

Aster CMI HOSPITAL

We'll Treat You Well



To,

Date: 23/03/2026

The Regional Officer,

Karnataka State Pollution Control Board,

Nisarga Bhavan, Thimaiah Main Road,

7th D Main, 3rd Stage, 2nd Block,

Shivanagar, Basaveshwaranagar,

Bengaluru – 560 079.

Dear Sir/Madam,

Sub: Submission of annual report (Form IV) of the year Jan 2025-Dec 2025 under Biomedical waste Management and Handling rules.

With reference to the above subject, I herewith submitting details of Form IV (under Biomedical waste Management and Handling rules annual returns) disposed to KSPCB Authorised agency for the year Jan 2025-Dec 2025 of our unit having address **43/2, NH 7, New Airport Road, Sahakar Nagar, Sanjeevini Nagar, Bengaluru, Karnataka 560092**

Please update your records and acknowledge the same.

Thanking you,

Yours Faithfully,

Sudhindra G Bhat

COO Aster CMI Hospital.



Enclosures;

1. Form-IV – Annual Returns under Biomedical Waste Management Rules for the year Jan. 2025 – Dec. 2025



2. Annexure – Details of Biomedical Waste Generated and Disposed to KSPCB Authorized Agencies for Jan. 2025 – Dec. 2025
3. Manifest of Biomedical Waste Disposed to KSPCB Authorized agency.
4. Biomedical Waste Management Authorization.
5. Details of Accident
6. MOM of Biomedical Waste Management committee

**BIO MEDICAL
WASTE ANNUAL
RETURNS**

**JANUARY 2025
TO
DECEMBER 2025**

Form – IV

(See rule13)

ANNUAL REPORT

Sl. No	Particulars	
1 .	Particulars of the Occupier	Aster CMI Hospital
	(i) Name of the authorized Occupier :	Mr. Sudhindra G Bhat
	(ii) Name of Facility :	Aster CMI Hospital
	(iii) Address for Correspondence :	Aster CMI Hospital 43/2, NH 7, New Airport Road, Sahakar Nagar, Sanjeevini Nagar, Bengaluru, Karnataka 560092
	(iv) Address of Facility :	Aster CMI Hospital 43/2, NH 7, New Airport Road, Sahakar Nagar, Sanjeevini Nagar, Bengaluru, Karnataka 560092
	(v) Tel. No, Fax. No	080434201100
	(vi) E-mail ID	Mrudula.n@asterhospital.in
	(vii) URL of Website	www.asterhospital.in
	(viii) GPS coordinates of HCF	North – Vacant land ,South- Defense land, West- Sanjeevaninagara , East- NH7 13° 03'12"N 77° 35'58"E
	(ix) Ownership of HCF	Private Limited Company
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Active the authorisation is valid up to 30/06/2026
	(xi). Status of Consents under Water Act and Air act	Active the authorisation is valid up to 30/06/2026
2.	Type of Health Care Facility	

	(i) Bedded Hospital	509 bedded, along with Blood bank and Laboratory			
	(ii) Non-bedded hospital				
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA			
	(iii) License number and its date of expiry	NA			
3.	Details of CBMWTF				
	(i) Number healthcare facilities covered by CBMWTF	NA			
	(ii) No of beds covered by CBMWTF	NA			
	(iii) Installed treatment and disposal capacity of CBMWTF	NA			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA			
4.	Quantity of waste generated in Kg per annum (on monthly average basis)	Yellow category: 95473.12 Kg per Annum			
		Red category: 91542.99 Kg per Annum			
		White category: 2947.86 Kg per Annum			
		Blue category: 15836.74 Kg per Annum			
		General Solid waste: 408551 Kg per Annum			
5.					
	(i) Details of the onsite storage facility disposal facility	Size: 1300 Sq. ft			
		Capacity: 2500 kg per day storage			
		Provision of onsite storage: (cold storage or any other provision) – well ventilated, dedicated storage rooms based on their categories in our facility.			
		Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed kg/annum
		Incinerators plasma pyrolysis Autoclaves	NA	NA	NA

		Microwave Hydroclave Shredder Needle Tip Cutter or Destroyer sharp Encapsulation Or concrete pit deep burial pits Chemical disinfection : Any other treatment equipment:	NA NA NA	NA NA NA	NA NA NA						
	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum	Red category (like plastic, glass etc.) NA									
	(iv) No of vehicles used for collection and transportation of biomedical waste	NA									
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<p style="text-align: center;">Quantity generated / Disposed</p> <table border="0"> <tr> <td>Incineration</td> <td>NA</td> </tr> <tr> <td>Ash</td> <td>NA</td> </tr> <tr> <td>ETP Sludge</td> <td>NA</td> </tr> </table>				Incineration	NA	Ash	NA	ETP Sludge	NA
Incineration	NA										
Ash	NA										
ETP Sludge	NA										
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s. Medicare Environmental Management Pvt Ltd., "Ramky House", Site No. 25-30, 2 nd cross, Hennur Ring Road ,Kalyan Nagar post , Bengaluru - 560043									
	(vii) List of member HCF not handed over bio-medical waste.	NA									

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	No
7	Details training conducted on BMW	BMW Segregation, Spill management, NSI & BBF, Hand Hygiene, Standard precaution, PPE, Handling of sharps during transportation , BMW Storage area and its transportation.
	(i) Number of trainings conducted on BMW Management.	12
	(ii) number of personnel trained	180
	(iii) number of personnel trained at the time of induction	Every new member joined will be inducted
	(iv) number of personnel not undergone any training so far	Nil, we shall train the personnel before handling Bio medical waste and other general waste.
	(v) Whether standard manual for training is available?	Yes
	(vi) any other information	Nil
8	Details of the accident occurred during the year	NA
	(i) Number of Accidents occurred	06- Needle stick injury
	(ii) Number of the persons affected	06
	(iii) Remedial Action taken (Please attach details if any)	Necessary Serology test conducted
	(iv) Any Fatality occurred, details.	NIL
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes , we have a separate line and collection tank for liquid bio medical waste at STP area, which is treated as per norms and treated using SBR technique.

11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
12.	Any other relevant information	:	NA

Certified that the above report is for the period from 1st January 2025 to 31st December 2025.

Date: 19.01.2026

CERTIFICATE OF DISTRUCTIONS

To,

ASTER CMI HOSPITAL,

NO.43/2, BELLARY ROAD, SAHAKARA NAGAR, Bengaluru 560092.

Dear Sir/ Madam,

This is informing you that, we have collected following quantity of Bio-Medical Waste from your center and the same has been treated and disposed as per K.S.P.C.B. guidelines.
Average Waste collected from your center **January 25 TO December '25**

SL.No	Months	Yellow (In Kgs.)	Red (In Kgs.)	Blue (in Kgs.)	White/ PPC(In Kgs)	Cytotoxic Bags Kgs	Total (In Kgs)
1	January 2025	7803.71	8076.93	1316.79	229.70	138.68	17565.81
2	February 2025	6881.89	6948.71	1092.93	214.09	112.21	15249.83
3	March 2025	7389.33	7419.73	1296.23	237.62	141.85	16484.76
4	April 2025	7942.78	7950.80	1314.93	226.25	153.82	17588.58
5	May 2025	7494.75	7733.42	1186.57	230.61	177	16822.35
6	June 2025	7492.11	7353.38	1317.04	253.60	153.88	16570.01
7	July 2025	8214.37	7852.15	1196.84	213.50	191.75	17668.61
8	August 2025	7980.47	7571.98	1363.18	280.43	144.77	17340.83
9	September 2025	8431.98	7464.67	1420.36	259.69	136.24	17712.94
10	October 2025	8564.15	8056.99	1370.48	296.64	168.73	18456.99
11	November 2025	7884.20	7809.64	1595.51	274.25	79.23	17642.83
12	December 2025	7679.01	7304.59	1365.88	231.48	116.21	16697.17
Total		93758.75	91542.99	15836.74	2947.86	1714.37	205800.71

This is for your kind information

Thanking You,

For Medicare Environmental Mgt. Pvt. Ltd.,

Authorized Signature

Medicare Environmental Management Private Limited
A Subsidiary of Re Sustainability Limited

CIN No. U24117TG1997PTC026555

Registered Office:

Pamky House, Site No. 25-30,
3rd Cross, Raghavendra Nagar,
Bennur Ring Road, Kalyan Nagar,
Bengaluru-560 043

Site Address:

Plot No. 39, KIADB Industrial Area,
Dabaspet, Nelamangala (TQ),
Bengaluru (Rural District)-562111

T: +91 99454 02244
+91 80421 26364

E: bmwcare.blr@resustainability.com

ಫ್ಯಾಕ್ಸ್ / Fax : 080-25586321

ಇಮೇಲ್ / Email : ho@kspcb.gov.in

ವೆಬ್‌ಸೈಟ್ / Website : http://kspcb.gov.in



080-25581383, 25589112
080-25589113, 25589114

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
Karnataka State Pollution Control Board

"ಪರಿಸರ ಭವನ", 1 ರಿಂದ 5 ನೇ ಮಹಡಿಗಳು, ನಂ. 49, ಚರ್ಚ್ ಸ್ಟ್ರೀಟ್, ಬೆಂಗಳೂರು - 560 001, ಕರ್ನಾಟಕ ರಾಜ್ಯ, ಭಾರತ
"Parisara Bhavan", 1st to 5th Floor, # 49, Church Street, Bangalore - 560 001, Karnataka State, India

FORM -III

(See rule 10)

AUTHORISATION

(Authorisation for operating a facility for generation, collection, reception, treatment, storage, transportation & disposal of bio medical waste)

1. File number of authorisation and date of issue NO. PCB/WMC/1898/BMW/2016 dt: 10 MAR 2016

2. M/s. Aster CMI Hospital, , an occupier or operator of the hospital located at # 43/2, New Airport Road, NH-7outer ring road, sahakar nagar, bengaluru, Karnataka is hereby granted an authorisation for;

Activity Please tick:

Generation, segregation ✓
Collection, ✓
Storage ✓
Packaging ✓
Reception
Transportation
Treatment or processing or conversion
Recycling
Disposal or destruction
use
offering for sale, transfer
Any other form of handling



3. M/s. Aster CMI Hospital., # 43/2, New Airport Road, NH-7outer ring road, sahakar nagar, bengaluru, Karnataka is hereby authorized for handling of biomedical waste as per the capacity given below;

(i) Number of beds of HCF: 509 beds

Category	Bio- Medical Waste generated	Quantity	Treatment method
1.Yellow	a. Human Anatomical Waste	350 Kg/day	Solid waste shall be handed over to Common Bio Medical Waste Treatment Facility (CBMWTF). After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule-III of the biomedical Waste Management Rules,2016.
	b. Animal Anatomical Waste		
	c. Soiled Waste		
	d. Expired or Discarded Medicines		
	e. Chemical Solid Waste		
	f. Chemical Liquid Waste		

"ಮಾಸ್ಕ್ ಬಳಕೆ ನಿಲ್ಲಿಸಿ, ಪರಿಸರ ಹಾನಿ ತಪ್ಪಿಸಿ"

AVOID USE OF PLASTIC BE 'ECO' FRIENDLY

	g. Discarded linen, mattresses, beddings contaminated with blood or body fluid		
	h. Microbiology, Biotechnology and other clinical laboratory waste		
Red	Contaminated Waste (Recyclable)	250 Kgs/day	Shall be Handed over to CBMWTF
White	Waste Sharps including metals	25 Kgs/day	Shall be Handed over to CBMWTF
Blue	Glassware	75 Kgs/day	Shall be Handed over to CBMWTF
	Metallic body implants	--	

4. This authorisation shall be in force for a period of up to 30.06.2026 from the date of issue.

5. This authorisation is subject to the conditions stated below and to such other conditions as

May be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Date

Place: Bangalore

**Draft Approved
By Member Secretary**


**MEMBER-SECRETARY
KSPCB**

To,
The Occupier,
M/s. Aster CMI Hospital.,
43/2, New Airport Road,
NH-7outer ring road, Sahakar nagar,
Bengaluru, Karnataka



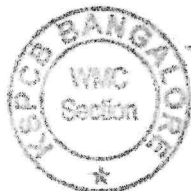
TERMS AND CONDITIONS OF AUTHORISATION


1. The applicant shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
6. Applicant shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with these rules.
7. Applicant shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I of the Bio-Medical Waste Management Rules, 2016.
8. Applicant shall ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I the Bio-Medical Waste Management Rules, 2016.
9. Applicant shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDs Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;
10. Applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;
11. Applicant shall dispose solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;
12. Applicant shall not to give treated bio-medical waste with municipal solid waste;
13. Applicant shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;




SENIOR ENVIRONMENTAL OFFICER
(Waste Management Cell)

14. Applicant shall immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;
15. Applicant shall establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose;
16. Applicant shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care facilities.
17. Applicant shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);
18. Applicant shall ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments;
19. Applicant shall conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio- medical waste and maintain the records for the same;
20. Applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
21. Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
22. Applicant shall make available the annual report on its web-site and all the health care facilities.
23. Applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
24. Applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
25. Applicant shall maintain all record for disposal of biomedical waste for a period of five years.
26. The applicant shall immediately adopt bar coding system for Bio medical waste
27. The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at bmw.cpcbcr.com/#/p/login.




SENIOR ENVIRONMENTAL OFFICER
(Waste Management Cell)

ಫ್ಯಾಕ್ಸ್ / Fax : 080-25586321

ಈಮೇಲ್ / Email : ho@kspcb.gov.in

ವೆಬ್‌ಸೈಟ್ / Website : http://kspcb.gov.in



080-25581383, 25589112
080-25589113, 25589114

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
Karnataka State Pollution Control Board

"ಪರಿಸರ ಭವನ", 1 ರಿಂದ 5ನೇ ಮಹಡಿಗಳು, ನಂ. 49, ಚರ್ಚ್ ಸ್ಟ್ರೀಟ್, ಬೆಂಗಳೂರು - 560 001, ಕರ್ನಾಟಕ ರಾಜ್ಯ, ಭಾರತ
"Parisara Bhavan", 1st to 5th Floor, # 49, Church Street, Bangalore - 560 001, Karnataka State, India

FORM -III

(See rule 10)

AUTHORISATION

(Authorisation for operating a facility for Collection, Transportation, Treatment or processing or conversion, Disposal or destruction use offering for sale, transfer of biomedical wastes)

1. File number of authorisation and date of issue NO. PCB/WMC/29/CBMWTF/2021 dated: 06 NOV 2021

2. M/s.Medicare Environmental Management Pvt Ltd., an occupier or operator is located Plot No.39, KIADB Industrial Area, Yedehally Village, Dabaspeta, Nelamangala Taluk, Bangalore Rural District .,-reg is hereby granted an authorisation for;

Activity	Please tick:
Generation, segregation	✓
Collection,	✓
Storage	✓
Packaging	✓
Reception	✓
Transportation	✓
Treatment or processing or conversion	✓
Recycling	
Disposal or destruction use offering for sale, transfer	✓
Any other form of handling	

3. M/s.Medicare Environmental Management Pvt Ltd., Plot No.39, KIADB Industrial Area, Yedehally Village, Dabaspeta, Nelamangala Taluk, Bangalore Rural District is hereby authorized for handling of biomedical waste as per the capacity given below;

- Number of HCF covered by CBMWTF : To be intimated every month
- Installed treatment and disposal Capacity: 400 Kg/hr
- Area or distance covered by CBMWTF : Karnataka State.
- Quantity of Bio Medical Waste handled, treated or disposed: 400 Kg/hr

Type of Waste Category	Quantity
Yellow	400 Kg/hr
Red	
White	
Blue	

4. This authorisation shall be in force for a period from **01.07.2021 to 30.06.2026** from the date of issue.

5. This authorisation is subject to the conditions stated below and to such other conditions as May be specified in the rules for the time being in force under the Environment (Protection) Act,

