

Ref. No.: QD/2019/April/62

Date: 29th April, 2019

Minutes of Hospital Infection Control (HIC) and Bio Medical Committee (BMW) Committee meeting held on 17th April 2019

1. Meeting of Hospital Infection Control Committee was held on 17th April 2019 at 03.00 PM in Hospital Committee Room (2nd floor).
2. The following members attended the meeting in response to the Circular No. QD/2019/April/58 dated 11.04.2019.

Departments & Designation	Members
Medical Superintendent (Invitee)	Brig (Dr.) S. K. Handa
Chairperson (Prof and HOD Microbiology Dept)	Dr. Rahul Goel
Secretary (Prof, HOD Transfusion Medicine)	Dr. Milan Jaiswal
ICO (Asst Prof. Orthopedics)	Dr. Apsar Khan
Member (Prof. & HOD Respiratory Medicine) (Head of Critical Care Unit)	Dr. Lalit Singh
Member (Prof and HOD, Medicine)	Dr. AB Mowar
Member (Prof. and HOD, Psychiatry)	Dr. P K Pardal
Member (Prof and HOD, Surgery)	Dr. S.K.Sagar
Member (Asso. Prof Anesthesia)	Dr. Mahesh Kashyap
Member (Asso. Prof. Obst & Gynae.)	Dr. Shanti Shah
Member (Asso. Prof. Radiation Oncology)	Dr. Arvind Chauhan
Member (Asst. Pro. Pedia)	Dr. Surabhi Chandra
Member (Consultant E.N.T.)	Dr. Ashish Mehrotra
Member (Ward Manager)	Dr. Yatish Km Shrivastava
Member (Ward Manager)	Dr. Shivani Gupta
Quality Manger (Quality Assurance Dept)	Ms. Soni Chadre
Member (Matron)	Mrs. Joyce Wilson
Member (Asstt. Manager – Maintenance)	Mr. Asif H. Rizvi
Member (CSSD Technician)	Mr. Anand Chaubey
Member (Health Inspector)	Mr. Akhilesh Kumar
Member (Laundry Supervisor)	Mr. Anoop Saxena
Member (Housekeeping In-charge)	Mr. Virendra Singh
Quality Department	Infection Control Nurses

3. Minutes of the proceedings are appended below:-

- a) Chairperson of the committee welcomed the members of HIC committee. Last meeting was held on 09th Oct'18.
- b) Minutes of the last meeting, points discussed and progress on the points were presented before the committee.
- c) Medical Superintendent and Chairperson gave a brief detail of various actions taken to address the issues

d) Discussion on agenda points of the meeting set in the circular QD/2019/April/58

S. N.	HIC Standard and Objective Elements	Discussions and Direction Action	Action to be taken
1	<p>HIC 7d</p> <p>“ The organization shall have a documented policy and procedures for reprocessing of devices whenever applicable”</p>	<ul style="list-style-type: none"> • Items to be reused as given in the policy have to be reviewed and updated through feedback from various departments. It should be clearly specified against the items, the number of times it can be re-used. After every use the item should be marked with a code indicating the number of times it was used. Disinfection protocol for the items before sending it for ETO should be defined and documented. Items must be sterilized according to the manufactures instructions. 	<ol style="list-style-type: none"> 1) List of items earlier recommended has been raised along with the number of uses, to be circulated to all departments. 2) Quality Department to develop a coding system indicating the number of times the item has been used.
2	<p>HIC 2f</p> <p>“ The organization adheres to cleaning, disinfection and sterilization practices”</p>	<ul style="list-style-type: none"> • Types of disinfectants, contact period, concentration and clinical area in which they are to be used was presented by the Quality Manager, a copy of the document shall be circulated to the members. • The Medical Superintendent reinforced the need of improvisation in the sterilization and disinfection procedures carried out in the wards. As per the revised policy all soiled linen, should be disinfected with 1 % hypochlorite for 15 minutes and rinsed with plain running water before sending it to the laundry where it will be washed with detergent and water. 	<ol style="list-style-type: none"> 1) Quality Department to submit the revised document in tabular form for the ease of understanding. Displays of the same to be prepared 2) Matron to instruct ward in-charges for ensuring cleanliness and best sterilization practices in the hospital through their nursing team.
3	<p>HIC 2a</p> <p>“Procedures and policy implementation to prevent infection in high risk areas</p>	<ul style="list-style-type: none"> • The members were apprised of the disinfection protocol developed for mortuary by the Quality Department. Floor to be cleaned with 1% Hypochlorite solution, body sliders with 2% once daily and cabinet temperature to be maintained at 4-8 degree Celsius. • It was brought to knowledge by the ICO that sealing of areas prior to fumigation of the OT complex was not adequate which leads to the leakage of gas lowering the efficacy of the fumigation. This could be the possible explanation for positive culture reports obtained from post fumigation air samples. The same applies to all other critical areas. • Sufficient time, approximately 20 minutes should be available for adequate cleaning of OT between two procedures. Extra staff should be deputed if necessary. Insufficient time compromises this activity and is a matter of concern. 	<ol style="list-style-type: none"> 1) OT technician should make necessary arrangements for proper sealing of the areas intended for fumigation 2) HOD Anesthesia to reschedule operations and intervals between them to achieve desirable standards of cleanliness before next surgery.

