

Agenda Items will be:

1. Update on the last meeting's actionable points (Please find the attached for your reference)
2. Infection Control Update
3. Update on Biomedical waste Management
4. Discussion on following Items:
 - a. Ways for improving Catheter Care
 - b. Strengthening of compliance to Extubation Criteria
 - c. Steps to be taken for strengthening Restricted Antibiotics Protocol
 - d. Antibiotic Policy based on Hospital's antibiogram
 - e. Policy on Sharp Containers
5. Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
	The meeting started with an update on Last MOM by all concerned stakeholders All Points were closed except the below mentioned point:		
1.	Method to be explore to trace back all the patients with culture positive report by means of UHID so that, previous reports can also be referred in case of readmission of patient (Ref: Last MOM Pt 1)	It was decided that Dr Bansidhar will discuss the issue with IT Team	31 st Aug 2017
2.	It was also proposed that provision should be explored where the trends of Lab Values can also be included in Lab Reports of OPD Patients	Dr Bansidhar to discuss the same with IT Team	31 st Aug 2017

3.	The microbiologist briefed everyone that now suspected HAIs can also be picked with the help of IT generated report in Pentaho database Viewing rights to be provided to ICN	Dr Bansidhar to provide Pentaho Report viewing rights to Manisha Rattan	30 th Sept 2017
4.	Phlebitis Audit Findings were shared by ICN A concern was raised by the committee members that the awareness among the staff regarding the measures to be taken for preventing phlebitis need to be improved and also reporting of phlebitis to be increased		
	Training of all nurses to be carried out by ICN on IV Cannula Care & Phlebitis Incident Reporting	Manisha Rattan	30 th Sept 2017
5.	Discussion on VAP Rates of Last Quarter: RCA Findings were shared with all the stakeholders. - It was discussed that in order to prevent VAPs, focus to be put on strictly following the extubation criteria in all the patients including OT. - At the time of extubation, the Vitals including GCS to be mentioned in the Post-operative records by Anesthetist		
		Dr Mukul Kapoor to brief all the doctors	30 th Sept 2017
6.	- It was shared with all the HIC member that as new HICH initiative, Surveillance for Ventilator-associated Events will be started - ICN to carry out the sessions for sensitizing the doctors & nurses about the criteria for reporting VAEs	Manisha Rattan	30 th Sept 2017
7.	Discussion on SSI Rates of Last Quarter: RCA Findings were shared with all the stakeholders. It was decided that as a system learning, the hand out on the Wound Care should be revised. The content to be added in the handout for telling the patient to use only sterile dressing material for surgical site dressing at home		
		Manisha Rattan	30 th Sept 2017
8.	Discussion on CAUTI Rates of Last Quarter: RCA Findings were shared with all the stakeholders It was shared by the Director – Critical Care that there is a structural defect in the patient's bed. The hook where the urine bags are supposed to be hanged is very low lying and due to which the		

	hanged urine bags are almost touching the floor. - In order to avoid this possible contamination, a new place for hanging urine bags has already been identified - The ICN to trained all the nursing staff in the same	Manisha Rattan	30 th Sept 2017
Discussion on CRBSI Rates of Last Quarter: RCA Findings were shared with all the stakeholders. (1 Case in the Last Quarter)			
9.	- It was suggested that going forward, the number of patients with Multi-Drug Resistant Organisms to be tracked & included in HIC update. - Data to include MDROs : MRSA, VRE, Carbapenem-resistant <i>Pseudomonas aeruginosa</i>, Carbapenem-resistant <i>Klebsiella pneumonia</i>, carbapenem-resistant <i>Acinetobacter</i>, carbapenem-resistant <i>Enterobacter</i>	Manisha Rattan	30 th Sept 2017
10.	- The revised Infection Control Bundles were shown to all HIC Members - It was suggested that the revised Infection Control Bundles should be circulated to all the HIC Members for their inputs	Dr Arun Dewan	30 th Sept 2017
Discussion on Restricted Antibiotics Consumption			
11.	- A concern was raised by ICN that all restricted antibiotics justification forms are not getting filled within 48 hours of initiating restricted antibiotics. - It was recommended by the HIC committee that for ensuring adherence to the laid down policy, consultant wise data to be circulated to Infection Control Task force on weekly basis in case of any delay in getting the forms filled.	Manisha Rattan	With Immediate Effect
12.	- It was observed that not all combinations of restricted antibiotics are been tracked especially the newly introduced one Eg Meropenem & Tazobactam sodium ; voriconazole and tigecycline - Consumption to be tracked & restricted antibiotics forms to be filled for the same	Manisha Rattan to get the data from Brijesh Kumar & initiate the process of getting the forms filled.	With Immediate Effect

13.	It was recommended that now onwards risk stratification for patients on Restricted antibiotics to be done & the data to be shared in the HIC meetings	Dr Bansidhar Tarai/Manisha Rattan	With Immediate Effect
Discussion on Sharp Containers - New Biomedical Waste Management Guidelines			
14.	- The samples of all type of Shape Containers were shown to HIC members - It was decided that in order to ensure discarding of sharps at the point of use, 0.5 L White colored containers to be used in Non-Critical Areas. These containers will be carried along with Injection tray in wards 8 L White colored containers to be used in the critical areas like ICUs, Dialysis etc.	Procurement to be initiated by Commercials – Mr Raj Rishi Madan	30 th Sept 2017
15.	After procurement, implementation to be carried out by the nursing team	Manju Tyagi	30 th Sept 2017