1986

Date

Place: Bangalore



[Signature]
MEMBER SECRETARY
KSPCB

"ಪ್ಲಾಸ್ಟಿಕ್ ಬಳಕೆ ನಿಲ್ಲಿಸಿ, ಪರಿಸರ ಹಾನಿ ತಪ್ಪಿಸಿ"

AVOID USE OF PLASTIC BE 'ECO' FRIENDLY

To,

The Occupier,
M/s.Medicare Environmental Management Pvt Ltd.,
Plot No.39, KIADB Industrial Area, Yedehally Village,
Dabaspet, Nelamangala Taluk,
Bangalore Rural District



Aster - CMI Hospital

Period: 01-2025 : 12-2025 Establishment Type- Bedded Hospital Mobile- 08043420100													
Sl No.	Month	Yellow Bags		Red Bags		Blue Mark Box		Whites		Cytotoxic Bags		Total	
		Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	January 2025	1994	7803.71	1791	8076.93	270	1316.79	225	229.70	32	138.68	4312	17565.81
2	February 2025	1783	6881.89	1635	6948.71	238	1092.93	204	214.09	31	112.21	3891	15249.83
3	March 2025	1936	7389.33	1743	7419.73	286	1296.23	238	237.62	36	141.85	4239	16484.76
4	April 2025	2103	7942.78	1827	7950.80	284	1314.93	238	226.25	34	153.82	4486	17588.58
5	May 2025	1926	7494.75	1727	7733.42	265	1186.57	219	230.61	44	177	4181	16822.35
6	June 2025	1797	7492.11	1657	7353.38	259	1317.04	246	253.60	31	153.88	3990	16570.01
7	July 2025	1744	8214.37	1502	7852.15	197	1196.84	244	213.50	37	191.75	3724	17668.61
8	August 2025	1604	7980.47	1301	7571.98	204	1363.18	249	280.43	26	144.77	3384	17340.83
9	September 2025	1354	8431.98	1205	7464.67	201	1420.36	272	259.69	28	136.24	3060	17712.94
10	October 2025	1403	8564.15	1215	8056.99	206	1370.48	261	296.64	32	168.73	3117	18456.99
11	November 2025	1567	7884.20	1503	7809.64	248	1595.51	258	274.25	16	79.23	3592	17642.83
12	December 2025	1259	7679.01	1132	7304.59	181	1365.88	225	231.48	21	116.21	2818	16697.17
Total		20470	93758.75	18238	91542.99	2839	15836.74	2879	2947.86	368	1714.37	44794	205800.71

HK & Nursig Aid - NSI & BBF - Jan 25 to Dec 25

Month	Staff name	Department	Category	NSI/BBF
Jan-25	RAZIYA SHAIKH	ADULT ER	HOUSEKEEPING	NSI
Apr-25	ANIL SHANTHRAJ	DIALYSIS	NURSING AID	NSI
May-25	DEVAKI	3RD FLOOR A SEC	HOUSEKEEPING	NSI
	HIMANI	3RD FLOOR A SEC	HOUSEKEEPING	NSI
Jun-25	MANJULA	PED-ER	NURSING AID	NSI
Nov-25	LAKSHAMMA	ADULT ER	HOUSEKEEPING	NSI

TRAINING ATTENDANCE SHEET

Topic: Standard Precaution

Name of the Trainer: Bitlika Sarkar

Signature of the Trainer: [Signature]

Training Venue: Basement Lotus

Date of training: 10/12/25

Duration of training: 1 hr

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Rinki		Nursing Aid	Support Services	Rinki
	Vinutha				Vinutha
	Neha Kumari				Neha
	Leelavathi				Leelavathi
	Nagamma				Nagamma
	Ashish				Ashish
	Riyakumari				Riya
	Sairavishra				Sairavishra
	manjula mudali				manjula
	Memis				Memis
	Asha basak				Asha
	Purushotham				purushotham
	Shilpa shree. P				Shilpa
	Banu				Banu
	Elavraj		Elavraj		



TRAINING ATTENDANCE SHEET

Topic: SPH management - Code orange - Biosafety SPH.

Name of the Trainer: Ms. Bitika & Ms. Srisita Saha

Signature of the Trainer: [Signatures]

Training Venue: Lotus

Date of training: 11-11-25

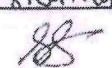
Duration of training: 1 hour.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Skisai		Housekeeping	Support Services	Skisai
	Shailaja				Shailaja
	Roopa				Roopa
	Renuka				Renuka
	mamatha				mamatha
	chandou				chandou
	mabathi				mabathi
	Bhagya				Bhagya
	Hanumantha				Hanumantha
	mangalamma				mangalamma
	Sridevi				Sridevi
	Vallamma				Vallamma
	Pasitash				Pasitash
	Potiram				Potiram
	Geetha		Geetha		

TRAINING ATTENDANCE SHEET

Topic: Handling of Bmw at storage area & its transportation.

Name of the Trainer: Smitha sahen.

Signature of the Trainer: 

Training Venue: Barment Storage Room.

Date of training: 24/10/25.

Duration of training: 1 hour with demonstration.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Sadan das		House Keeping	Support Services	SADAN
	Anu				Anu
	Sharamma				SS
	Narasimhappa				NS
	Amulamma				Amulamma
	Lakshamma				Laksh
	Pavithra				pavi
	Bishu				Bishu
	Priya				Priya
	Keishra				Keishra
	Sunitha				Sunitha
	Rinku rani				Rinku
	Aklina				Aklina
	Laxmidhaly				Laxmi
	manjila				manjila

TRAINING ATTENDANCE SHEET

Topic: Handling of Sharps During Transportation

Name of the Trainer: Srijita Saha

Signature of the Trainer:

Training Venue: Basement

Date of training: 16/9/25

Duration of training: 30 mins.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	<u>Udopia</u>		<u>Nursing Aid</u>	<u>Support Services</u>	<u>Udopia</u>
	<u>Chayam</u>				<u>Chayam</u>
	<u>Naregh</u>				
	<u>Purusotham</u>				<u>Purusotham</u>
	<u>Anil</u>				<u>Anil</u>
	<u>Ranga</u>				<u>Ranga</u>
	<u>Rasna</u>				<u>Rasna</u>
	<u>Harikrishna</u>				<u>Harikrishna</u>
	<u>Shilpa</u>				<u>Shilpa</u>
	<u>Vinutha</u>				<u>Vinutha</u>
	<u>Leelavathi</u>				<u>Leelavathi</u>
	<u>Nagamma</u>				<u>Nagamma</u>
	<u>Kayashree</u>				<u>Kayash</u>
	<u>Divya</u>				<u>Divya</u>
	<u>Sanjita Kumari</u>		<u>Sanjita</u>		



TRAINING ATTENDANCE SHEET

Topic: Hand Hygiene

Name of the Trainer: Srijita Saha

Signature of the Trainer: *[Signature]*

Training Venue: Basement Bluebell Room

Date of training: 12/8/25

Duration of training: 30 mins.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	maloti		Nursing Aid	Support Services	maloti
	Gayathori				Gayathori
	Sunitha				Sunitha
	manjula				manju
	Nismala				nismala
	Sunitha				<i>[Signature]</i>
	manoj				<i>[Signature]</i>
	Shivu				<i>[Signature]</i>
	Balakrishna				<i>[Signature]</i>
	Sharadhadewi				sharadha
	Lakshmi G				Lakshmi
	Asha				Asha
	Banu				Banu
	Shobha				shobha
	Sahana V		Sahana V		

TRAINING ATTENDANCE SHEET

Topic: PPE - Personal protective equipment.					
Name of the Trainer: Mr. Paschim Jennifer.					
Signature of the Trainer: <i>Paschim</i>					
Training Venue: Basement.					
Date of training: 30/07/25					
Duration of training: 1 hr with Demonstration.					
No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Chithra		House Keeping	Support Services	<i>Chithra</i>
	Gwendery				<i>Gwendery</i>
	Guna				<i>Guna</i>
	Lakshamma				<i>Lakshamma</i>
	Padma				<i>Padma</i>
	Sankar				<i>Sankar</i>
	Shakuntala				<i>Shakuntala</i>
	Krishna				<i>Krishna</i>
	Juhi				<i>Juhi</i>
	Rajeshwari				<i>Rajeshwari</i>
	Jyoti				<i>Jyoti</i>
	Suraj				<i>Suraj</i>
	Aarna				<i>Aarna</i>
	Sadan das				<i>Sadan Das</i>
	Padhivans				<i>Padhivans</i>



TRAINING ATTENDANCE SHEET

Topic: Needle stick Injury & Its Management.

Name of the Trainer: Mr. Srivitha Saha.

Signature of the Trainer: *[Signature]*

Training Venue: Bluebell.

Date of training: 6/6/25

Duration of training: 45 hrs.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Shilpa		House Keeping	Support Services	Shilpa
	Geetha				Geetha
	Lakshmana				<i>[Signature]</i>
	Lakshmidevi				190300
	Birna				Birna
	Sudhama				Sudhama
	Leelavathi				<i>[Signature]</i>
	Chithra				2037
	Palakshi				Palakshi
	Thimmakka				2038
	Manjula				<i>[Signature]</i>
	Radhamani				Radhamani
	Venkateswara				Venkat
	Vallipilakshmi				galli
	Nagamani				<i>[Signature]</i>



TRAINING ATTENDANCE SHEET

Topic: Standard precautions

Name of the Trainer: Bhikha Sarvag

Signature of the Trainer: [Signature]

Training Venue: Codis

Date of training: 24/5/25

Duration of training: 1 hour

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Lakshmidamma		House Keeping	Support Services	[Signature]
	Leelavathi				[Signature]
	Nisupama				[Signature]
	manjula				[Signature]
	Sharanamma				[Signature]
	Nagamani				[Signature]
	Palakshi				[Signature]
	Vanitha				[Signature]
	Greetha				[Signature]
	Shabeena				[Signature]
	Stakuntalamma				[Signature]
	Gopamma				[Signature]
	Juhi				[Signature]
	Roopa				[Signature]
	Renuka		[Signature]		

TRAINING ATTENDANCE SHEET

Topic: Needle stick Injury and BBP.

Name of the Trainer: Soumya Cherian.

Signature of the Trainer: *[Signature]*

Training Venue: Dabha.

Date of training: 17/1/25

Duration of training: 45 min.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Shilpa		House Keeping	Support Services	Shilpa
	Geeetha				Geeetha
	Bima				Birna
	Rajeshwasi				Rajeshwasi
	Jyothi				Jyoti
	Chamundeshwasi				Chamundeshwasi
	Saidani				Saidani
	Anjana				Anjana
	Roopa				Roopa
	Tarundas				Tarundas
	Hobiram				Hobiram
	Surya				Surya
	Saminadas				Saminadas
	Hulagamma				Hulagamma
	Jayalakshmi				Jayalakshmi

TRAINING ATTENDANCE SHEET

Topic: Hand Hygiene.

Name of the Trainer: Bishacha Bissar

Signature of the Trainer: Bissar

Training Venue: Bluebell.

Date of training: 15/03/25

Duration of training: 1 hour.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Lalithabai				<u>Lalithabai</u>
	Saidani				<u>Saidani</u>
	Reena				<u>Reena</u>
	Sadonda				<u>Sadonda</u>
	Anu		House Keeping	Support Services	<u>Anu</u>
	mangamma				<u>mangamma</u>
	Amulamma				<u>Amulamma</u>
	mehal				<u>mehal</u>
	Ramakaling				<u>Ramakaling</u>
	Kumar Shankar				<u>Kumar Shankar</u>
	Preema				<u>Preema</u>
	Uma				<u>Uma</u>
	Devaki				<u>Devaki</u>
	Shailga				<u>Shailga</u>
	Aklina			<u>Aklina</u>	



TRAINING ATTENDANCE SHEET

Topic: SPM Management

Name of the Trainer: SRIJITHA SULA

Signature of the Trainer: [Signature]

Training Venue: Basement

Date of training: 1 hour

Duration of training: 11-02-25

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Chandru		House Keeping	Support Services	[Signature]
	Shiraj				[Signature]
	Lakshamma				[Signature]
	mangala				[Signature]
	Rohit				[Signature]
	Sunitha				[Signature]
	mahathi				[Signature]
	Ningamma				[Signature]
	Sudha				[Signature]
	Uma.m				[Signature]
	Paritosh				[Signature]
	Sankar				[Signature]
	Verkatamana				[Signature]
	Lakshmidewamma				[Signature]
	Bina		[Signature]		



TRAINING ATTENDANCE SHEET

Topic: BIO medical waste segregation

Name of the Trainer: Soumya gelina

Signature of the Trainer: [Signature]

Training Venue: Basement- Lotus Room

Date of training: 30-01-25

Duration of training: 30 min.

No:	Name of the Employee	Employee Id:	Designation	Department	Signature
	Padma		House Keeping	Support Service	Padma
	monjila				monjila
	Vanitha				Vanitha
	Geetha				Geetha
	Rohith				RH
	Gowdamma				Aras
	mangalamma				Mangob
	Guna				JUN
	Blagya				2000
	Srudani				Srini
	Nagamani		Aras		
	Bishnu		B.		
	Geetha		Aras		
	Sunitha		Sunitha		
	Venkat		Venkat		



DATE & TIME OF MEETING 23.01.2025 3:00 PM

VENUE

Basement Conference Room/Microsoft Teams Meet

MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Varma – HIPAC Chairman. 2. Mr. Lakshmanan S Gomathi Subbu- COO 3. Dr. Shugota Chakrabarti – Chief of Medical Services 4. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 5. Ms. Soumya – Sr. ICN- Convenor 6. Ms. Bishakha -ICN 7. Mr. Rituraj- ICN 8. Dr. Prakash Doraiswamy-Sr. Consultant critical care 9. Dr. Shallesh Shetty – Consultant -ER & PSO 10. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 11. Dr. Praveen Kumar -Clinical pharmacology 12. Dr. Pushpa – Medical Services 13. Mr. Channamallappa- Manager – F& M 14. Mr. Tony- CSSD 15. Ms. Deepthi – Quality 16. Ms. Miridula- safety officer 17. Mr. Sebastian – Support service 	<ul style="list-style-type: none"> • Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International • Dr. G K Iyer – CTVS surgery • Mr. Bharath – Purchase • Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Ms. Biji – CNO • Dr. Raghavendra Pai- HOD-Neuro Anesthesia • Dr. Vinay Bhat – Consultant, Gastroenterology • Dr. Parimala V Thirumal Esh - Lead Consultant Pediatrics & Neonatology 	<ul style="list-style-type: none"> • Mr. Praveen- Nursing Officer – MICU • Ms. Shyla – ACNO • Ms. Mamtha – Nursing Officer-NSICU 	

MINUTES OF MEETING - HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Health care Associated Infections (HCAIs)	<p>DAE-</p> <ul style="list-style-type: none"> Mandated use of Sterile gloves while handling of the lines. Strict maintenance of Sterile field while insertion & removal of the catheters. Training on Aseptic measures while handling the line. <p>Hospital Acquired MDRO-</p> <p>As Acinetobacter & Klebsiella species grew from sink & tubs used for patient bath it is suggested to –</p> <ul style="list-style-type: none"> Recommended to use dedicated bath tubs for single patient. Cleaning/polishing of the sinks. Strict Adherence to Cleaning & disinfection of Buckets, Tubs & Sinks. The Automated Virex solution should be used as is, without any further dilution, to ensure the appropriate and effective use of disinfectants. Ongoing training to Nursing staffs 	<p>Dialysis Team</p> <p>ICN Team</p> <p>Engineering Team/Support Service Team</p> <p>Support Service Team</p> <p>ICN/Nursing</p>	<p>NA</p> <p>31st Jan 25</p> <p>31st Jan 25</p> <p>31st Jan 25</p> <p>31st Jan 25</p>	<p>NA</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>
Needle Stick Injury & Blood & Body Fluid Exposure	<p>To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff.</p>	<p>Support service</p>	<p>31st Jan 25</p>	<p>Open-Reply awaited from HR Team</p>

