



SSSH / SMA / LET / 2019 / 02/222

Dated: 29th February' 2020

Delhi Pollution Control Committee
Department of Environment
Govt. of NCT of Delhi
4th & 5th Floor, ISBT Building
Kashmere Gate
Delhi - 110 006

Subject: Annual Report Bio - Medical Wastage generated during the year 2019


Enclosed please find herewith the duly filled - in annual report, average monthly bio - medical wastage generated and disposed off in respect of this hospital during the year 2019 for your further necessary action please.

Please acknowledge.

Thanking you

Yours faithfully

For **SAROJ SUPER SPECIALITY HOSPITAL**


SR. MANAGER ADMINISTRATION
SENIOR MANAGER ADMINISTRATION
SAROJ SUPER SPECIALITY HOSPITAL
SEC.-14 (Extn.) INSTITUTIONAL AREA,
NEAR MADHUBAN CHOWK, ROHINI,
DELHI - 110085

Encls: As above

ED412368712IN IVR:6768612368712
SP ROHINI COURTS SO <110085>
Counter No:1,02/03/2020,14:55
To: D P C COMMITTEE, KASHMERE GAT
PIN:110006, Delhi GPO
From: SAROJ, ROHINI
Wt:100gms
Amt:29.50(Cash)Tax:4.50
<Track on www.indiapost.gov.in>
<Dial 1800 266 6868>



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EMERGENCY 011 4944 4444

Run by - Shri Ganesh Das Chawla Charitable Trust

"Save a life. Come forth for Organ Donation. अंगदान एक महादान है ।"

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 (CBMWTF)].

Sl. No.	Particulars	:	
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	SATISH CHANDRA YADAV
	(ii) Name of HCF or CBMWTF	:	SAROJ SUPER SPECIALITY HOSPITAL
	(iii) Address for Correspondence	:	Sec-14, Extn. MADHUBAN CHOUK ROHINI
	(iv) Address of Facility	:	— do —
	(v) Tel. No, Fax. No	:	011-47903333, 011-22903333
	(vi) E-mail ID	:	satish@sarojhospital.com
	(vii) URL of Website	:	www.sarojhospital.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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	MEDICAL CARE
	(i) Bedded Hospital	:	No. of Beds: 154
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N.A
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	Biotic Waste Solution Pvt-2
	(i) Number healthcare facilities covered by CBMWTF	:	N.A 46-47, SSJ Ind. Ad G.T. ROAD, DELHI-3
	(ii) No of beds covered by CBMWTF	:	N.A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day N.A


	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day	<i>N.A.</i>
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category	: 9896
			Red Category	: 8588
			White:	1224
			Blue Category	: 4516
			General Solid waste:	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility			
	(i) Details of the on-site storage facility	:	Size	:
			Capacity	: <i>N.A.</i>
			Provision of on-site storage	: (cold storage or any other provision)
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of units
				Capacity
				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:	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	
				<i>N.A.</i>
	(iv) No of vehicles used for collection and transportation of biomedical waste	:		<i>N.A.</i>
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	— N/A —
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		— N.A —
	(vii) List of member HCF not handed over bio-medical waste.		— N.A —
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES (copy enclosed)
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		120
	(ii) number of personnel trained		240
	(iii) number of personnel trained at the time of induction		240
	(iv) number of personnel not undergone any training so far		— N.A —
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year.		
	(i) Number of Accidents occurred		— N.A —
	(ii) Number of the persons affected		— N.A —
	(iii) Remedial Action taken (Please attach details if any)		— N.A —
	(iv) Any Fatality occurred, details.		— N.A —
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		— N.A —
	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?		— N.A —
11	Is the disinfection method or sterilization meeting the log 4		— N.A —

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) - A.A -

Certified that the above report is for the period from

.....
 01-01-2019 TO 31-12-2019


 Name and Signature of the Head of the Institution
 SENIOR MANAGER
 SAROJ SUPER SPECIALITY HOSPITAL
 SEC.-14 (Extn.) INSTITUTIONAL AREA,
 NEAR MADHUBAN CHOWK, ROHINI,
 DELHI-110085