S. N.	HIC Standard and Objective Elements	Discussions and Direction Action	Action to be taken
4	HIC 3a “ Surveillance activities are appropriately directed towards the identified high risk areas and procedures”	For the authenticity of capturing of HIC-CQI data, wards should be equally distributed among all ICNs depending upon the number of beds in each ward.	At present MS is allotting wards and high risk areas as per the competence & number of ICN available
5	HIC 2g “ An appropriate antibiotic policy is established and documented”	<ul style="list-style-type: none"> As per guidelines the antibiotic policy has to be reviewed annually. Revision shall be undertaken through a committee constituted by the Principal SRMS IMS. After pilot audit of the existing antibiotic policy, second phase of the main elaborative audit shall be soon initiated after the existing antibiotic policy is reviewed by adding some more parameters such as hospital stay length, age and sex, outcome of the case. 	Dr. Rahul Goel to project aim, objectives and methodology to the committee at the time of review of antibiotic policy.
6	HIC 4. “The organization takes actions to prevent and control Health care associated infections in patients.”	<ul style="list-style-type: none"> HIC CQI data of last three months will be reviewed by the HIC chairperson and benchmarks will be set as quality indicators after considering some national and international studies. For the authenticity of data, HIC indicators shall be identified and reported by Resident / Consultant/ ICN on the form provided in the ward. A copy of inclusion criteria for all indicators will be provided by the Quality Department to residents for reference. 	Quality department to provide copy of inclusion criteria for HIC-CQI parameter to the HOD's of clinical department.
7	HIC 3c “ Verification of data is done on a regular basis by the infection control team”	For the verification of CQI data the following process shall be followed henceforth:- <ol style="list-style-type: none"> Submission of primary data to the Head ICN. Compilation of data by the Head- ICN. Verification of data by ICO. Counter verification by HIC chairperson and Secretary for approval of the data before submission to Quality Department. 	
8	HRM 7c “Regular health checks of staff dealing with direct patient care are done at least once a year and the findings/results are documented	As being done for nursing and paramedical staff, health checkup of doctors should also be carried out. Medical Superintendent suggested to do it in a discrete manner to start with and result of carrier state be kept confidential however necessary CAPA will be initiated on merit	



- e) CQI data was presented before the committee. Members suggested that for each parameter measures should be taken to increase sampling for microbiological assessment. Almost 60% of all in-house intubation should be evaluated for VAP, 100% of the central line samples should be evaluated for CLABSI. The Committee recommended to procure water bed and air bed to prevent bedsores.
- f) Chairperson thanked the committee members for their presence and valuable suggestions.

Rahul Kumar Goyal

**Dr. Rahul Goyal
(Chairperson)**

Cc:-

Director Administration – for information please.
All members of the Committee
Quality Department
Matron