MINUTES OF MEETING - HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Bio-Medical Waste Management	A. It has been noticed that patients are bringing the needles of Insulin pens and discarding in hospital sharp waste. <ul style="list-style-type: none"> It's been suggested to observe regularly for the disposal of the sharps for 3 to 4 months in OP areas. 	IC Team	31 st Jan 25	Closed - No further instances have been noticed	
	B. Monitor the bio-medical waste in the red and yellow categories due to an observed increase in the weight of these bins	Support Service/IC Team	31 st Jan 25	Closed- Presented	
	Other Discussion	Laundry visit report was discussed	NA	NA	NA
	Training on spill management & surface cleaning has been done by ICN & outsourced team (Sir Maxo)	NA	NA	NA	NA
	The HIPC committee members have been revised, and new members will join from next month	NA	NA	NA	NA

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Agenda	<ul style="list-style-type: none"> Review of Previous meeting minutes – November 24 HA1 statistics- RCA and action taken <ul style="list-style-type: none"> CAUTI CLABSI VAE Hospital Acquired MDR 	IC Team	NA	NA



	<ul style="list-style-type: none"> • SS • NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ✓ BMW Treatment plant visit update. ✓ 2024 HAI Statistics. ✓ BMW Weightage Audit report. ✓ On HMP Virus 			
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> • To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	Support service	28 th Feb 25	Open-Reply awaited from HR Team
<p>Hand Hygiene Compliance</p>	<ul style="list-style-type: none"> • To improve hand hygiene practices among doctors, it has been proposed to empower nurses to intervene and ensure adherence to hand hygiene protocols. This initiative can initially be implemented in the MICU as a pilot study 	Nursing	28 th Feb 25	Open
<p>Bio-Medical Waste Management</p>	<p>Detailed discussion on the Non compliances & increased weightage of Red Category based on the audit done by the ICNs.</p>	ICN	NA	NA



Healthcare Associated Infections (HAIs)	Hospital Acquired MDRO:			
	<p>It was observed that during morning care, linens, diapers, and other items were being discarded on the floor. It is recommended to monitor and supervise the process and provide training to the concerned staff to prevent such instances.</p> <p>SSI - It's been suggested to incorporate MRSA screening in pre-op investigation for cardiac cases into the policy.</p>	Nursing Team/Support service	28 th Feb	Open
Other Discussion	Presented & Discussed on HAI Statistics of Year 2024.	NA	NA	NA
	BMW Treatment Plant visit done on 17-1-25. Detailed report has been circulated to the stake holder.	NA	NA	NA
	Discussed about the recent identification of HMP virus in India reiterated on the policy of DO's & Don't's issued by MOHFW, Govt of Karnataka.	NA	NA	NA

[Signature]

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

[Signature]

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

[Signature]

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING 20-02-2025, 3.30 PM

VENUE

Basement Conference Room/Microsoft Teams Meet

MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Varma – HIPAC Chairman- Online 2. Mr. Lakshmanan S. Gomathi Subbu- COO 3. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 4. Ms. Soumya – Sr. ICN- Convener 5. Ms. SriRitha -ICN 6. Mr. Hirturaj-ICN 7. Dr. Prakash Doraiswamy-Sr. Consultant critical care 8. Dr. Parmala V. Thirumal Esh - Lead Consultant Pediatrics & Neonatology 9. Dr. Saandera Peddareddy-Specialist- Internal Medicine & Deputy ICO 10. Ms. Biji – CNO 11. Ms. Deepthi – Quality 12. Dr. Pushpa – Medical Services 13. Mr. Tony- CSSD 14. Ms. Mindula- safety officer 15. Mr. Sebastian – Support service 	<ul style="list-style-type: none"> • Dr. Somashakar SP- Chairman Medical Advisory Board & Director Aster International • Dr. G K Iyer – CTVS surgery • Mr. Bharath – Purchase • Dr. Sarna Lulla- Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Dr. Raghavendra Pai- HOD-Neuro Anesthesia • Dr. Vinay Bhat – Consultant, Gastroenterology • Dr. Shalish Shetty – Consultant -ER & PSO • Dr. Praveen Kumar - Clinical pharmacology • Mr. Channamallappa- Manager – F&M 	<ul style="list-style-type: none"> • Mr. Praveen- Nursing Officer – MICU • Dr. Rohit - Clinical pharmacology • Mr. Srinivas – In charge - Dialysis • Ms. Sinu – Nursing Officer- 6th Floor • Ms. Maria-Physician assistant 	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DISCUSSION POINT		PREVIOUS MINUTES		
	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Health care Associated Infections (HCAIs)	SSI- It's been suggested to incorporate MRSA screening in Pre-op investigation for cardiac cases into the policy.	Cardiac Team/IC Team	28 th Feb	Closed – • Dr. Iyer has suggested monitoring MRSA cases over the next six months. If there is an increase in cases, we can proceed with screening. • As the Policy of Decolonization is in place suggested to check compliance for the same. Open-Reply awaited from HR Team
Needle Stick Injury & Blood & Body Fluid Exposure	To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff.	Support service	28 th Feb 25	Initiated
Hand Hygiene Compliance	To improve hand hygiene practices among doctors, it has been proposed to empower nurses to intervene and ensure adherence to hand hygiene protocols. This initiative can initially be implemented in the MICU as a pilot study	Nursing	28 th Feb 25	Initiated
Bio-Medical Waste Management	A Department-wise weight assessment – The meeting commenced with a discussion on the need to conduct a department-wise check on the weight of			

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>Biomedical Waste Generated for all the color-coded bags (BMW).</p> <p>B. Location-wise report It was suggested that the support services share the daily weight check details to analyse the areas that generated high quantity of BMW & to be shared with the Quality team and the ICN for further review.</p> <p>C. Review of Weight Increase and Development of Action Plan Based on the analysis the areas generating large quantity of BMW should be reviewed by the CNO & ICN. Action plan in monitoring to be shared with COO.</p> <p>D. Action Plan for Red-Coloured Bags - During the analysis of the color-coded bags the monthly data was presented & it was identified that the red colour bag was beyond the specified limit. It was suggested to share the action plan for streamlining and monitoring the weight of red coloured bags.</p> <p>Annual returns filing Approval has been granted for filing of the annual returns of Form 4 - BMW</p>	IC Team/Ms. Mrudula/ CNO/Support service/Quality	28th Feb 25	Initiated Training on Proper segregation of waste to all the staffs.
Other Discussion	<p>Presented & Discussed on HAI Statistics of Year 2024.</p> <p>BMW Treatment Plant visit done on 17-1-25. Detailed report has been circulated to the stake holder.</p> <p>Discussed about the recent identification of HMP virus in India reiterated on the policy of DO's & Don'ts issued by MOHFW, Govt of Karnataka.</p>	NA NA NA	NA NA NA	NA NA NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Agenda	<ul style="list-style-type: none"> • Review of Previous meeting minutes – December 24 • HAI Statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ✓ Doctors hand hygiene compliances department wise. ✓ Varicella Zoster Immunity status - High risk area staff. 	IC Team	NA	NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Needle Stick Injury & Blood & Body Fluid Exposure	<ul style="list-style-type: none"> To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	Support service	28 th Feb 25	Open-Reply awaited from HR Team
Hand Hygiene Compliance	<ul style="list-style-type: none"> To improve hand hygiene practices among doctors, it has been proposed to empower nurses to intervene and ensure adherence to hand hygiene protocols. This initiative can initially be implemented in the MICU as a pilot study 	Nursing	25 th March 25	In Process
Bio-Medical Waste Management	<ul style="list-style-type: none"> Discussed on the mixing of garbage bag by HK staff – using yellow cover for glass vials. – Its been suggested to retrain the staffs. In FPC containers- it was found that OP patient discarded Novo fine needles at vascular opd. The needle stick injury sustained by a housekeeping staff member was discussed, highlighting the cause of the incident as improper segregation of waste. 	Support service	25 th March 25	Open
healthcare Associated Infections (HAIs)	<p>CLABSI – There was a increase in CLABSI Rate among PICC from Chemotherapy patients- Detailed discussion done on the Root cause analysis-</p> <p>Following Measures were Suggested & started to follow by the team-</p> <ul style="list-style-type: none"> Protocol for using alcohol swabs to clean the hub. Ensure thorough cleaning of the hub with appropriate timing and friction. Perform proper hand hygiene before handling the line. Two nurses will be involved in handling the PICC line: one will assist, while the other will maintain all aseptic precautions. 	Nursing Team/ Engineering team	25 th March 25	Initiated

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Other Discussion				
<p>At <i>Diagnosis Department</i> - The automatic dialyzer stickers are unavailable due to softw are incompatibility with the printer, preventing the dialyzer from printing the number of times it has been washed. Suggested to follow up with the bio medical team.</p>	Dialysis team	25 th March 25	Open	
<p><i>Varicella Zoster Immunity status</i> - Considering the increase in chickenpox cases, recommend to get Immunoglobulin (IgG levels tested for all staff working in high-risk areas as a proof of immunity (infection, vaccination).</p>	CNO	25 th March 25	Open	
<p>Cost of Immunoglobulin at Aster CMI – 980 Rs & Aster Labs – 480 Rs.</p>	Support Service Team	25 th March 25	Open	
<p>Use of Sanitigiene – As a part of rotation of disinfectants suggesting to use Sanitigiene for critical area & Virex for non-critical area.</p>	Support Service Team	25 th March 25	Open	

[Signature]

Signature of convener
Infection Prevention Committee
Aster CMI Hospital
Bangalore

[Signature]

Signature of Senior Infection control Officer
Infection Prevention Committee
Aster CMI Hospital
Bangalore

[Signature]

Signature of Deputy ICD
Infection Prevention Committee
Aster CMI Hospital
Bangalore



DATE & TIME OF MEETING 22-03-2025, 3:00 - 4:00 PM

VENUE

Basement Conference Room/Microsoft Teams Meet

MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Varma – HIPAC Chairman- Online 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Soumya – S. IICN- Convenor 4. Ms. Bishakha- IICN 5. Mr. Hrituraj- IICN 6. Ms. Bithika- IICN 7. Dr. Spandana Peddareddy- Specialist- Internal Medicine & Deputy ICO 8. Dr. Shailesh Shetty – Consultant -ER & PSO 9. Ms. Bijl – CNC 10. Dr. Pushpa – Medical Services 11. Mr. Tony- CSSD 12. Ms. Mridula- safety officer 13. Mr. Sebastian – Support service 	<ul style="list-style-type: none"> • Dr. Samashkar SP- Chairman Medical Advisory Board & Director Aster International • Mr. Lakshmanan S Gomathi Subbu- COO • Dr. G K Iyer – CTVS surgery • Mr. Bharath – Purchase • Dr. Sapna Lulla- Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Dr. Raghavendra Pai- HOD- Neuro Anesthesia • Dr. Vinay Bhat – Consultant, Gastroenterology • Dr. Praveen Kumar - Clinical pharmacology • Mr. Channamallappa- Manager – F&M • Ms. Deepthi- Quality • Mr. Sharath – HR • Ms. Sophia – OT Manager • Dr. Prakash Doraiswamy- Sr. Consultant critical care • Dr. Parimala V Thirumalesh - Lead Consultant Pediatrics & Neonatology 	<ul style="list-style-type: none"> • Ms. Kalpana – Quality • Ms. Genifra - Quality • Dr. Rohit - Clinical pharmacology • Dr Anjan – Clinical pharmacology • Ms. Theresa– Nursing Supervisor • Ms. Stuti- Operations • M/.. Praveen - Engineering 	<ul style="list-style-type: none"> • Mr. Srinivas- Dialysis In charge

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Needle Stick Injury & Blood & Body Fluid Exposure	<ul style="list-style-type: none"> To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	Support service	27 th Feb 25	Open-Reply awaited from HR Team
Hand Hygiene Compliance	<ul style="list-style-type: none"> To improve hand hygiene practices among doctors, it has been proposed to empower nurses to intervene and ensure adherence to hand hygiene protocols. This initiative can initially be implemented in the MICU as a pilot study 	Nursing	25 th March 25	Closed
Bio-Medical Waste Management	<ul style="list-style-type: none"> Discussed on the mixing of garbage bag by HK staff – using yellow cover for glass vials. – It's been suggested to retrain the staffs. In PPC containers- it was found that OP patient discarded Novo fine needles at vascular OPD. The needle stick injury sustained by a housekeeping staff member was discussed, highlighting the cause of the incident as improper segregation of waste. 	Support service	25 th March 25	Closed (Training given)
Healthcare Associated Infections (HAIs)	<p>CLABSI – There was an increase in CLABSI Rate among PICC from Chemotherapy patients- Detailed discussion done on the Root cause analysis-</p> <p>Following Measures were Suggested & started to follow by the team-</p> <ul style="list-style-type: none"> Protocol for using alcohol swabs to clean the hub. Ensure thorough cleaning of the hub with appropriate timing and friction. 	Nursing Team/ Engineering team	25 th March 25	Closed (Training given)



MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

Other Discussions	<ul style="list-style-type: none"> Perform proper hand hygiene before handling the line. Two nurses will be involved in handling the PICC line: one will assist, while the other will maintain all aseptic precautions. <p><i>Varicella Zoster Immunity status</i> - Considering the increase in chickenpox cases, recommend to get Immunoglobulin IgG levels tested for all staff working in high-risk areas as a proof of immunity (infection, vaccination).</p> <p>Cost of Immunoglobulin at Aster CMI – 980 Rs & Aster Labs – 480 Rs.</p> <p>Use of Sani-hygiene – As a part of rotation of disinfectants suggesting to use Sani hygiene for critical area & Virex for non-critical area.</p>	CNO	25 th March 25	Closed (Staffs are not willing to pay)
		Support Service Team	25 th April 25	Open (Under discussion)

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Agenda	<ul style="list-style-type: none"> Review of Previous meeting minutes – January 25 HAI statistics- RCA and action taken <ul style="list-style-type: none"> CAUTI CLABSI VAE Hospital Acquired MDR <ul style="list-style-type: none"> SSI NSI & Body Fluid Hand Hygiene-Compliance 	IC Team	NA	NA



	<ul style="list-style-type: none"> • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ○ Inclusion of Stool routine & Stool culture (to check - Ova & Cyst, Enteric pathogens) in Kitchen Staff. 			
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> • To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. • Discussed on needle stick injury/incident and instructed not to do any scoop or recapping of the needle. Continuous training to be given for all the staff. Also Discussed on NSI reporting within 24 hours. 	<p>Support service Nursing team/ Infection control team</p>	<p>27th April 25 27th April 25</p>	<p>Open-Reply awaited from HR Team Open</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • Detailed Discussion done on Bio Medical Waste Segregation. 	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Healthcare Associated Infections (HAIs)</p>	<p>DAE- Need to focus on line care maintenance and training for all the personnel who all are handling the central line.</p>	<p>Dialysis Incharge / Nursing Supervisor</p>	<p>27th April 25</p>	<p>Initiated</p>
<p>Other Discussion</p>	<ul style="list-style-type: none"> • <i>Insufficient handrub points at general ward –</i> It's being suggested to wall mount handrubs at each bay & the other side of nursing stations at of general ward for accessibility. 	<p>Engineering team /IC Team</p>	<p>27th April 25</p>	<p>Open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	Support Service Team	27 th April 25	Open (Under Discussion)
<ul style="list-style-type: none"> Use of Sani-hygiene – As a part of rotation of disinfectants suggesting to use Sani hygiene for critical area & Virex for non-critical area. 	N/A	N/A	N/A
<ul style="list-style-type: none"> For Kitchen Staff – As per 6th NABH- Inclusion of Stool routine & Stool culture (to check - Ova & Cyst, Enteric pathogens) in Kitchen Staff. 	N/A	N/A	N/A
<ul style="list-style-type: none"> Psychologist from PMR Team got chicken pox this month – <ul style="list-style-type: none"> ➤ Isolated in home only ➤ Staff tracking is done 	N/A	N/A	N/A