Date: 29/2/2020
 Place: NEW DELHI



Saroj Super Speciality Hospital
Madhuban Chowk, Rohini, Delhi-110085



SH/NABH/ Nov. 2019/ Infection Control Comm./11

Date: 28.11.2019

Project Name: Infection Control Committee
Purpose: To prevent and reduce the risk of health care associated infections
Date of Meeting: November 28, 2019
Location: NABH Room (4th Floor)
Date of issue: November 28, 2019

Attendees:

Name	Designation	Signature
DR. M.S. SIJWALI	SR. CONSULTANT MICROBIOLOGIST	
DR. NISHA JAIN	HOD GYNE & OBST.	
DR. DHIRAJ MALIK	DMS & QUALITY HEAD	
DR. KIRAN CHAWLA	DY. G.M. (MEDICAL OPERATIONS)	
MRS. MARY YESUDASAN	NURSING SUPRINTENDENT	
SIS. ANJANA RAYMOND	SR. INFECTION CONTROL NURSE	
MR. NITESH KUMAR	OT IN-CHARGE	
BRO. ANISH T.S.	INFECTION CONTROL NURSE	
MR. RAJESH BHARDWAJ	CHIEF ENGINEER	

SATISH CHANDRA YADAV
SENIOR MANAGER, ADMINISTRATION
SAROJ SUPER SPECIALITY HOSPITAL
44 (Extn.) INSTITUTIONAL AREA,
MADHUBAN CHOWK, ROHINI,

MR. AJAY SINGH TOMAR	CIVIL ENGINEER	A
MS. TEENA SHARMA	DY. HOUSEKEEPING MANAGER	Teena Sharma
MS. MANISHA BHARDWAJ	NURSING TUTOR	(M)
MR. RAMESH ARYA	CSSD INCHARGE	
MR. RAVI	HOUSEKEEPING SUPERVISOR	


Minutes of the last meeting :

The minutes of the last meeting were true and were implemented.


Distribution :

- Medical Director
- Director Administration
- All attendees

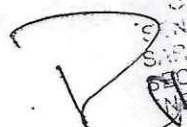
Sr. No.	Agenda	Discussion / Action	Responsibility	Target date / Remark
1.	Quality indicator	<p>Quality indicator for the month of September 2019 was discussed among the committee members.</p> <ol style="list-style-type: none"> 1. Urinary tract infection rate is 1.68 (Benchmark 4-7) 2. Pneumonia (VAP) rate is 8.06 (Benchmark 3-9.5) 3. Bloodstream infection rate is 9.52 (Benchmark 2.5-5) 4. Surgical site infection rate is 0 (Benchmark >5) 	Microbiologist & Infection Control Officer & ICN	The quality indicator for HAI for the month of September 2019 are acceptable and are with the benchmark as per ISCCM except bloodstream infection rate which are high then the benchmark hence are RCA & CAPA done.
2.	Quality indicator	Quality indicator for the month of October 2019 was discussed among the committee members.	Microbiologist & Infection Control	The quality indicator for HAI for the month of


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		<ol style="list-style-type: none"> 1. Urinary tract infection rate is 1.62 (Benchmark 4-7) 2. Pneumonia (VAP) rate is 7.81 (Benchmark 3-9.5) 3. Bloodstream infection rate is 4.67 (Benchmark 2.5-5) 4. Surgical site infection rate 0 (Benchmark > 5) 	Officer & ICN	October 2019 are acceptable and are with the benchmark as per ISCCM.
3.	RCA & CAPA	As the quality indicators are within the benchmarks hence no RCA & CAPA done.	Microbiologist & Infection Control Officer & ICN	
4.	HAI Report	Monthly report for HAI of September & October 2019 in our hospital was discussed among the committee members in the meeting.	Microbiologist & Infection Control Officer & ICN	<p>However the HAI rates for the month of September & October 2019 are within our benchmark, however it is recommended to use:</p> <ul style="list-style-type: none"> • Hand hygiene • Disinfection of the site • Use chlorhexidine for skin preparation • Insertion bundle • Maintenance bundle • Use full barrier precautions during insertion • Avoid using the femoral • Assess the need for the catheter each day and remove ASAP