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, October 31, 2017

Time: 3.30 pm – 4.00 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Bansidhar Dr. Tarai; Gaje Singh; Manju Devi Tyagi; Dr Nutan Panda; Dr Sahar Qureshi; Anju Panwar; Dr Ritesh Aggarwal; Dr. Nidhi M Dev; Dr Bela Makhija; Dr Mukul Kapoor ; Dr. Alka Bhasin; Brajesh Kumar ; Smriti Verma

Leave of Absence: Dr. Chandra Shekhar Singha; Dr Prashant Saxena; Vijin Varghese

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Infection Control Update including HAI rates / bundle compliances /antibiotics trends/ biomedical waste management compliance
3. Discussion on the following items
 - Concept of VAEs
 - Discussion on measures to be taken to control increased rate of Infections
 - Restricted Antibiotics Forms
 - Availability of Cut Sheets
 - Cleaning between OTs
4. Any other item with permission of the chairperson

S.No.	Actionable Items	Responsibility	Timeline
Agenda 1: The meeting started with an update on Last MOM by all concerned stakeholders.			
Closure for the following points was pending:			
S.No	Actionable items	Responsibility	Timeline
1.	Ref: Last MOM Pt 2: The size of surgical drapes to be relooked. Few sets with medium size of surgical drapes also to be made available.	Gaje Singh	Closure received on 14 th Nov
2.	Ref: Last MOM Pt 3: BME team to expedite the process for getting the hooks attached to ICU beds	Vijin Varghese	Pending
3.	Ref: Last MOM Pt 4: It was also proposed that CSSD team should work on separating the Arterial & Central line sets.	Gaje Singh	Closure received on 14 th Nov
4.	Ref: Last MOM Pt 6: Antibiotic Usage audit findings to be shared with ER Team	Manisha to communicate the dates	Pending
It was reiterated by Chairman-Infection Prevention Committee that all stakeholders should ensure			

timely closure of all the points discussed in the meeting.

Agenda 2: Concept of VAEs: Brief presentation on the CDC definition of VAEs was made by ICN. It was shared with the forum that from January onwards, this data will also be included in Monthly Business Review. Last 4 months trends of VAC, IVAC & PVAP were shared with the forum.

A concern was raised on the increasing trends of VAP. It was shared with the forum that there are problems with new nurses pertaining to their skill set. And even team leaders are been given a ventilated patient as a result care is getting compromised because TLs need to take care of administrative work also.

5.	It was discussed & agreed upon that the training of new nurses will be strengthened. Re-assessment has to be carried out on monthly basis by ICU team In case any competency related issue persists, the particular nurse to be shifted out from ICU	Manju Tyagi	With immediate effect
6.	It was also shared that around 6 senior nurses were leaving in the month of November. Timely hiring of skilled nurses to be ensured	Manju Tyagi/Smriti Verma	With Immediate effect

Agenda No 3: It was told there is an issue with availability of Cut Sheets.

7.	Issue pertaining to availability of Cut Sheets has to be resolved	Dr Sahar Qureshi	30 th Nov 2017
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Agenda No 4: It was shared with the forum, that after launching of CPRS, restricted antibiotic justification forms are not getting filled. And in CPRS, currently there is no mechanism to cross check the justification given by the doctor and follow up for de-escalation

8.	It is decided that manual restricted antibiotic justification forms will be re-launched Communication to be sent from Medical Director's side	Dr T S Jain	30 th Nov 2017
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Agenda No 5: It was told that as per current protocol, flushing of IV lines with Heplock is not been done. Due to which in many patients, IV lines get blocked and flushing with normal saline is not adequate.

9.	It was decided that ICN will share the supporting literature for not using Heplock for IV line flushing And if sufficient literature to support is not available then the protocol for using Heplock for IV line flushing to be re-started	Manisha Rattan	Ongoing
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Agenda No 6: Biomedical Waste Management:

- Biomedical Waste Management Audit findings were shared with the forum.
- Increased Number of Needle Stick Injuries – It was told that within last 2 month, 5 NSIs have been reported in Sept & Oct 17.

10.	Reinforcement of training of Doctors & Nurses & paramedics to ensure proper BMW segregation to be carried out and action plan to be shared for reducing NSI rate	Manisha Rattan	30 th Nov 2017
11.	Training of new HK and nurse staff to be strengthened	Manisha Rattan	30 th Nov 2017

Agenda No 7: It was brought to the notice of committee that the cleaning between 2 OT cases is not happening properly

12.	It was decided that it will be discussed in OT Users Committee & inputs will be taken.	Dr Mukul Kapoor	Done
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FORM - I

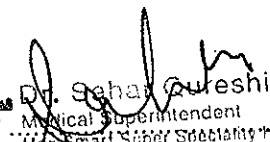
[See Rule 4 (O), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and Time of accident : Nil
2. Time of Accident : Ni
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : N.A.
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accident on human health and the environment : N.A.
7. Emergency measures taken : N.A.
8. Steps taken to alleviate the effect of accident : N.A.
9. Steps taken to prevent the recurrence of such an accident : N.A.
10. Does your facility has an emergency control policy ? if yes give details : YES
: Copy attached as Annexure - A

Date :

Place :

MAX 
Signature : Dr. Sahaj Gureshi
Medical Superintendent
MAX Smart Super Specialty Hospital....
(A Unit of Gujarmal Modi Hospital &
Research Centre for Medical Sciences)
DMC Regn. No.-63280

Designation