[Signature]

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

[Signature]

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

[Signature]

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	21-04-2025, 3:00 - 4:30 PM	VENUE	Basement Conference Room/Microsoft Teams Meet
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Mr. Lakshmanan- COO 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Soumya – Sr. ICN- Convenor 4. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 5. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 6. Dr. Praveen Kumar - Clinical pharmacology 7. Dr. Prakash Dooraiswamy – Sr. Consultant Anesthesia & Critical care. 8. Ms. Biji – CNO 9. Dr. Pushpa – Medical Services 10. Mr. Sebastian – Support service 11. Ms. Mrudula- safety officer 12. Mr. Channamallappa- Manager – F& M 13. Mr. Bharath – Purchase 14. Mr. Tony- CSSD 15. Ms. Bishakha –ICN 16. Ms. Srijita- ICN 17. Mr. Hrituraj- ICN 18. Ms. Bitthika- ICN 	<ul style="list-style-type: none"> • Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International • Dr. G K Iyer – CTVS surgery • Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Dr. Vinay Bhat – Consultant, Gastroenterology • Dr. Shailesh Shetty – Consultant -ER & PSO • Dr. Ravi Gopal Varma – HIPAC Chairman- • Ms. Deepthi - Quality 	<ul style="list-style-type: none"> • Ms. Kalpana – Quality • Ms. Shaila- Asst. CNO • Mr. Praveen – MICU in charge • Ms. Mamtha- NSICU in charge • Mr. Venugopal- Pharmacy • Mr. Srinivas- Dialysis Technician 	-

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. Discussed on needle stick injury incident and instructed not to do any scoop or recapping of the needle. Continues training to be given for all the staff. Also Discussed on NSI reporting within 24 hours. 	<p>Support service Nursing team/ Infection control team</p>	<p>27th April 25 27th April 25</p>	<p>Open-Reply awaited from HR Team Closed</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> Detailed Discussion done on Bio Medical Waste Segregation. 	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Healthcare Associated Infections (HAIs)</p>	<ul style="list-style-type: none"> DAE- Need to focus on line care maintenance and training for all the personnel who all are handling the central line. 	<p>Dialysis In charge / Nursing Supervisor</p>	<p>27th April 25</p>	<p>Closed</p>
<p>Other Discussion</p>	<p>Insufficient handrub points at general ward – It's being suggested to wall mount handrubs at each bay of general ward for easy feasibility of it.</p>	<p>Engineering team / IC Team</p>	<p>27th April 25</p>	<p>Closed</p>
	<p>Use of Sani-hygiene – As a part of rotation of disinfectants suggested to use Sani hygiene for critical area & Virex for non-critical area.</p>	<p>Support Service Team</p>	<p>27th April 25</p>	<p>Open- As per the discussion with Purchase team Oxivir Plus is finalized - Waiting for the purchase order.</p>

PRESENT MINUTES

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – January 25 • HAI statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ✓ Concerns on Current Hand Rub Solution. ✓ Monthly Departmental Training By ICNS ✓ For Review – Cavilon advanced Skin protectant for patients with Diarrhea/incontinence . ✓ Few Observation of Night Rounds ✓ Awards & Recognition. 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	<p>Support service</p>	<p>25th May 25</p>	<p>Open-Reply awaited from HR Team</p>
<p>Hand Hygiene Compliance</p>	<ul style="list-style-type: none"> Paramedical data in category wise should be present separately in next HIC meeting. As recommended by various auditors, it is advised to raise the current benchmark for hand hygiene, given that the existing target has already been surpassed. It is suggested to discuss this further with the quality team. 	<p>IC team Quality</p>	<p>25th May 25 25th May 25</p>	<p>Open Open</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> Detailed Discussion done on Bio Medical Waste Segregation. Discarding & Mixing of BMW at OPD By the Patient/attender. Its been suggested that the staff (Nurses, HK supervisors) to be vigilant and observe such instances to identify the people discarding the BMW in hospital, to help discuss regarding the same with them. To increase the benchmark to 100% from next month 	<p>NA Nursing team</p>	<p>NA 25th May 25</p>	<p>NA Open</p>
<p>Healthcare Associated Infections (HAIs)</p>	<p>CAUTI- To prevent CAUTI rate- Detailed discussion done on the Root cause analysis- Following Measures were Suggested & started to follow by the team-</p> <ul style="list-style-type: none"> The urine bag should always be positioned below the level of the bladder, and urine bag to be emptied when 3/4th full & Urine in Urine can should be discarded immediately after the bag is emptied 	<p>Nursing team /IC Team/Support Services</p>	<p>25th May 25</p>	<p>Open</p>



	<ul style="list-style-type: none"> • Immediate escalation of deviation of CAUTI bundles to the nursing supervisor and department in charge. <p>CLABSI – Detailed discussion done on the Root cause analysis- Following Measures were Suggested & started to follow by the team-</p> <ul style="list-style-type: none"> • Protocol for using alcohol swabs to clean the hub. • Perform proper hand hygiene before handling the line. • Removal of lines which are not used. <p>HAMDRO— There was an increase in HAMDRO Rate. Detailed discussion done on the Root cause analysis-</p> <p>Its been suggested to -</p> <ul style="list-style-type: none"> • Staff assignments should be rotated for long-stay patients. • Central lines should be removed when no longer clinically necessary. • Tracheal care must be performed using sterile technique. • Blood cultures must be collected using sterile technique. • Staff should not collect multiple cultures from different sites while wearing the same pair of gloves. 	<p>Nursing team /IC Team</p>	<p>25th May 25</p>	<p>Open</p>
<p>Pre-Exposure Prophylaxis</p>	<p>As per the Pharmacy Team- 200 Single dose Vials of Hepatitis B are available- Suggested to start vaccination for all the clinical staffs who are due for it</p>	<p>IC Team</p>	<p>25th May 25</p>	<p>In Process</p>
<p>Other Discussion</p>	<ul style="list-style-type: none"> ❖ Night Round Observations- <ul style="list-style-type: none"> • Discussed on in appropriate linen handling, Mixing of BMW Waste at various places, keeping urine can filled with urine at patients' bed side etc. 	<p>NA</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

	Critical care Team/IC Team	25 th May 25	Open
❖ Discussion done on usage of Cavilon advanced Skin protectant for patients with Diarrhea/incontinence . It was agreed by the Intensivists to evaluate the product & give feedback regarding the same.	Purchase Team	25 th May 25	Open
❖ Discussed on the Issue Regarding the Skin Issues among staff after its usage – ✓ Suggested to look for an alternative to the current hand rub.	NA	NA	NA
❖ Trainings- ICNs will conduct training sessions for a minimum of five departments every month	NA	NA	NA
❖ Actively Participated in “ Prevent Occupational Hazard ”!! Program	Purchase Team	25 th May 25	Closed
❖ As a part of rotation of disinfectants suggesting to use <i>Different Broad-spectrum Disinfectant</i> As per the discussion with Purchase team Oxivir Plus is finalized Waiting for the purchase order. Virex will be used for non-critical area.	NA	NA	NA
❖ Received the 2nd Runner-Up award for “ Innovative Process Improvement in Quality & Patient Safety ” at the Pan Aster India Contest, held in celebration of World Patient Safety Day – September 2024			

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Signature of convener
Infection Prevention Committee
Aster CMI Hospital
Bangalore

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Signature of Senior Infection control Officer
Infection Prevention Committee
Aster CMI Hospital
Bangalore

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Signature of Deputy ICO
Infection Prevention Committee
Aster CMI Hospital
Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

DATE & TIME OF MEETING: 26-05-2025, 3:00 - 4:30 PM

VENUE: Basement Conference Room/Microsoft Rooms Meet

Basement Conference Room/Microsoft Rooms Meet

MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Varma – HIPAC Chairman 2. Mr. Lakshmanan- COO 3. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 4. Ms. Soumya – Sr. ICN- Convener 5. Ms. Srijita-ICN 6. Mr. Hirutraj-ICN 7. Ms. Bithika- ICN 8. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 9. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 10. Dr. Praveen Kumar - Clinical pharmacology 11. Dr. Prakash Dooraliswamy – Sr. Consultant Anesthesia & Critical care. 12. Dr. Sunay Mahesh –CMS 13. Dr. Shailesh Shetty – Consultant -ER & PSO 14. Dr. Parimala VT- Lead Consultant Paediatrics & Neonatology 15. Mr. Sebastian – Support service 16. Ms. Miridula- safety officer 17. Mr. Chamamallappa- Manager – F&M 18. Mr. Antony Das- CSSD 	<ul style="list-style-type: none"> • Dr. Somashekar S.P- Chairman Medical Advisory Board & Director Aster International • Dr. G. K Iyer – CTVS surgery • Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Dr. Vinay Bhat – Consultant, Gastroenterology • Ms. Deepthi – Quality • Ms. Bijl – CNO • Dr. Pushpa – Medical Services • Mr. Bharath – Purchase 	<ul style="list-style-type: none"> • Ms. Kalpana – Quality • Ms. Shaila- Asst. CNO • Ms. Sneha Joseph, K -CNO • Mr. Praveen – MICU in charge • Ms. Marutha-NISICU in charge • Dr. Nikita - Medical Services 	

MINUTES OF MEETING: – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

PREVIOUS MINUTES

<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis titer testing as part of the Pre-employment and annual health checks for housekeeping and Nursing aid staff 	<p>Support service</p>	<p>27th May 25</p>	<p>Open-Reply awaited from HR Team- Reminder given</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> Discarding & Mixing of BMW at OPD by the Patient/attender. Its been suggested that the staff (Nurses, HK, Supervisors) to be vigilant and observe such instances to identify the people discarding the same with them. 	<p>Nursing team/Support service /ICP team</p>	<p>25th May 25</p>	<p>Closed –Classes/Instructions were provided to all the respective categories.</p>
<p>Healthcare Associated Infections (HAIs)</p>	<ul style="list-style-type: none"> CAUTI-To prevent CAUTI rate- Following Measures were suggested & started to follow by the team- <ul style="list-style-type: none"> The urine bag should always be positioned below the level of the bladder, and urine bag to be emptied when 3/4th full & urine can should be discarded immediately after the bag is emptied. Immediate escalation of deviation of CAUTI Bundles to the nursing supervisor & department in charge. HAMDRO –There was an increase in HAMDRO rate- Its been suggested to – <ul style="list-style-type: none"> Staff assignment should be rotated for long - stay patients Central lines should be removed when no longer clinically necessary Tracheal care must be performed using sterile technique. Blood cultures must be collected using sterile technique. 	<p>Nursing team/Support service /ICP team</p>	<p>25th May 25</p>	<p>Closed- On real time basis any deviation is escalated to the supervisor & in charges. Closed –Training provided by clinical educator/ICNs It will be regular part of onsite trainings Stringent monitoring of practices by the ICNs.</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

Hand Hygiene Compliance	<ul style="list-style-type: none"> Staff should not collect multiple cultures from different sites while wearing the same pair of gloves. Paramedical data - category wise to be presented separately in meeting. As recommended by various auditors, it is advised to raise the current benchmark for hand hygiene, given that the existing target has already been surpassed. 	IC Team	25 th May 25	Closed- Presented in the meeting Closed – As per discussion with quality team the internal benchmark can be changed. However, it will be same in dashboard that is presented across units.
Other Discussion	<p>Discussion done on usage of Cavilon advanced skin protectant for patients with Diarrhoea/incontinence. It was agreed by the intensivists to evaluate the product & give feedback regarding the same.</p> <p>Discussed on the issue regarding the skin issues among staff after its usage- Suggested to look for an alternative to the current hand rub</p>	Critical care team/IC Team. Purchase Team	25 th May 25 25 th May 25	In process – Waiting from 3M for supply. In process – Approved "Bactorub" of Raman & Weil company by the central team. Waiting for the stock supply by the vendor.

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Agenda	<ul style="list-style-type: none"> Review of Previous meeting minutes – March-25 HAI statistics- RCA and action taken 	IC Team	NA	NA

<p>Healthcare Associated Infections (HAIs)</p>	<ul style="list-style-type: none"> • CAUTI • CLABSI • VAE • Hospital Acquired MDR • SSI • NSI & Body Fluid <ul style="list-style-type: none"> • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ✓ Glimpse of hand hygiene Day celebration. ✓ Stakeholders of HAZMAT Policy ✓ Review of single Use Device (SUD) Policy. ✓ 3M Proposal for CSSD –COE ✓ Non-Availability of Pre-Op shower KIT ✓ Surge in Covid 19 cases- Preparedness. ✓ Inclusion of Safe Injection practice audit in IPC. • Detailed discussion done on HAIs with the Root cause analysis. 	<p>NA</p>	<p>NA</p>	<p>NA</p>
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	<p>Support service</p>	<p>25th June 25</p>	<p>Open-Reply awaited from HR Team</p>
<p>Hand Hygiene Compliance</p>	<ul style="list-style-type: none"> It is suggested to discuss this further to increase the internal benchmark of 85% for critical areas and 80% for non-critical areas. 	<p>IC team / Quality</p>	<p>25th June 25</p>	<p>Open</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> Detailed Discussion done on Bio Medical Waste Segregation. 	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Pre-Exposure Prophylaxis</p>	<ul style="list-style-type: none"> Pre exposure prophylaxis of Hepatitis B - 1st dose was completed for the staff, and Link nurses were assigned to complete & keep track of hepatitis vaccine status of each of their staffs. 	<p>ICP Team/ Nursing team</p>	<p>25th June 25</p>	<p>In Process</p>
<p>Antimicrobial Stewardship</p>	<ul style="list-style-type: none"> It was suggested to include more detailed information about Root case analysis (RCA) and Corrective and preventive actions (CAPA) related to the antimicrobial prescribing practices as part of Antimicrobial stewardship (AMS) program in the meeting. 	<p>Clinical Pharmacologist</p>	<p>25th June 25</p>	<p>In Process</p>
<p>Other Discussion</p>	<ul style="list-style-type: none"> Glimpse of hand hygiene Day celebration. 	<p>NA</p>	<p>NA</p>	<p>Done</p>
	<ul style="list-style-type: none"> Stakeholders of HAZMAT Policy is to be discussed with Quality team. 	<p>Quality</p>	<p>25th June 25</p>	<p>Open</p>
	<ul style="list-style-type: none"> Review of single Use Device (SUD) Policy. 	<p>IPC Team/SSD</p>	<p>25th June 25</p>	<p>Open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<ul style="list-style-type: none"> As per NABH 6th edition Safe injection practice is a core element in IPC chapter. ICNs have started the audit by using Med blaze. 	N/A	N/A	N/A
<ul style="list-style-type: none"> 3M Proposal for CSSD –COE It was agreed in the meeting to proceed further and contact the company to initiate the process. 	IPC Team/3M Team	25 th June 25	Open
<ul style="list-style-type: none"> Non-Availability of Pre-Op shower KIT - Since the end of April, pre-operative shower kits have not been available for surgical patients. As a temporary measure, only individual shower bottles are being provided. Despite multiple verbal and email reminders, the purchase team has informed us that the kits are expected to be available by the end of this month. 	Purchase Team	15 th June 25	Open
<ul style="list-style-type: none"> Surge in Covid 19 cases. Preparedness - A Covid -19 screening protocol has to be implemented, including RT-PCR testing as per government guidelines, with isolation measures in place for positive cases in the SICU and isolation rooms. Further allocation of wards will be decided based on the emerging COVID situation by making the policy dynamic. 	Critical care team /IPC Team	25 th June 25	Open
<ul style="list-style-type: none"> It is recommended to include Comprehensive details (viz details like PM, HEPA filter change, cleaning processes etc) about the heating, ventilation and Air conditioning (HVAC) system and the ICRA process in the HICC presentation for a more complete overview of Control measures. 	ICP Team	25 th June 25	Open