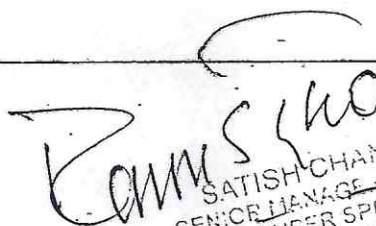

SATISH CHANDRA YADAV
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5.	Water quality testing and report	<p>On 29.09.2019 as per the water testing, the water quality found to be <i>good</i> for hand washing from OT plant 1st floor.</p> <p>On 29.09.2019 as per the water testing, the water quality <i>good</i> for drinking from water cooler (ground floor).</p> <p>On 26.10.2019 as per the water testing, the water quality found to be <i>good</i> for hand washing area from G. OT Plant.</p> <p>On 26.10.2019 as per the water testing, the water quality <i>good</i> for drinking from water cooler (3rd floor).</p>	<p>Mr. Rajesh Bhardwaj (Chief Engineer)</p> <p>&</p> <p>Infection Control Nurse</p>	<p>The following to be done:</p> <ul style="list-style-type: none"> • Technique of sampling • Sampling should be undertaken by staff trained in the appropriate technique for taking water samples including the use of aseptic technique to minimize extraneous contamination.
6.	Air sampling culture reports in CTVS OT, CTVS ICU, CCU, ICU, NICU, Liver ICU & OT	<p>Air sampling culture report for the month of September & October 2019 in the following departments was done showed.</p> <ul style="list-style-type: none"> • Rounds were taken by infection control nurse and infection control practices found positive. 	<p>Mr. Rajesh Bhardwaj (Chief Engineer)</p>	<p>Infection control protocols to be followed strictly.</p>
7.	CSSD	<p>The protocol of sterilization and disinfection practices as per recommendation in CSSD were checked and found to be OK.</p> <p>Following register were checked:</p> <ol style="list-style-type: none"> 1. Leak test report of automated autoclave machine 2. Autoclave / ETO / sterilization register (exposure control) 3. Sterilization assurance program (validation sheet) 4. Temperature register 5. Recall register 6. Training register 7. Calibration register 8. Biological ampule register 9. Culture register <p>CSSD RECALL</p> <p>There was no recall in the month of September &</p>	<p>Microbiologist & Infection Control Officer & ICN</p>	<p>The committee members were satisfied with the records.</p>

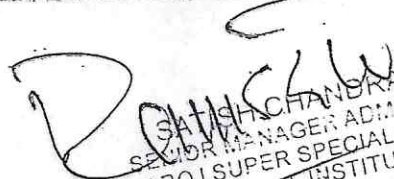


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		<p>October 2019.</p> <ul style="list-style-type: none"> • Rounds were taken by infection control nurse and infection control practices found to be OK. 		
8.	ETO	<p>The protocol of sterilization and disinfection practices as per recommendation in ETO were checked and found to be OK.</p> <p>Following register were checked:</p> <ol style="list-style-type: none"> 1. Biological ampule register 2. Temperature humidity register 3. Calibration register 4. Recall register 5. Calibration record <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> 	Microbiologist & Infection Control Officer & ICN	The committee members were satisfied with the records.
9.	OT	<p>The protocol of sterilization and disinfection practices as per recommendation in OT were checked and found to be OK.</p> <p>Following register were checked:</p> <ol style="list-style-type: none"> 1. Glutaraldehyde monitor test file 2. Culture sterilization register 3. Culture report file <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> 	Microbiologist & Infection Control Officer & ICN	The committee members were satisfied with the records.
10.	Endoscopy Room	<p>The protocol of sterilization and disinfection practices as per recommendation in endoscopy room was checked and found to be OK.</p> <p>Following register were checked:</p> <ol style="list-style-type: none"> 1. Culture register from endoscopy room 2. Endomax (cidex) monitoring register 	Endoscopy Technician & ICN	Infection control protocols to be followed strictly.
11.	Isolation Room	<p>The records of admission and discharge register for isolation room were checked by the committee members.</p>	Committee Member	