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<p>◆ In NICU – Query Outbreaks following PCR Reports?</p> <ul style="list-style-type: none"> ● PCR = Positive for bacteria- Pseudomonas & Klebsiella (Bio-Cipher Lab) ● Culture= Negative. ● Following request of consultants immediately following actions were taken- <ul style="list-style-type: none"> ○ Cultures were taken from different sites of NICU- Which includes- Hand swab, water culture, Environmental swabs, Equipment's etc. – Result = Negative. ○ Hand wash solution changed to Lysowash which contain CHG 4% 	NA	N/A	N/A
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Signature of convenor
Infection Prevention Committee
Aster CMI Hospital
Bangalore

[Signature]

Signature of Senior Infection control Officer
Infection Prevention Committee
Aster CMI Hospital
Bangalore

[Signature]

Signature of Deputy ICO
Infection Prevention Committee
Aster CMI Hospital
Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	23-06-2025, 3:00 - 4:30 PM	VENUE	Basement Conference Room/Microsoft Teams Meet
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Varma – HIPAC Chairman- MS Teams 2. Mr. Lakshmanan- COO 3. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 4. Ms. Soumya – Sr. ICN- Convenor 5. Ms. Roselin - ICN 6. Ms. Srijita- ICN 7. Ms. Bithika- ICN 8. Dr. Spandana Peddareddy- Specialist- Internal Medicine & Deputy ICO 9. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 10. Dr. Sunay Mahesh –CMS 11. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 12. Dr. Praveen Kumar - Clinical pharmacology 13. Dr. Pushpa – Medical Services 14. Dr. Shailesh Shetty – Consultant -ER & PSO 15. Ms. Biji – CNO 16. Mr. Sebastian – Support service 17. Mr. Channamallappa- Manager – F& M 18. Mr. Antony Das- CSSD 19. Ms. Mridula- safety officer 	<ul style="list-style-type: none"> • Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International • Dr. G K Iyer – CTVS surgery • Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology • Mr. Nishant – F & B • Dr. Vinay Bhat – Consultant, Gastroenterology • Mr. Bharath – Purchase • Ms. Deepthi- Quality • Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 	<ul style="list-style-type: none"> • Ms. Kalpana – Quality • Dr. Nikita - Medical Services • Mr. Enock- Dialysis 	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

Needle Stick Injury & Blood & Body Fluid Exposure	<ul style="list-style-type: none"> To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. 	Support service	25 th July 25	Open-Reply awaited from HR Team
Hand Hygiene Compliance	<ul style="list-style-type: none"> It was discussed to further increase the internal benchmark of 85% for critical areas and 80% for non-critical areas. 	IC team / Quality	25 th June 25	Closed –Updated as per the revised benchmark
Pre-Exposure Prophylaxis	<ul style="list-style-type: none"> Pre exposure prophylaxis of Hepatitis B - 1st dose was completed for the staff, and Link nurses were assigned to complete & keep track of hepatitis vaccine status of each of their staffs. 	ICP Team/ Nursing team	25 th June 25	Closed -As per the schedule ICNs are informing & giving Hepatitis B card to respective link nurses to ensure their staff adhere to the schedule of Vaccination.
Antimicrobial Stewardship	<ul style="list-style-type: none"> It was suggested to include more detailed information about Root case analysis (RCA) and Corrective and preventive actions (CAPA) related to the antimicrobial prescribing practices as part of Antimicrobial stewardship (AMS) program in the meeting. 	Clinical Pharmacologist	25 th June 25	Closed –Presented in the meeting.
Other Discussion	<ul style="list-style-type: none"> Discussion done on usage of Cavilon advanced skin protectant for patients with Diarrhoea/incontinence .it was agreed by the intensivists to evaluate the product & give feedback regarding the same. 	Critical care team/IC Team.	25 th July 25	In process –Waiting from 3M for supply.
	<ul style="list-style-type: none"> 3M Proposal for CSSD –COE It was agreed in the meeting to proceed further and contact the company to initiate the process. 	IPC Team/3M Team/CSSD	25 th July 25	On hold -Due to upcoming NABH audits it will be discussed after the audits.

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> Discussed on the Issue regarding the skin issues among staff after it's usage-Suggested to look for an alternative to the current hand rub. 	Purchase Team	25 th July 25	On hold –due to Non-availability of stands will change /avail the Hand rubs after NABH audit.
	<ul style="list-style-type: none"> Stakeholders of HAZMAT Policy is to be discussed with Quality team. 	Quality	25 th July 25	Closed- Blood & body fluid spill will be handled by IPC Team.
	<ul style="list-style-type: none"> Review of single Use Device (SUD) Policy. 	IPC Team/CSSD	25 th July 25	In process
	<ul style="list-style-type: none"> Non-Availability of Pre-Op shower KIT- Since the end of April, pre-operative shower kits have not been available for surgical patients. As a temporary measure, only individual shower bottles are being provided. Despite multiple verbal and email reminders, the purchase team has informed us that the kits are expected to be available by the end of this month. 	Purchase Team	25 th June 25	Closed –Pre-op Shower Kits are available.
	<ul style="list-style-type: none"> Surge in Covid 19 cases- Preparedness - A Covid -19 screening protocol has to be implemented, including RT-PCR testing as per government guidelines, with isolation measures in place for positive cases in the SICU and Isolation rooms. Further allocation of wards will be decided based on the emerging COVID situation by making the policy dynamic. 	Critical care team /IPC Team	25 th June 25	Closed -Presented the Covid Protocol
	<ul style="list-style-type: none"> It is recommended to include Comprehensive details (viz details like PM, HEPA filter change, cleaning processes etc) about the heating, ventilation and Air conditioning (HVAC) system and the ICRA process in the HICC presentation for a more complete overview of Control measures. 	ICP Team	25 th June 25	Closed-Detailed Discussion done

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – April-25 • HAI statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ▪ Covid protocols ▪ Outsourced Laundry Visit-Report ▪ HVAC system & ICRA summary report ▪ Spill Mock audit report 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> ▪ Secufil-Patient line connector –Introduction in Radiology unit. 			
<p>Healthcare Associated Infections (HAIs)</p>	<p>It was discussed and agreed that the name of the staff and their respective shift should be documented in each dialysis patient's chart. This measure is intended to enable tracing and analysis of Dialysis-Associated Events (DAEs) in case any breach in practice is linked to specific personnel.</p>	<p>Dialysis team</p>	<p>25th July 25</p>	<p>Open</p>
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> • To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. • A discussion was held regarding the detailed analysis of 6-month data on Needle stick injuries (NSIs) and to provide orientation to new staff regarding NSI prevention and reporting protocols. 	<p>Support service IC Team/Nursing/Support services</p>	<p>25th July 25</p>	<p>Open- Reply awaited from HR Team Open</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • Detailed Discussion done on Bio Medical Waste Segregation. • Suggested to review camera surveillance to identify the individual responsible for the needle/sharps found in the corridor or common areas, this would help in real time monitoring & reprimanding those not adhering to Safe Injection practices (SIP's) 	<p>NA IC Team</p>	<p>NA 25th July 25</p>	<p>NA Open</p>
<p>Pre-Exposure Prophylaxis</p>	<ul style="list-style-type: none"> • It was noted that paramedical staff have not been consistently reporting for vaccination, and staff from other categories are not adhering to needle stick injury (NSI) follow-up protocols. <ul style="list-style-type: none"> ✓ It was recommended that Heads of Departments (HODs) be involved to ensure compliance and accountability among their respective teams. 	<p>ICP Team/ All HODs</p>	<p>25th July 25</p>	<p>Open</p>
<p>Surgical Prophylaxis</p>	<p>A discussion was held regarding the decreased compliance with discontinuation of postoperative antibiotics within 24 hours as part of surgical prophylaxis in OBG cases. It was recommended to review the</p>	<p>OBG Team/PC Team</p>	<p>25th July 25</p>	<p>Open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>cases that were non complaint and conduct an appropriate Root Cause Analysis (RCA) in coordination with the OBG consultants.</p>			
<p>Other Discussion</p>	<ul style="list-style-type: none"> Discussed to present one year data on Multidrug –resistant organisms (MDROs) to analyze the trend in MDR - with respect to their site of isolation, LOA, Antimicrobial usage & patient profile. 	<p>Clinical Pharmacologist</p>	<p>25th July 25</p>	<p>Open</p>
	<p>Laundry Visit -</p> <ul style="list-style-type: none"> It was discussed to allocate linen distribution between both laundries to help reduce the current complaints associated with STORMM Laundry 	<p>Support services</p>	<p>25th July 25</p>	<p>Open</p>
	<ul style="list-style-type: none"> A discussion was held on the implementation of a standardized spill management protocol with code announcement System, including the provision of dedicated spill kits for large spills in the laboratory and other areas. It was also proposed to establish a trained response team to manage such incidents effectively. Additionally, it was recommended to clearly define and distinguish between minor and major spills to ensure appropriate and timely response. 	<p>Quality team and Support services</p>	<p>25th July 25</p>	<p>Open</p>
	<ul style="list-style-type: none"> Secufil-Patient line connector –Introduction in Radiology unit. Discussion was held on the implementation of the Secufil line connector in Radiology, with concerns regarding its cost-effectiveness and clarity on its intended purpose. The usage of Secufill has been approved by the IPC team, however, costing & operational aspects are to be discussed with the Radiology department. 	<p>Radiology/ Purchase Team</p>	<p>25th July 25</p>	<p>Open</p>



MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<ul style="list-style-type: none"> • 3M Proposal for CSSD –COE • It was agreed in the meeting to proceed further and contact the company to initiate the process. 	<p>IPC Team/3M Team/CSSD</p>	<p>25th July 25</p>	<p>On hold-Due to upcoming NABH audits it will be discussed after the audits.</p>
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Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	28-07-2025, 3:00 - 4:30 PM	VENUE	Basement Conference Room/Microsoft Teams Meet
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HIPAC Chairman- MS Teams 2. Mr. Lakshmanan- COO 3. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 4. Ms. Roselin - ICN 5. Ms. Srijita- ICN 6. Ms. Bithika- ICN 7. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 8. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 9. Dr. Sunay Mahesh –CMS 10. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 11. Dr. Pushpa – Medical Services 12. Dr. Shailesh Shetty – Consultant -ER & PSO 13. Ms. Biji – CNO 14. Ms. Deepthi- Quality 15. Mr. Sebastian – Support service 16. Mr. Antony Das- CSSD 17. Ms. Miridula- safety officer 18. Mr. Bharath – Purchase 	<ol style="list-style-type: none"> 1. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 2. Dr. G K Iyer – CTVS surgery 3. Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology 4. Mr. Nishant – F & B 5. Dr. Vinay Bhat – Consultant, Gastroenterology 6. Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 7. Ms. Soumya – Sr. ICN- Convenor 8. Dr. Praveen Kumar - Clinical pharmacology 9. Ms. Sophia -Ot Manager 	<ul style="list-style-type: none"> • Dr. Nikita - Medical Services • Dr. Rohit - Clinical pharmacology • Mr. Enock- Dialysis • Mr. Prithvi -Operations head • Mr. Praveen -MICU 	-

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

<p>Healthcare Associated Infections (HAIs)</p>	<ul style="list-style-type: none"> It was discussed and agreed that the name of the staff and their respective shift should be documented in each dialysis patient's chart. This measure is intended to enable tracing and analysis of Dialysis-Associated Events (DAEs) in case any breach in practice is linked to specific personnel. 	<p>Dialysis team</p>	<p>25th July 25</p>	<p>Initiated</p>
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. A discussion was held regarding the detailed analysis of 6-month data on Needle stick injuries (NSIs) and to provide orientation to new staff regarding NSI prevention and reporting protocols. 	<p>Support service IC Team/Nursing/ Support services</p>	<p>25th Aug 25 25th July 25</p>	<p>Open-Reply awaited from HR Team Done</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> Detailed Discussion done on Bio Medical Waste Segregation. Suggested to review camera surveillance to identify the individual responsible for the needle/sharps found in the corridor or common areas, this would help in real time monitoring & reprimanding those not adhering to Safe Injection practices (SIP's) 	<p>IC Team</p>	<p>NA</p>	<p>Initiated</p>
<p>Pre-Exposure Prophylaxis</p>	<ul style="list-style-type: none"> It was noted that paramedical staff have not been consistently reporting for vaccination, and staff from other categories are not adhering to needle stick injury (NSI) follow-up protocols 	<p>ICP Team/ All HODs</p>	<p>25th July 25</p>	<p>Initiated</p>
<p>Surgical Prophylaxis</p>	<ul style="list-style-type: none"> A discussion was held regarding the decreased compliance with discontinuation of postoperative antibiotics within 24 hours as part of surgical prophylaxis in OBG cases. It was recommended to review the cases that were non complaint and conduct an appropriate Root Cause Analysis (RCA) in coordination with the OBG consultants. 	<p>OBG Team/IPC Team</p>	<p>25th July 25</p>	<p>Closed.</p>
	<ul style="list-style-type: none"> Discussed to present one year data on Multidrug –resistant organisms (MDROs) to analyze the trend in MDR - with respect to their site of isolation, LOA, Antimicrobial usage & patient profile. 	<p>Clinical Pharmacologist</p>	<p>25th July 25</p>	<p>Open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> A discussion was held on the implementation of a standardized spill management protocol with code announcement System, including the provision of dedicated spill kits for large spills in the laboratory and other areas. It was also proposed to establish a trained response team to manage such incidents effectively. Additionally, it was recommended to clearly define and distinguish between minor and major spills to ensure appropriate and timely response. 	<p>Safety officer and Support services</p>	<p>25th Aug 25</p>	<p>Open</p>
	<ul style="list-style-type: none"> Securfil-Patient line connector –Introduction in Radiology unit. Discussion was held on the implementation of the Securfil line connector in Radiology, with concerns regarding its cost-effectiveness and clarity on its intended purpose 	<p>IPC Team/3M Team/CSSD</p>	<p>25th July 25</p>	<p>Done</p>
	<ul style="list-style-type: none"> Discussion done on usage of Cavilon advanced skin protectant for patients with Diarrhea/incontinence. it was agreed by the intensivists to evaluate the product & give feedback regarding the same. MICU team have used the same & have not found any difference in the products and hence they are happy to continue with the existing CAVILON. NSICU - have requested for samples- the IP team has communicated the same to the 3M team & awaiting the samples from their end to provide to the end users. 	<p>Critical care team/IC</p>	<p>25th July 25</p>	<p>Done</p>
	<ul style="list-style-type: none"> 3M Proposal for CSSD –COE It was agreed in the meeting to proceed further and contact the company to initiate the process. The approval for conducting a one day CME & also workshop – which would help in highlighting the best practices in our CSSD. 	<p>IPC Team/3M Team/CSSD</p>	<p>25th July 25</p>	<p>Done</p>

PRESENT MINUTES

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – May-25 • HAL statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ DAE - Audit By 3M Team ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ▪ Outsourced BMW Visit-Report ▪ ICRA summary report ▪ NABH NC discussion 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>



<p>Healthcare Associated Infections (HAIs)</p>	<p>➤ Root Cause Analysis (RCA) for HAIs & NSIs</p> <ul style="list-style-type: none"> • A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated Infections (HAIs) and Needle stick injuries (NSIs) • It was also suggested by COO to discuss with the surgical teams regarding the post discharge wound care of patients. The IPC team to coordinate with the surgeon in drafting the guidelines with regards to IPC practices. Also to involve the physician assistant of surgical departments to help in follow up. • To join hands with the nursing team who is involved with the Home care team in Post discharge follow up of patients, this will help to track the significant events post discharge ex- dressing change, any signs of infection, helps in picking up infections quickly & addressing the issue. • Emphasis was laid on identifying gaps, implementing corrective actions, and documenting preventive measures. ➤ Implementation of CHG dressing and standalone Q-site in Dialysis patients. • The use of Chlorhexidine Gluconate (CHG) dressing and standalone Q-site was proposed to help reduce infection rates among dialysis patients. • The standalone Q site is used as the dialysis port disinfecting caps – not available in India, hence suggested to use Standalone Q-site and then application of CUROS (disinfecting caps) on the Q site. • This measure is expected to enhance aseptic practices and minimize Catheter related blood stream infections: (CRBSI) • It was suggested by COO to look into the costing of usage of CHG Tegaderm in these patients, based on the calculations to 	<p>IC Team</p> <p>Dialysis team</p> <p>Doctors/Nursing/IC Team</p>	<p>NA</p> <p>25th Aug 25</p>	<p>NA</p>
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>recommend usage of the same, so as to encourage the team towards best practices.</p> <ul style="list-style-type: none"> • Discussion of Single use dialyzers v/s Reuse was discussed & COO requested the operations team & the Dialysis supervisor to discuss the same with the Nephrology Unit chief – to look at the feasibility of implementing single use policy. <p>CLABSI</p> <p>The Intensivist & the Emergency Physician (Patient Safety officer) had a healthy discussion on the protocol to be followed when we receive patients with lines & tubes inserted from the referral hospital, it was consented that the lines & tubes re insertion depends on the criticality of the patient & in such cases patients with be stabilized & then the lines will be changed.</p> <p>In case of stable patients, the condition of lines assessed and usually plan change of lines & tubes.</p> <p>It was also brought out by Dr.Prakash (MICU) to look at regular changing of lines specially in long stayer, intubated patients like in Neuro ICU from where we are isolating MDR's leading to line colonization, line infections and subsequent sepsis leading to increases morbidity & mortality, PSO also added that majority of these patients are intubated & drooling of secretions also contribute to the line colonization.</p> <p>Hence to have a trial of scheduled, frequent change of lines to reduce HCAI.</p> <p>Dr.Pai (NSICU) did agree to try this on few patients & look for outcomes. Sir also mentioned that they have switched over to Medicated catheters.</p>			
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>➤ Pre-operative screening for Multi drug Resistant Organisms (MDROs)</p> <ul style="list-style-type: none"> • Pre-operative screening for MDROs, including MRSA, was discussed for surgical patients and those with outside intubation or invasive lines, to help identify the cause and prevent the spread of infection along with close monitoring of transplant cases to prevent infection and ensure early detection and prevent further transmission within the hospital. • Also a point of discussion was the bed bath practices of the patients- Dr. Pai mentioned that this is a grey area & requires more structured process and it is pivotal in assigning dedicated wipes/scrubbers to each patient as we have dedicated wash tubs to reduce the incidence of cross infections. Sir also mentioned that this act is more of an individual approach rather than protocol driven & hence streamlining of the same is needed. 			
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> • To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. • The committee aims to strengthen occupational health programs for non-clinical staff by mandating regular serological testing. • CMS suggested to check with other Aster units regarding the testing strategy for HK staff & based on that to take a call & close the point as it is long pending. 	<p>Support service</p>	<p>25th Aug 25</p>	<p>Open- Reply awaited from HR Team</p>
<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> It was emphasized that all departments must adhere strictly to color - coded segregation protocols and ensure training is provided for newly joined staff. 			
Surgical Prophylaxis	<ul style="list-style-type: none"> It was recommended to follow established guidelines for surgical prophylaxis, particularly in OBG Procedures, to reduce surgical infection and to minimize antimicrobial resistance and ensure timely administration. It was also discussed to ensure that all SSI prevention strategies to be place-- Preoperative shower- patient education on the same, Strict Intra operative monitoring, to look at coordinating with Nursing to look at continuous monitoring of post-operative period. 	IC Team	NA	NA
Other Discussion	<ul style="list-style-type: none"> ➤ BMW outsourced Visit A review of the BMW plant visit conducted on 14/07/25 was discussed. ➤ ICRA- (Infection control Risk assessment): <ul style="list-style-type: none"> The committee reviewed the ICRA Activities conducted in various departments for the June month. It was agreed that moving forward, all ICRA activities must be documented with Photographic evidence, including Pre-intervention photographs and post Intervention photographs This initiative aims to ensure transparency, accountability, and compliance with NABH standards during renovation maintenance, or construction work. ➤ NABH NC closure Handling of Single -Use Devices (SUDs) 	IC Team/Engineering team.	NA	NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> • A focused discussion was held on addressing the NABH NC raised regarding the handling Of Single use devices (SUDs). • The members of the committee deliberated on the need to classify SUDs based on their criticality (Critical, semi critical and non-critical) and accordingly develop a standardized process for their usage, reprocessing (if any), and disposal • The SUD policy to be reviewed with the user departments, re orientation, ensuring compliance to the policy. • It was also discussed that the marking of the number of times of usage be marked with permanent pen instead of tape as the tape may not be readily available. • Emphasis was placed on ensuring the process aligns with NABH and regulatory guidelines, including manufacturer instructions for Single - use items 	<p>CSSD/Nursing Team</p>	<p>25th Aug 25</p>	
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A. Roslin Perijer

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Rajeshwari C.G

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Pandana

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

DATE & TIME OF MEETING	20-08-2025, 3:00 - 4:30 PM	VENUE	Basement Conference Room/Microsoft Teams Meet
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HIPPAC Chairman- MS Teams 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Roselin - ICN 4. Ms. Srijita- ICN 5. Ms. Bithika- ICN 6. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 7. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 8. Dr. Sunay Mahesh –CMS 9. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 10. Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 11. Dr. Pushpa – Medical Services 12. Dr. Shailesh Shetty – Consultant -ER & PSO- MS Teams 13. Dr. Praveen Kumar - Clinical pharmacology 14. Ms. Bijli – CNO 15. Ms. Deepthi- Quality 16. Mr. Sebastian – Support service 17. Mr. Antony Das- CSSD 18. Ms. Mridula- safety officer 	<ol style="list-style-type: none"> 1. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 2. Dr. G K Iyer – CTVS surgery 3. Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology 4. Mr. Nishant – F & B 5. Dr. Vinay Bhat – Consultant, Gastroenterology 6. Ms. Soumya –Sr. ICN- Convenor 7. Ms. Sophia -Ot Manager 8. Mr. Bharath – Purchase 	<ul style="list-style-type: none"> • Dr. Nikita - Medical Services • Dr. Rohit - Clinical pharmacology • Mr. Enock- Dialysis 	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Healthcare Associated Infections (HAIs)	<ul style="list-style-type: none"> ✓ Root Cause Analysis (RCA) for HAIs & NSIs • A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated Infections (HAIs) and Needle stick injuries (NSIs) • It was also suggested by COO to discuss with the surgical teams regarding the post discharge wound care of patients. The IPC team coordinate with the surgeon in drafting the guidelines regarding IPC practices. Also to involve the physician assistant of surgical departments to help in follow up. • To join hands with the nursing team who is involved with the home care team in Post discharge follow up of patients, this will help to track the significant events post discharge ex- dressing change, any signs of infection, help in picking up infections quickly & addressing the issue. • Emphasis was laid on identifying gaps, implementing corrective actions, and documenting preventive measures <ul style="list-style-type: none"> ➤ Implementation of CHG dressing and standalone Q-site in Dialysis patients. • The use of Chlorhexidine Gluconate (CHG) dressing and standalone Q-site was proposed to help reduce infection rates among dialysis patients • The standalone Q site is used as the dialysis port disinfecting caps – not available in India, hence suggested to use Standalone Q-site and then application of CUPOS (disinfecting caps) on the Q site • This measure is expected to enhance standard practices and minimize Catheter related blood stream infections (CRBSI) 	<p>IC Team</p> <p>Doctors/Nursing/IC Team</p>	<p>NA</p>	<p>NA</p> <p>Open</p>
		Dialysis team	25 Aug 25	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<ul style="list-style-type: none"> • It was suggested by COO to investigate the cost of usage of CHG Tegaderm in these patients, based on the calculations to recommend usage of the same, to encourage the team towards. • Discussion of Single use dialyzers v/s Reuse was discussed & COO requested the operations team & the Dialysis supervisor to discuss the same with the Nephrology Unit chief – to look at the feasibility of implementing single use policy • CLABSI • The Intensivist & the Emergency Physician (Patient Safety officer) had a healthy discussion on the protocol to be followed when we receive patients with lines & tubes inserted from the referral hospital, it was consented that the lines & tubes re insertion depends on the criticality of the patient & in such cases patients will be stabilized & then the lines will be changed. • In case of stable patients, the condition of lines is assessed and usually planned change of lines & tubes • It was also brought out by Dr. Prakash (MICU) to look at regular changing of lines specially in long stayer, intubated patients like in Neuro ICU from where we are isolating MDR's leading to line colonization, line infections and subsequent sepsis leading to increases morbidity & mortality. PSO also added that majority of these patients are intubated & drooling of secretions also contribute to the line colonization • Hence to have a trial of scheduled, frequent change of lines to reduce HCAI. • Dr. Par (NSICU) did agree to try this on few patients & look for outcomes. Sir also mentioned that they have switched over to Medicated catheters • Pre-operative screening for Multi drug Resistant Organisms (MDROs) • Pre-operative screening for MDROs, including MRSA, was discussed for surgical patients and those with outside intubation or invasive lines, to help identify the cause and prevent the spread of infection along with 	
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Needle Stick Injury & Blood & Body Fluid Exposure	<p>close monitoring of transplant cases to prevent infection and ensure early detection and prevent further transmission within the hospital</p> <ul style="list-style-type: none"> To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. The committee aims to strengthen occupational health programs for non-clinical staff by mandating regular serological testing. CMS suggested to check with other Aster units regarding the testing strategy for HK staff & based on that to take a call & close the point as it is long pending. 	Support service	25 th Aug 25	Open
Bio-Medical Waste Management	<ul style="list-style-type: none"> A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. It was emphasized that all departments must adhere strictly to color- coded segregation protocols and ensure training is provided for newly joined staff. 	IC Team/ Nursing/ Support service	NA	NA
Surgical Prophylaxis	<ul style="list-style-type: none"> It was recommended to follow established guidelines for surgical prophylaxis, particularly in OBG Procedures, to reduce surgical infection and to minimize antimicrobial resistance and ensure timely administration It was also discussed to ensure that all SSI prevention strategies to be place- Preoperative shower- patient education on the same, Strict Intra operative monitoring, to look at coordinating with Nursing to look at continuous monitoring of post-operative period 	IC Team	NA	NA
Other Discussion	<ul style="list-style-type: none"> BMW outsourced Visit A review of the BMW plant visit conducted on 14/07/25 was discussed 	NA	NA	NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<ul style="list-style-type: none"> ➤ ICRA- (Infection control Risk assessment): • The committee reviewed the ICRA Activities conducted in various departments for the June month. • It was agreed that moving forward, all ICRA activities must be documented with Photographic evidence, including Pre-intervention photographs and post Intervention photographs • This initiative aims to ensure transparency, accountability, and compliance with NABH standards during renovation maintenance, or construction work. 	IC Team/Engineering team.	NA	NA
<ul style="list-style-type: none"> ➤ NABH NC closure • Handling of Single -Use Devices (SUDs) • A focused discussion was held on addressing the NABH NC raised regarding the handling Of Single use devices (SUDs). • The members of the committee deliberated on the need to classify SUDs based on their criticality (Critical, semi critical and non-critical) and accordingly develop a standardized process for their usage, reprocessing (if any), and disposal • The SUD policy to be reviewed with the user departments, re orientation, ensuring compliance with the policy. • It was also discussed that the marking of the number of times of usage be marked with permanent pen instead of tape as the tape may not be readily available. • Emphasis was placed on ensuring the process aligns with NABH and regulatory guidelines, including manufacturer instructions for Single - use items 	CSSD/Nursing Team	25 th Aug 25	Open

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – June-25 • HAI statistics - RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ DAE ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ▪ NABH NC Closure- Staff are provided with training on infection prevention and control. Corrective action- Retrained the Medical professionals, infection prevention and control nurses, clinical pharmacists, and paramedic staff on the Antimicrobial Policy and Antimicrobial 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – June-25 • HAL statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ DAE ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ▪ NABH NC Closure- Staff are provided with training on infection prevention and control. Corrective action- Retrained the Medical professionals, infection prevention and control nurses, clinical pharmacists, and paramedic staff on the Antimicrobial Policy and Antimicrobial 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	16- 09-2025, 3:00 - 4:00 PM	VENUE	Basement Conference Room/Microsoft Teams Meet
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HIPAC Chairman- MS Teams 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Roselin - ICN 4. Ms. Srijita- ICN 5. Ms. Bithika-ICN 6. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 7. Dr. Sunay Mahesh –CMS 8. Dr. Pushpa – Medical Services 9. Dr. Shailesh Shetty – Consultant -ER & PSO- MS Teams 10. Ms. Biji – CNO 11. Mr. Sebastian – Support service 12. Mr. Channallappa-Engineering & Maintenance 	<ol style="list-style-type: none"> 1. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 2. Dr. G K Iyer – CTVS surgery 3. Dr. Sapna Lulla-lead Consultant Obstetrics & Gynecology 4. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 5. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 6. Dr. Parrimala Thirumalesh – Sr. Consultant -Neonatology 7. Mr. Nishant – F & B 8. Dr. Vinay Bhat – Consultant, Gastroenterology 9. Ms. Soumya – Sr. ICN- Convenor 10. Ms. Sophia -Ot Manager 11. Mr. Bharath – Purchase 12. Ms. Deepthi- Quality 13. Mr. Antony Das- CSSD 14. Ms. Mridula- safety officer 	<ol style="list-style-type: none"> 1. Dr. Nikita - Medical Services 2. Dr. Rohit - Clinical pharmacology 3. Dr. Anjan- Clinical pharmacology 4. Ms. Menjari – Dialysis 5. Ms. Kalpana-Quality 6. Mr. Pruthvi Rao- Operations head 	-