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12.	Housekeeping	<p>The protocol of sterilization and disinfection practices as per recommendation in Housekeeping was checked and found to be OK.</p> <p>Following register were checked :</p> <p>OT area cleaning check list , CCU area cleaning check list , ICU area cleaning check list , NICU area cleaning check list , CTVS area cleaning check list , Wards area cleaning check list , Discharge area cleaning check list , Public Toilet area cleaning check list , OPD area cleaning check list , Chemical dilution chart and pest control register.</p> <ul style="list-style-type: none"> • <i>Rounds were taken by infection control team and nurse and infection control practices found to be OK.</i> • <i>The disinfectants which are being used in patient care areas are identified and monitored with their dilution protocols along with their MSDS sheet and the staff is trained for it.</i> • <i>Grooming is not recommended in patient care areas.</i> <p><i>*The training of staff regarding the management of minor spillage and major spillage.</i></p>	Ms. Teena Sharma (Dy. House Keeping Manager) & ICN	Infection control protocols to be followed strictly.
13.	Laundry	<p>It was decided in the meeting to take cultures from the laundry (after washing ready for distribution) before providing to the patient care areas.</p> <p>The cultures were taken from blanket, bed sheet, almira, green sheet on 26.09.19 which were found to be sterile.</p> <p>The cultures were taken from blanket, bed sheet, almirah on 25.10.19 which were found to be sterile.</p> <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> • <i>The laundry audit assessment checklist (out sourced) for the month of September & October 2017 were seen by the committee</i> 	Ms. Teena Sharma (Dy. House Keeping Manager) & ICN	Infection control protocols to be followed strictly.


 SANKU CHANDRA YADAV
 SENIOR MANAGER ADMINISTRATION
 SAROJ SUPER SPECIALITY HOSPITAL
 SEC.-14 (EXT.) INSTITUTIONAL AP
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		<i>members and found to be OK.</i>		
14.	IV fluids cultures	<p>The cultures were taken from ISO-P (batch no. 1704A112) from nursery on 26.09.2019 which were found to be <i>sterile</i>.</p> <p>The cultures were taken from IV DNS (batch no. 160793A062) from Semi pvt 3rd floor on 26.09.19 which were found to be <i>sterile</i>.</p> <p>The cultures were taken from IV fluids NS (batch no. 782B1256) from CCU on 26.10.19 which were found to be <i>sterile</i>.</p> <p>The cultures were taken from IV fluids RL (batch no. 160717A102) from Semi Dlx Ward on 27.10.19 which were found to be <i>sterile</i>.</p> <p>The cultures were taken from ISO-P (batch no. 9C0009G) from HDU on 27.10.19 which were found to be <i>sterile</i>.</p>	Microbiologist & Infection Control Officer & ICN	Infection control protocols to be followed strictly.
15.	Engineer & maintenance	<p>Heating, Ventilation and Air Conditioning (HVAC) record of all the OTs (Super Speciality OT and General OTs) were checked and found to be OK.</p> <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> 	Mr. Rajesh Bhardwaj & ICN	
16.	Food sanitation	<p>The kitchen area was also inspected prior to the meeting and following points were discussed :</p> <ol style="list-style-type: none"> 1. Records of employee health check up were seen. 2. Adequacy of PPE was also discussed. 3. Cleanliness issue was also discussed. 4. Training records were also seen. <p><i>The hand swab culture of hospital kitchen staff (Mr. Rajan) taken on 27.09.19 showed no pathogenic organism growth.</i></p> <p><i>The hand swab culture of hospital kitchen staff (Mr.</i></p>	Dietician & Infection Control Officer & ICN	