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Healthcare Associated Infections (HAIs)</p>	<p>➤ Root Cause Analysis (RCA) for HAIs & NSIs</p> <ul style="list-style-type: none"> • A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated infections (HAIs) and Needle stick injuries (NSIs) • It was also suggested by COO to discuss with the surgical teams regarding the post discharge wound care of patients. The IPC team coordinate with the surgeon in drafting the guidelines regarding IPC practices. Also to involve the physician assistant of surgical departments to help in follow up. • To join hands with the nursing team who is involved with the home care team in Post discharge follow up of patients, this will help to track the significant events post discharge ex-dressing change, any signs of infection, help in picking up infections quickly & addressing the issue. • Emphasis was laid on identifying gaps, implementing corrective actions, and documenting preventive measures. <p>➤ Implementation of CHG dressing and standalone Q-site in Dialysis patients.</p> <ul style="list-style-type: none"> • The use of Chlorhexidine Gluconate (CHG) dressing and standalone Q-site was proposed to help reduce infection rates among dialysis patients. 	<p>IC Team</p> <p>Doctors/Nursing/IC Team</p>	<p>NA</p>	<p>NA</p>
		<p>Dialysis team</p>	<p>25th Aug 25</p>	<p>Open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> • The standalone Q site is used as the dialysis port disinfecting caps – not available in India, hence suggested to use Standalone Q-site and then application of CUROS (disinfecting caps) on the Q site. • This measure is expected to enhance aseptic practices and minimize Catheter related blood stream infections. (CRBSI) • It was suggested by COO to investigate the cost of usage of CHG Tegaderm in these patients, based on the calculations to recommend usage of the same, to encourage the team towards. • Discussion of Single use dialyzers v/s Reuse was discussed & COO requested the operations team & the Dialysis supervisor to discuss the same with the Nephrology Unit chief – to look at the feasibility of implementing single use policy. <p style="text-align: center;">➤ CLABSI</p> <ul style="list-style-type: none"> • The Intensivist & the Emergency Physician (Patient Safety officer) had a healthy discussion on the protocol to be followed when we receive patients with lines & tubes inserted from the referral hospital, it was consented that the lines & tubes re insertion depends on the criticality of the patient & in such cases patients with be stabilized & then the lines will be changed. • In case of stable patients, the condition of lines is assessed and usually planned change of lines & tubes. • It was also brought out by Dr.Prakash (MICU) to look at regular changing of lines specially in long stayer, intubated patients like in Neuro ICU from where we are isolating MDR's leading to line colonization, line infections and subsequent sepsis leading to increases morbidity & mortality, PSO also added that majority of 			
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>these patients are intubated & drooling of secretions also contribute to the line colonization.</p> <ul style="list-style-type: none"> Hence to have a trial of scheduled, frequent change of lines to reduce HCAI. Dr. Pai (NSICU) did agree to try this on few patients & look for outcomes. Sir also mentioned that they have switched over to Medicated catheters. Pre-operative screening for Multi drug Resistant Organisms (MDROs) Pre-operative screening for MDROs, including MRSA, was discussed for surgical patients and those with outside intubation or invasive lines, to help identify the cause and prevent the spread of infection along with close monitoring of transplant cases to prevent infection and ensure early detection and prevent further transmission within the hospital. 			
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> To include serology and Hepatitis B titre testing as part of the pre-employment and annual health checks for housekeeping and nursing aide staff. The committee aims to strengthen occupational health programs for non-clinical staff by mandating regular serological testing. CMS suggested to check with other Aster units regarding the testing strategy for HK staff & based on that to take a call & close the point as it is long pending. 	<p>Support service</p>	<p>25th Aug 25</p>	<p>Closed</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. It was emphasized that all departments must adhere strictly to color- coded segregation protocols and ensure training is provided for newly joined staff. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Surgical Prophylaxis</p>	<ul style="list-style-type: none"> It was recommended to follow established guidelines for surgical prophylaxis, particularly in OBG Procedures, to reduce surgical infection and to minimize antimicrobial resistance and ensure timely administration. It was also discussed to ensure that all SSI prevention strategies to be place- Preoperative shower- patient education on the same, Strict Intra operative monitoring, to look at coordinating with Nursing to look at continuous monitoring of post-operative period. 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>
<p>Other Discussion</p>	<ul style="list-style-type: none"> ➤ BMW outsourced Visit A review of the BMW plant visit conducted on 14/07/25 was discussed. 	<p>NA</p>	<p>NA</p>	<p>NA</p>
	<ul style="list-style-type: none"> ➤ ICRA- (Infection control Risk assessment): The committee reviewed the ICRA Activities conducted in various departments for the June month. It was agreed that moving forward, all ICRA activities must be documented with Photographic evidence, including Pre-intervention photographs and post Intervention photographs 	<p>IC Team/Engineering team.</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> This initiative aims to ensure transparency, accountability, and compliance with NABH standards during renovation maintenance, or construction work. 			
	<p>➤ NABH NC closure</p> <ul style="list-style-type: none"> Handling of Single -Use Devices (SUDs) A focused discussion was held on addressing the NABH NC raised regarding the handling Of Single use devices (SUDs). The members of the committee deliberated on the need to classify SUDs based on their criticality (Critical, semi critical and non-critical) and accordingly develop a standardized process for their usage, reprocessing (if any), and disposal The SUD policy to be reviewed with the user departments, re orientation, ensuring compliance with the policy. It was also discussed that the marking of the number of times of usage be marked with permanent pen instead of tape as the tape may not be readily available. Emphasis was placed on ensuring the process aligns with NABH and regulatory guidelines, including manufacturer instructions for Single - use items 	<p>CSSD/Nursing Team</p>	<p>25th Aug 25</p>	<p>Closed</p>

PRESENT MINUTES

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> • Review of Previous meeting minutes – July-25 • HAI statistics- RCA and action taken <ul style="list-style-type: none"> ▪ CAUTI ▪ CLABSI ▪ DAE ▪ VAE ▪ Hospital Acquired MDR ▪ SSI ▪ NSI & Body Fluid • Hand Hygiene-Compliance • Biomedical Waste- compliance • Surgical Prophylaxis- Compliance • Bundles – compliance • Pre-Exposure vaccination compliance • Other discussion- <ul style="list-style-type: none"> ➤ SOP on Patient Bath ➤ ICRA summary report. 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Healthcare Associated Infections (HAIs)		IC Team	NA	NA
<p>➤ Root Cause Analysis (RCA) for HAIs & NSIs</p> <ul style="list-style-type: none"> • A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated infections (HAIs) & Needle stick injuries (NSIs). <ul style="list-style-type: none"> ➤ CLABSI • Discussed regarding the observations in the dialysis unit that the staff are touching the HD lines, surrounding surfaces, touching the priming with the same gloves and not performing hand hygiene. The same gloved hands and not performing hand rub while wearing gloves, which could increase the risk of infection in dialysis patients. • It was observed during rounds that the same dressing set was being used at the start and end of dialysis. • Dr. Prakash Enquired about the duration of the patient being on hemodialysis, when and where the access was inserted, and emphasized that if the access has been in place for the long term (more than 6 months), complications are inevitable. He highlighted the importance of knowing these details to assess the possible cause and to plan further management. • Following this, Dr. Rajeshwari emphasized that a gap analysis will be conducted once again to identify lapses in current practices. And stated that structured training on line care will be organized for all staff working in the dialysis unit, with aim of strengthening adherence to infection prevention protocols, minimizing risks of access related infections, and ensuring uniform practice Across the team. And again, recommended the use of Q-site and CHG dressing for all the HD lines. And informed that a code has been created so that these items can be indented and used. 	Dialysis	25 Sep 25	open	



<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. • It was emphasized that all departments must adhere strictly to color-coded segregation protocols and ensure training is provided for newly joined staff. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> • It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. However, it was also noted that doctors and other management staff are not comparatively adhering to hand hygiene, and many were observed entering the MDRO patient area without performing hand hygiene. • Reinforcement of hand hygiene compliance will be emphasized for all categories of staff, including doctors and management, with regular monitoring and reminders. • Dr. Sunay agreed that he would address this issue with the concerned doctors and management staff and ensure that proper hand hygiene practices are followed. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Surgical Prophylaxis</p>	<ul style="list-style-type: none"> • Discussed Regarding surgical prophylaxis, Dr. Rajeshwari met all the consultants/surgeons with ICNs to discuss the hospital's antibiotic policy they agreed to follow the policy, and it was emphasized that if antibiotics are extended beyond the recommended duration, reasons must be documented and communicated. And compliance with surgical prophylaxis and antibiotics policy will be monitored through regular audits and feedback to the concerned teams. • Following this Dr. Sunay requested the trend data and infection of all departments for review. 	<p>Clinical Pharmacology/IC Team</p>	<p>NA</p>	<p>NA</p>



Bethika Sankar

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Rajeshwari. K.G.

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Sandana.

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	17-10-2025, 3:00 - 4:00 PM	VENUE	Basement Conference Room
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HIPAC Chairman- MS Teams 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Srijita- ICN 4. Ms. Bithika- ICN 5. Dr. Sunay Mahesh –CMS 6. Dr. Pushpa – Medical Services 7. Dr. Shailesh Shetty – Consultant -ER & PSO- MS Teams 8. Ms. Biji – CNO 9. Mr. Sebastian – Support service 10. Mr. Channmallappa-Engineering &Maintenance 11. Ms. Mrudula – safety officer 12. Ms. Deepthi- Quality 13. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 14. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 	<ol style="list-style-type: none"> 1. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 2. Dr. G K Iyer – CTVS surgery 3. Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology 4. Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 5. Mr. Nishant – F & B 6. Dr. Vinay Bhat – Consultant, Gastroenterology 7. Ms. Soumya –Sr. ICN- Convenor 8. Ms. Sophia -Ot Manager 9. Mr. Bharath – Purchase 10. Mr. Antony Das- CSSD 11. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 	<ol style="list-style-type: none"> 1. Dr. Nikita - Medical Services 2. Dr. Rohit - Clinical pharmacology 3. Dr. Pratyusha- Clinical pharmacology 4. Mr. Mahesh- Operations 	<ol style="list-style-type: none"> 1. Ms. Manjari – Dialysis

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Healthcare Associated Infections (HAIs)</p>	<p>➤ Root Cause Analysis (RCA) for HAIs & NSIs</p> <ul style="list-style-type: none"> • A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated Infections (HAIs) & Needle stick injuries (NSIs). <ul style="list-style-type: none"> ➤ CLABSI • Discussed regarding the observations in the dialysis unit that the staff are touching the HD lines, surrounding surfaces, touching the priming with the same gloves and not performing hand hygiene. The same gloved hands and not performing hand rub while wearing gloves, which could increase the risk of infection in dialysis patients. • It was observed during rounds that the same dressing set was being used at the start and end of dialysis. • Dr. Prakash Enquired about the duration of the patient being on hemodialysis, when and where the access was inserted, and emphasized that if the access has been in place for the long term (more than 6 months), complications are inevitable. He highlighted the importance of knowing these details to assess the possible cause and to plan further management. • Following this, Dr. Rajeshwari emphasized that a gap analysis will be conducted once again to identify lapses in current practices. And stated that structured training on line care will be organized for all staff working in the dialysis unit, with aim of strengthening adherence to infection prevention protocols, minimizing risks of access related infections, and ensuring uniform practice across the team. And again, recommended the use of Q-site and CHG 	<p>IC Team</p> <p>Dialysis</p>	<p>NA</p> <p>25 Sep 25</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>dressing for all the HD lines. And informed that a code has been created so that these items can be indented and used.</p>			
Bio-Medical Waste Management	<ul style="list-style-type: none"> A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. It was emphasized that all departments must adhere strictly to color-coded segregation protocols and ensure training is provided for newly joined staff. 	IC Team/ Nursing/ Support service	NA	NA
Hand Hygiene	<ul style="list-style-type: none"> It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. However, it was also noted that doctors and other management staff are not comparatively adhering to hand hygiene, and many were observed entering the MDRO patient area without performing hand hygiene. Reinforcement of hand hygiene compliance will be emphasized for all categories of staff, including doctors and management, with regular monitoring and reminders. Dr. Sunay agreed that he would address this issue with the concerned doctors and management staff and ensure that proper hand hygiene practices are followed. 	IC Team/ Nursing/ Support service	NA	NA
Surgical Prophylaxis	<ul style="list-style-type: none"> Discussed Regarding surgical prophylaxis, Dr. Rajeshwari met all the consultants/surgeons with ICNs to discuss the hospital's antibiotic policy they agreed to follow the policy, and it was emphasized that if antibiotics are extended beyond the recommended duration, reasons must be documented and communicated. And compliance with surgical prophylaxis and antibiotics policy will be monitored through regular audits and feedback to the concerned teams. <p>Following this Dr. Sunay requested the trend data and infection of</p>	Clinical Pharmacology/IC Team	NA	NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> ➤ Review of Previous meeting minutes – September - 25 ➤ 1. HAI statistics- RCA and action taken <ul style="list-style-type: none"> ➤ Ø CAUTI ➤ Ø CLABSI ➤ Ø DAE Audit ➤ Ø VAE ➤ Ø Hospital Acquired MDR ➤ Ø SSI ➤ Ø NSI & Body Fluid ➤ 2. Hand Hygiene-Compliance ➤ 3. Biomedical Waste- Compliance ➤ 4. Surgical Prophylaxis- Compliance ➤ 5. Pre-Exposure vaccination Compliance- ➤ 6. Other Discussion- <ul style="list-style-type: none"> ➤ Vaccination of Staff - Flu vaccination ➤ Ø ICRA summary report. 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Healthcare Associated Infections(HAIs)	Root Cause Analysis (RCA) for HAIs & NSIs	IC Team	NA	NA
<ul style="list-style-type: none"> ➤ A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated infections (HAIs) & Needle stick injuries (NSIs). <ul style="list-style-type: none"> ➤ CLABSI • Discussed regarding the training provided to nursing and technical staff training of dialysis by ICNs and 3M Technical team and it was also discussed to continue the same on real time basis & as & when basis. • Sterile dressing samples will be provided from the 3M Company for trial basis to check for the effective of CHG tegaderm over regular dressing & its role in prevention of CLABSI to circumvent the issues related to cost over effectiveness. • Dr. Raghavendra Pai enquired about the number of the dressing will be supplied from company for sampling and costs of the dressing following this, Dr. Rajeshwari emphasized that up to five samples will be provided for next central line insertions. 	IC Team	20 Oct 25	Closed	
	Dialysis	25 Nov 25	open	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. • Discussed regarding the training conducted by the ICN and Amaryllis related to Waste segregation to reduce the non-compliances. • Ms. Deepthi enquired about the BMW boards in Dermatology and Ortho OPD where only for general waste poster is present & the need for other BMW color coded bins? - Dr. Rajeshwari clarified that in OPD's where invasive procedures will be done all color coded bins and posters should be there as there will be BMW generated. • To conclude it Mr Sebastian told he will provide all the bins and posters to the respective procedural OPD'S. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> • It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. The same was appreciated by Dr.Sunay- CMS, & other members. • The status of the QIP on hand hygiene in HK was discussed & the HIPC team discussed the process being followed as deliberated on the pre project data of HK was done by collecting feedback by framing MQ questions in different languages for house keeping and nursing aid. Based on this data various aspects will be given more emphasis & gap analysis will be done. • Reinforcement of hand hygiene compliance will be emphasized for house keeping and nursing aids as per result of pre and post test drawback to compliances mentioned were pressured in work, shortage of staff , poor implementation as practice is less. • To implement the hand hygiene practices continuation of training will be done by ICNs as a tool for reminder. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>In this regard Dr.Sunay- CMS – asked Sister Biji- CNO to give the detailed plan on the number of staff in these critical care areas – then the same to be discussed with the Purchase team & after this the proposal to be submitted to the management for further course of action - with a strong recommendation from the HIPC team to vaccinate all these staff.</p>			
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Srijika Saha

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Rajeshwari. K.G.

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Bandana

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	22-11-2025, 3:00 - 4:00 PM	VENUE	Basement Conference Room
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HIPAC Chairman- MS Teams 2. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 3. Ms. Srijita-ICN 4. Ms. Bithika- ICN 5. Dr Sunay Mahesh- CMS- MS Teams 6. Dr. Pushpa – Medical Services 7. Dr. Shailesh Shetty – Consultant -ER & PSO- MS Teams 8. Ms. Bijji – CNO 9. Mr. Sebastian – Support service 10. Mr. Channalappa-Engineering & Maintenance 11. Ms. Deepthi- Quality 12. Dr. Spandana Peddareddy-Specialist- Intertial Medicine & Deputy ICO 13. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 14. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 15. Dr. Pratyusha- Clinical pharmacology 	<ol style="list-style-type: none"> 1. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 2. Dr. G K Iyer – CTVS surgery 3. Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology 4. Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 5. Mr. Anshant – F & B 6. Dr. Vinay Prasad – Consultant, Gastroenterology 7. Ms. Soumya – Sr. ICN- Convenor 8. Ms. Sophia -Ot Manager 9. Mr. Bharath – Purchase 10. Mr. Antony Das- CSSD 	<ol style="list-style-type: none"> 1. Dr. Nikita - Medical Services 2. Ms. Mrudula – Safety Officer 	<ol style="list-style-type: none"> 1. Ms. Manjari – Dialysis

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

	<ul style="list-style-type: none"> Ms. Deepthi enquired about the BMW boards in Dermatology and Ortho OPD where only for general waste poster is present & the need for other BMW color coded bins ?- Dr. Rajeshwari clarified that in OPD's where invasive procedures will be done all color coded bins and posters should be there as there will be BMW generated. To conclude it Mr Sebastian told he will provide all the bins and posters to the respective procedural OPD's.. 			
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. The same was appreciated by Dr.Sunay-CMS, & other members. The status of the QIP on hand hygiene in HK was discussed & the HIPC team discussed the process being followed as deliberated on the pre project data of HK was done by collecting feedback by framing MQ questions in different languages for house keeping and nursing aid. Based on this data various aspects will be given more emphasis & gap analysis will be done. Reinforcement of hand hygiene compliance will be emphasized for house keeping and nursing aids as per result of pre and post test drawback to compliances mentioned were pressured in work, shortage of staff , poor implementation as practice is less. To implement the hand hygiene practices continuation of training will be done by ICNs as a tool for reminder.. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Surgical Prophylaxis</p>	<ul style="list-style-type: none"> Discussed Regarding surgical prophylaxis, Dr. Rajeshwari met all the consultants/surgeons with ICNs to discuss the hospital's antibiotic policy they agreed to follow the policy, and it was emphasized that if antibiotics are extended beyond the recommended duration, reasons must be documented and communicated. And compliance with surgical prophylaxis and 	<p>Clinical Pharmacology/IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<ul style="list-style-type: none"> ➤ Agenda For the Month of October-2025 ➤ Review of Previous meeting minutes – September - 25 ➤ 1. HAI statistics- RCA and action taken <ul style="list-style-type: none"> ➤ Ø CAUTI ➤ Ø CLABSI ➤ Ø DAE Audit ➤ Ø VAE ➤ Ø Hospital Acquired MDR ➤ Ø SSI ➤ Ø NSI & Body Fluid ➤ 2. Hand Hygiene-Compliance ➤ 3. Biomedical Waste- Compliance ➤ 4. Surgical Prophylaxis- Compliance ➤ 5. Pre-Exposure vaccination Compliance- ➤ 6. Other Discussion- <ul style="list-style-type: none"> ➤ Chicken pox cases ➤ Vaccination of Staff - Flu vaccination ➤ HIC Budget submission ➤ QIP status- Hand Hygiene 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> • A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. • Discussed regarding the training conducted by the ICN related to Waste segregation to reduce the non-compliances. • Ms. Deepthi enquired about the supply status of BMW boards in Dermatology and Ortho OPD where only for general waste poster is present & the need for other BMW color coded bins ?- • To conclude it Mr Sebastian told he has provided all the bins and posters to the respective procedural OPD'S. • Reduced compliance in BMW percentage discussed and suggested for presence of Nursing Educator to look for the BMW non-compliances followed by conducting training in the respective departments. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> • It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. The same was appreciated by Dr.Sunay- CMS, & other members. • The status of the QIP on hand hygiene in HK was discussed & the HIPC team discussed the process being followed as deliberated on the project data of HK was done by collecting feedback by making posters, reels and videos related to hand hygiene in different languages for house keeping and nursing aid. Based on this data various aspects will be given more emphasis & gap analysis will be done. • Reinforcement of hand hygiene compliance will be emphasized for house keeping and nursing aids as per result of implementation. • To implement the hand hygiene practices continuation of training and QI will be done by ICNs as a tool for reminder. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>these staff taking care of Immuno compromised patients, risk of transmission was also discussed.</p> <p>In this regard Dr. Rajeshwari elaborated that CMS Dr.Sunay has proposed vaccination of 700 staff in the HIC budget & upon approval the same will be initiated.</p> <p>➤ PSK Bio-Check Handrub Odor</p> <p>Concern raised regarding foul Odor emanating from PSK Bio-Check Handrub empathizing it Dr Rajeswari insured only from the PSK Bio-Check handrub batch no 250959 issues raised so recall done and culture shows no growth.</p> <p>➤ HEPATITIS B VACCINE – HCP</p> <p>As discussed before for vaccination no personal call will be done only reminders (2)will be given to the respective department in charges through mail.</p>	<p>Nursing team//IC Dept</p>	<p>NA</p>	<p>NA</p>
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



DATE & TIME OF MEETING	13-12-2025, 3:00 - 4:00 PM	VENUE	Basement Conference Room
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MEMBERS PRESENT	MEMBERS ABSENT	INVITEES PRESENT	INVITEES ABSENT
<ol style="list-style-type: none"> 1. Dr. Rajeshwari KG – Sr. Consultant Microbiology & ICO 2. Ms. Srijita- ICN 3. Dr Sunay Mahesh- CMS 4. Dr. Pushpa – Medical Services 5. Ms. Biji – CNO 6. Mr. Chammallappa-Engineering &Maintenance 7. Ms. Deepthi- Quality 8. Dr. Spandana Peddareddy-Specialist- Internal Medicine & Deputy ICO 9. Dr. Prakash Doraiswamy – Sr. Consultant Anesthesia & Critical care 10. Dr. Pratyusha- Clinical pharmacology 11. Mr. Antony Das- CSSD 12. Ms. Sophia -Ot Manager 	<ol style="list-style-type: none"> 1. Dr. Ravi Gopal Verma - HlPAC Chairman- MS Teams 2. Dr. Somashekar SP- Chairman Medical Advisory Board & Director Aster International 3. Dr. G K Iyer – CTVS surgery 4. Dr. Sapna Lulla-Lead Consultant Obstetrics & Gynecology 5. Dr. Parimala Thirumalesh – Sr. Consultant -Neonatology 6. Mr. Nishant – F &B 7. Dr. Vinay Bhat – Consultant, Gastroenterology 8. Ms. Soumya – Sr. ICN- Convenor 9. Ms. Bithika- ICN 10. Mr. Bharath – Purchase 11. Dr. Shallesh Shetty – Consultant -ER & PSO- MS Teams 12. Dr. Raghavendra Pai- HOD-Neuro Anesthesia 13. Mr. Sebastian – Support service 	<ol style="list-style-type: none"> 1. Dr. Nikita - Medical Services 2. Ms. Mrudula – Safety Officer 3. Ms. Manjari – Dialysis 4. Mr Ponpandi- Support Service 	

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PREVIOUS MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
Healthcare Associated Infections (HAIs)	<ul style="list-style-type: none"> ➤ Root Cause Analysis (RCA) for HAIs & NSIs ➤ A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated Infections (HAIs) & Needle stick injuries (NSIs) <ul style="list-style-type: none"> ➤ CLABSI <ul style="list-style-type: none"> • Dr Prakash enquired about CLABSI maintenance bundles & it's compliance monitoring of SOP and policy on line handling and its compliances across the hospitals. • Strengthening that Dr Rajeshwari discussed in details about the parameters of daily HAI bundle and the insertion checklist that each shift filled by the nurses manually and systematically. • It was requested to do Cost analysis for complete implementation of all bundle components line- Safety cannula, curoso, clave connector, CHG tegaderm, posiflush v/s estimate cost on a patient with MDRO- LOS, antibiotic cost etc. • Following this Ms. Deepthi confirmed about the policy on line handling with Dr Rajeshwari. 	IC Team	NA	NA
Bio-Medical Waste Management	<ul style="list-style-type: none"> • A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. • Discussed regarding the training conducted by the ICN related to Waste segregation to reduce the non-compliances. 	IC Team/ Nursing/ Support service	NA	NA

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> Ms. Deepthi enquired about the supply status of BMW boards in Dermatology and Ortho OPD where only for general waste poster is present & the need for other BMW color coded bins ?- To conclude it Mr Sebastian told he has provided all the bins and posters to the respective procedural OPD'S. Reduced compliance in BMW percentage discussed and suggested for presence of Nursing Educator to look for the BMW non-compliances followed by conducting training in the respective departments 			
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> It was discussed that the hand hygiene rate for this month has improved and is above the benchmark. The same was appreciated by Dr.Sunay- CMS, & other members. The status of the QIP on hand hygiene in HK was discussed & the HIPC team discussed the process being followed as deliberated on the project data of HK was done by collecting feedback by making posters, reels and videos related to hand hygiene in different languages for house keeping and nursing aid. Based on this data various aspects will be given more emphasis & gap analysis will be done. Reinforcement of hand hygiene compliance will be emphasized for house keeping and nursing aids as per result of implementation. To implement the hand hygiene practices continuation of training and QI will be done by ICNs as a tool for reminder. As the number of HH opportunities have reduced due to reduced observations (Lack of Man power in IPC department)hence it was suggested to take the help of Link nurses & safety champions to capture HH compliance & send it to the ICN's for compilation 7 presentation from the month of December 2025. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>In this regard Dr. Rajeshwari elaborated that CMS Dr.Sunay has proposed vaccination of 700 staff in the HIC budget & upon approval the same will be initiated.</p> <p>➤ PSK Bio-Check Handrub Odor</p> <p>Concern raised regarding foul Odor emanating from PSK Bio-Check Handrub empathizing it Dr Rajeshwari insured only from the PSK Bio-Check handrub batch no 250959 issues raised so recall done and culture shows no growth.</p> <p>➤ HEPATITIS B VACCINE – HCP</p> <p>As discussed before for vaccination no personal call will be done only reminders (2)will be given to the respective department in charges through mail</p>			
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



PRESENT MINUTES

DISCUSSION POINT	ACTION PLAN	RESPONSIBILITY	TARGET DATE FOR COMPLETION	STATUS
<p>Agenda</p>	<p>Agenda:</p> <ul style="list-style-type: none"> • Review of Previous meeting minutes – October - 25 1. HAI statistics- RCA and action taken <ul style="list-style-type: none"> • Ø CAUTI • Ø CLABSI • Ø DAE Audit • Ø VAE • Ø Hospital Acquired MDR • Ø SSI • Ø NSI & Body Fluid 2. Hand Hygiene-Compliance 3. Biomedical Waste- Compliance 4. Surgical Prophylaxis- Compliance 5. Pre-Exposure vaccination Compliance- 6. Other Discussion- <ul style="list-style-type: none"> ➤ Chicken pox cases ➤ Infection Control Risk Assessment for the year 2026 ➤ Staff attire policy outside hospital premises ➤ ICRA summary report. (Infection control in Construction & renovation) 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<p>Healthcare Associated Infections (HAIs)</p>	<ul style="list-style-type: none"> • Root Cause Analysis (RCA) for HAIs & NSIs <p>A Detailed Discussion was held to ensure comprehensive RCA is conducted for all reported Healthcare-Associated Infections (HAIs) & Needle stick injuries (NSIs).</p> <ul style="list-style-type: none"> • CLABSI • As requested by Dr. Prakash, a cost analysis comparing the complete implementation of all bundle components (safety cannula, Curoc, clave connector, CHG Tegaderm, PosiFlush) versus the estimated cost incurred for a patient with MDRO (including length of stay and antibiotic costs) was presented by Dr. Rajeshwari. The presentation was well received and appreciated by all attendees • To reduce dialysis-associated events, CHG Tegaderm samples were provided to the Dialysis Unit for use in newly inserted OP dialysis patients. This initiative is being implemented on a trial basis to monitor compliance and to assess its effectiveness in reducing infection rates associated with new catheter insertions. • During ICN rounds, a breach in sterile technique was observed in the Dialysis Unit, where a single syringe was used to discard blood from both lumens. Based on this observation, Sister Menjari confirmed that this practice will not be repeated in the future and that strict compliance to Safe Injection Practices will be adhered to. 	<p>IC Team</p>	<p>NA</p>	<p>NA</p>
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



<p>Bio-Medical Waste Management</p>	<ul style="list-style-type: none"> A detailed discussion was conducted regarding segregation of Biomedical waste (BMW) to ensure compliance with standards and minimize Infection risk. It was decided that department-wise data on Biomedical Waste (BMW) management for the past one year needs to be compiled and prepared for presentation in the next meeting. This data will include details on waste segregation, collection, handling, and disposal practices across all departments. The requirement for this presentation was highlighted by the Quality team and CMS, who have requested a comprehensive overview to review compliance, identify gaps, and suggest areas for improvement. 	<p>IC Team/ Nursing/ Support service IC TEAM</p>	<p>NA 26-JAN</p>	<p>NA Initiated</p>
<p>Needle Stick Injury & Blood & Body Fluid Exposure</p>	<ul style="list-style-type: none"> Sensitization of staffs related to prevention of NSI across all discipline – Doctors, Nurses, para medical staff. To emphasize that “USER OF THE SHARP SHOULD DISCARD THE SHARP”. 	<p>All clinical teams</p>	<p>Continuous</p>	<p>Continuous</p>
<p>Hand Hygiene</p>	<ul style="list-style-type: none"> Due to staff shortages, the number of hand hygiene samples collected has been reduced. The Quality Manager and IC team requested to CNO and all nursing in charges who are also the LINK NURSES to provide department-wise data (nurse, doctors & paramedics) on hand hygiene to increase the sample size and compliance until the IC team resources are stabilized. 	<p>IC Team/ Nursing/ Support service</p>	<p>NA</p>	<p>NA</p>
<p>Surgical Prophylaxis</p>	<ul style="list-style-type: none"> As choice of antibiotics non-compliance was observed to be higher in certain departments, Dr. Sunay requested the IC team to begin by compiling and reviewing the Urology department data for the last six months. This data is to be shared with the Clinical Pharmacology team to facilitate a detailed review and to obtain justifications for each instance of non-compliance. The aim is to identify underlying causes, ensure accountability, and implement 	<p>Clinical Pharmacology</p>	<p>25-Feb</p>	<p>open</p>

MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<p>➤ PSK Bio-Check Handrub Odor</p> <ul style="list-style-type: none"> ● A concern was raised regarding a foul odour emanating from PSK Bio-Check Handrub. The matter was immediately communicated to the PSK stakeholder via email for review. Upon investigation, no unusual findings were observed in the components of the handrub ● Infection control risk assessment annual plan 2026 has been discussed in detail & the Strategy implementation based on Risk assessment were discussed, the process was described to all the HIPC committee members – both WHO frame work & Unit specific ICRA were discussed. The details of HAZARD and implementation mentioned in down. <ul style="list-style-type: none"> ▪ Multi-Drug-Resistant Organisms (MDRO) - Reinforce Contact or Enhanced Contact Precautions for MDRO-colonized or infected patients. -Strict adherence to AMS policy <ul style="list-style-type: none"> ▪ Inadequate environmental cleaning/ disinfection -Retrain area-wise cleaning SOPs. -Define: frequency, disinfectant type, dilution, contact time <ul style="list-style-type: none"> ▪ Poor patents/visitor’s educational programs -Introduce Patient/Family IPC Champions Program <ul style="list-style-type: none"> ▪ IPC staff shortages -To have a pool of in-house staff who are trained in IPC <ul style="list-style-type: none"> ▪ Central Line Associated Bloodstream Infections (CLABSI) -Reduce Unnecessary Line Days 			
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



	<ul style="list-style-type: none"> -Improve Central Line Maintenance Practices <ul style="list-style-type: none"> ▪ Procedure related Hospital Acquired Infections (Surgical Site INFECTION: SSD) -Standardized antibiotic protocols by procedure type. -Patients education leaflet department specific <ul style="list-style-type: none"> ▪ Needle stick/prick injury -Ensure 100% use of safety-engineered needles, retractable syringes, and blunt suture needles where applicable -Ensuring 100% compliance with safe injection practices and biomedical waste. • All the HIPC Committee members agreed on the risk assessment done & the areas to be worked on for the next calendar year. 			
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MINUTES OF MEETING – HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE



Shruti Saha

Signature of convener

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Rajeshwar K.G

Signature of Senior Infection control Officer

Infection Prevention Committee

Aster CMI Hospital

Bangalore

Bandana

Signature of Deputy ICO

Infection Prevention Committee

Aster CMI Hospital

Bangalore