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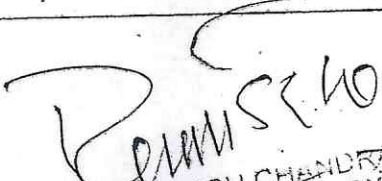
		<p><i>Mohit</i>) taken on 26.10.19 showed no pathogenic organism growth.</p> <p>The curd sample culture report taken from kitchen on 26.09.19 was also <i>sterile</i> after 48 hours.</p> <p>DAILY FRESH DAHI (Mother Dairy)</p> <ul style="list-style-type: none"> • Exp. D – 30.9.19 • Batch No. – C163 <p>The milk sample culture report taken from kitchen on 26.09.18 was also <i>sterile</i> after 48 hours.</p> <p>Mother Dairy TONED MILK</p> <ul style="list-style-type: none"> • Exp. D – 30.9.19 • Batch No. – C476 <p>The curd sample culture report taken from kitchen on 26.10.18 was also <i>sterile</i> after 48 hours.</p> <p>DAILY FRESH DAHI (Mother Dairy)</p> <ul style="list-style-type: none"> • Exp. D – 31.10.19 • Batch No. – A721 <p>The milk sample culture report taken from kitchen on 26.10.18 was also <i>sterile</i> after 48 hours.</p> <p>Mother Dairy TONED MILK</p> <ul style="list-style-type: none"> • Exp. D – 31.10.19 • Batch No. – B163 		
17.	Bio medical waste management	<p>Bio medical waste management room was inspected by the committee members prior to the meeting. The records were seen and found to be OK. The agreement for the bio medical waste management was also OK.</p> <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> 	Ms. Teena Sharma (Dy. House Keeping Manager)	

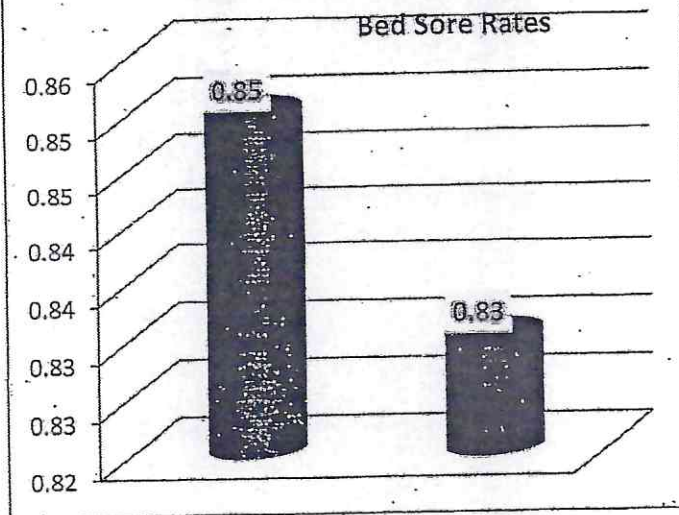

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18.	Employee health check (vaccination register)	<p>Employee health check up (vaccination register) was also checked by the committee members.</p> <p>Again it was discussed in the meeting that pre exposure prophylaxis for hepatitis B vaccination should be as per the protocol i.e. 0, 1 & 6 months.</p> <ul style="list-style-type: none"> • It is a duty of the head of the department to see that all the staff working in their department is vaccinated on time. • For the housekeeping workers injection tetanus to be included along with hepatitis B vaccination. 	Infection Control Officer & ICN	<p>HR department to kindly see that every new and existing employee get vaccinated</p> <p>Record of hepatitis B vaccination were checked by the committee members.</p>									
19.	Mortuary	<p>Mortuary cleaning register and temperature register was also checked by the committee members.</p> <ul style="list-style-type: none"> • <i>Rounds were taken by infection control nurse and infection control practices found to be OK.</i> 	Ms. Teena Sharma (Dy. House Keeping Manager) & Security Officer										
20.	Needle stick injuries / Body fluid exposure record	<p>Needle stick injuries / Body fluid exposure records were checked by the committee members and found OK.</p> <table border="1" data-bbox="438 1370 1129 1518"> <thead> <tr> <th></th> <th>September 2019</th> <th>October 2019</th> </tr> </thead> <tbody> <tr> <td>Needle stick injuries</td> <td>02</td> <td>02</td> </tr> <tr> <td>Body fluid exposure</td> <td>00</td> <td>00</td> </tr> </tbody> </table>		September 2019	October 2019	Needle stick injuries	02	02	Body fluid exposure	00	00	Infection Control Officer & ICN & CMO on duty	<p>Analysis was done for the record of needle stick injuries / body fluid exposure for the month of September & October 2019.</p> <p>Training of staff regarding needle stick injuries to be taken.</p>
	September 2019	October 2019											
Needle stick injuries	02	02											
Body fluid exposure	00	00											
21.	Compliance to hand hygiene	<p>The compliance rate for hand hygiene for the month of</p> <table border="1" data-bbox="438 1787 1129 2011"> <thead> <tr> <th></th> <th>Compliance</th> <th>Non Compliance</th> </tr> </thead> <tbody> <tr> <td>September 2019</td> <td>64.89 %</td> <td>35.10 %</td> </tr> <tr> <td>October</td> <td>67.73 %</td> <td>32.25 %</td> </tr> </tbody> </table>		Compliance	Non Compliance	September 2019	64.89 %	35.10 %	October	67.73 %	32.25 %	Infection Control Officer & ICN	Infection control protocols to be followed strictly.
	Compliance	Non Compliance											
September 2019	64.89 %	35.10 %											
October	67.73 %	32.25 %											


 SATISH CHANDRA YADAV
 SENIOR NURSE ADMINISTRATION
 SAROJINI SPECIALITY HOSPITAL
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 NEAR MADHUBAN CH OWK. ROHINI,
 DELHI-110085


		2019		
		The data was observed by the committee members. Training is required for the staff.		
22.	Compliance to hand hygiene	The data was observed by the committee members. Training is required for the staff. However the committee members were happy to see rising compliance rate.		Infection Control Officer & ICN Infection control protocols to be followed strictly.
23.	Personal protection equipment and Hazmat Kit	The committee members ensured to maintain adequate inventory of personal protective equipment (PPE) in respective wards and places which include gloves, masks, apron, gown, shoe covers and hair cover. The staff should wear appropriate PPE to the risk involved and to removed and to remove as soon as once the purpose is served. • <i>The hazmat kit is available at each nursing station.</i>		Infection Control Officer & ICN Infection control protocols to be followed strictly.
24.	Antibiotic policy	The antibiotic policy is reviewed quarterly by the committee members and will be updated yearly. <i>The antibiogram & antibiotic policy 2017 has been updated and distributed within the hospital.</i>		Microbiologist & Infection Control Officer
25.	Surveillance activities of identified high risk area and procedure	The committee members were satisfied with the surveillance activities in high risk areas, procedures and monitoring the compliance with hand hygiene.		Infection Control Officer & ICN Infection control protocols to be followed strictly.
26.	HIC training	Training for doctors and staff is conducted on regular basis and records for the same were checked.		Infection Control Officer & ICN
27.	Bed sore rates	The data of bed sore rate September & October 2019 were seen by the committee members and the RCA and CAPA was done. • <i>The benchmark for bed sore rates is .5% to 1.5%</i>		Infection Control Officer & ICN The report of RCA and CAPA to be circulated


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	September-19	October-19
%	0.85	0.83
Total No.	5	5
Patient Day	5848	6007

28.	Compliance to BMWM rules, 2016 by health care facility	<p>The HCO has almost taken up the new bio medical waste management rules 2016 and has implemented <i>the bar coding system</i> for the bio medical waste management.</p> <p>The report for the month of September & October 2019 were seen by the committee members.</p>	Manager Administration	
29.	Daily Infection Control (Surveillance) Assessment form	Daily Infection Control (Surveillance) Assessment form is implemented by the committee members. Which will be daily assessed by the ICT, ICO & ICN under guidance of Dr. M.S. Sijwali (Sr. Consultant Microbiologist)	Committee Member	
30.	Mosquito abatement committee	<p>The mosquito abatement committee reviewed the activity which is taken in the hospital to stop the vector borne diseases :</p> <ol style="list-style-type: none"> 1. Pest control activities 2. Fogging activities 3. Preventive activities for water logging 4. Checked the availability of dengue / chikungunya diagnostic kits 5. Checked the adequacy of stock of paracetamol , IV 	Committee Members	Members to meet regularly to discuss the issue on vector borne diseases.


 PANKAJ MISHRA YADAV
 SENIOR MANAGER - ADMINISTRATION
 SARDAR SUPER SPECIALITY HOSPITAL
 SEC.-14 (Extn) INSTITUTIONAL AREA,
 MADHUBAN C- JNK. ROHINI,
 110035

		<p>fluids , BP cuffs , bed nets and thermometers.</p> <p>The records of the above mentioned points were checked by the committee members.</p>		
31.	Bio medical waste management committee	<p>The following points were discussed by the committee members :</p> <ol style="list-style-type: none"> 1. Implementation of display of new bio medical waste management rules 2016 across the hospital. 2. Training for the health care workers at the time of joining. 3. Checked immunization records of health care workers involved in handling of bio medical waste for protective against diseases including hepatitis B and tetanus. 4. Checked the compliance and adequacy of PPE among the health care workers for handling the waste. 5. Discussed the implementation of bar coding system for bags in the hospital. 6. Took the round of bio medical waste management facility in the hospital. 7. Took the round the lab for pre treatment of the lab waste , microbiological waste and blood sample which is done through disinfection and sterilization. 8. Took the round blood bank for disposal of the blood bags and there infection control measures. 9. Records for bio medical waste disposal for the month of September & October 2017 were checked by the committee members. 10. Implementation of bar coding system. 11. Report compliance on the website of the hospital. 12. Bio medical waste pre treatment by auto claving and 10% hypochlorite . 	<p>Dr. Kiran Chawla (Infection Control Officer)</p> <p>Mrs. Mery Yesudasan (NS)</p> <p>Sister Anjana Raymond (Sr. ICN)</p> <p>Ms. Teena Sharma (Dy. Housekeeping Manager)</p> <p>Mr. Ravi (Housekeeping Supervisor)</p>	<p>The bio medical waste management committee will meet along with the infection control committee meeting.</p>

SATISH CHANDRA YADAV
 SENIOR MANAGER ADMINISTRATION
 SAROJ SUPER SPECIALITY HOSPITAL
 SEC.-14 (Extn) INSTITUTIONAL AREA
 NEAR MADHUBAN CHOWK, ROHINI,
 DELHI-110035

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These minutes will be considered as a true record unless advised in within two working days of issue.

These minutes of meetings are to be used to execute the agreed action within target dates. All members are suggested to use it as an effective mode of communication and keep a copy with them as a personal reminder


Note: It is the responsibility of hospital authorities to make sure that the copy of the minutes of meeting reaches the concern hospital staff member in time.

Next Meeting:

The next meeting is scheduled on , January 30, 2020.



Dr. Dhiraj Malik
DMS & Quality Head



SANCHI CHANDRA YADAV
SENIOR MANAGER, ADMINISTRATION
SAROJ SUPER-SPECIALITY HOSPITAL
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Monthly Waste Generation Report: SAROJ SUPER SPECIALITY HOSPITAL

Period: 01-2019 : 12-2019

Sl No.	Month	Yellow Bags		Cytotoxic Bags		Red Bags		Blue Bags		Sharp Containers		Total	
		Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	January 2019	120	550.93	0	0	138	584.08	179	317.13	72	100.16	509	1552.30
2	February 2019	108	504.15	0	0	124	579.89	144	272.16	77	120.71	453	1476.91
3	March 2019	116	567.77	0	0	117	567.36	162	297.82	60	100.67	455	1533.62
4	April 2019	157	604.48	0	0	198	756.16	154	328.47	74	113.42	583	1802.53
5	May 2019	274	907.49	0	0	335	1266.35	155	531.29	77	112.01	841	2817.14
6	June 2019	354	964.48	0	0	373	997.78	143	465.83	62	90.49	932	2518.58
7	July 2019	216	774.76	0	0	236	655.43	112	314.95	39	65.12	603	1810.26
8	August 2019	327	985.47	0	0	327	909.33	134	522.64	78	112.92	866	2530.36
9	September 2019	308	1090.45	0	0	243	658.23	118	459.30	72	101.63	741	2309.61
10	October 2019	293	1178.42	0	0	204	599.68	105	389.52	82	132.10	684	2299.72
11	November 2019	232	705.57	0	0	192	353.66	71	263.61	51	79.98	546	1402.82
12	December 2019	587	1063.02	0	0	449	660.86	90	353.58	71	95.62	1197	2173.08
Total		3092	9896.98	0	0	2936	8588.81	1567	4516.3	815	1224.83	8410	24226.93

Rajni S K MO
 SAHSHI CHANDRA XADAV
 SENIOR MANAGER ADMINISTRATION
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