



ADESH MEDICAL COLLEGE & HOSPITAL

SHAHBAD, KURUKSHETRA

AMCH/MICRO/HIC/26/04

Date: 11.03.26

To,
The Medical Superintendent,
Adesh Medical College and Hospital,
Shahbad, Kurukshetra

Sub: Minutes of Meeting - Hospital Infection Control Committee (07.03.26)

Sir,

Please find below the minutes of the meeting held on **07.03.26**:

Agenda Item	Agenda details	Action item	Responsible person	Timeline
<i>Biomedical Waste Management update</i>	Compliance of BMW JAN 2026 is 76.5 %	<ul style="list-style-type: none">• Compliance needs to be strengthened .	ICN/ ANS	Immediately
<i>CAUTI case detection</i>	<ul style="list-style-type: none">• Poor hand hygiene compliance.• Maintenance bundle not followed .	<ul style="list-style-type: none">• Bundle checklist to be filled and implemented.• Gloves to be changed between patients.• Training of staff to be taken at regular intervals .• Nursing incharges to be vigilant for hand hygiene compliance .	HODs/ Nursing Supervisors/ Incharges/ ICN	Immediately



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<i>VAP Case Detection</i>	<ul style="list-style-type: none"> Poor hand hygiene compliance . Suction catheters reused and saline bottles kept for reuse. Oral care not done properly – without chlorhexidine. Sterile gloves not used and gloves not changed between patients 	<ul style="list-style-type: none"> Sterilised suction catheters to be used . Chlorhexidine to be used for regular oral care . VAP care bundle to filled and implemented . Gloves to be changed between patients . Strict monitoring of hand hygiene compliane. 	ICN/ Nursing Incharges.	Immediately
<i>CLABSI case detection</i>	<ul style="list-style-type: none"> Sterile procedure not followed while changing the central line dressing and contamination of hubs and ports . Aseptic technique not followed while insertion and maintainence of central line . 	<ul style="list-style-type: none"> Develop and implement a central line bundle care in each shift . Disinfect the central line hubs n ports before accessing the line . Trainings conducted for central line insertion and care bundles . 	ICN/ Nursing Incharges	Immediately
<i>Pressure Ulcer case detection</i>	<ul style="list-style-type: none"> There was case of pressure ulcer being reported . 	<ul style="list-style-type: none"> Head to toe examination of patient on admission . Air matterresses to be used . Regular changing of sides so as not to allow ulcers to develop. Nursing staff to remain vigilant for patient at risk of developing Ulcer. 	ANS/ Nursing Incharges	Immediately



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<i>Observations during round</i>	<ul style="list-style-type: none"> Enzyme cleaner and detergent not available in wards for washing instruments before packaging. Disinfectants not available in Medicine Wards and Surgery (Female). Suctioning of ET not done properly Non availability of kidney trays to follow procedure of suctioning . 	<ul style="list-style-type: none"> Instruments to be washed properly before packaging. Disinfectants to be indented regularly . Audits to be conducted for availability of disinfectants. Regular training and competency assessment of Nursing staff to be undertaken . 	ICN/ Nursing Incharges	Immediately																
<i>Needle stick injury events</i>	NSI events continue to be reported: Proper PPE to be worn when dealing with positive patients	<p>ICN to continue with documentation and training for NSI prevention.</p> <p>BMW point of generation segregation to be strengthened to prevent NSI .</p>	ICN/ Nursing Incharges	Not applicable																
<i>HIC indices</i>	<table border="1"> <thead> <tr> <th>INDICATOR</th> <th>JAN 26</th> </tr> </thead> <tbody> <tr> <td>CAUTI rate (per 1000)</td> <td>0.38</td> </tr> <tr> <td>VAP rate (per 1000)</td> <td>2.07</td> </tr> <tr> <td>CLABSI rate (per 1000)</td> <td>2.40</td> </tr> <tr> <td>SSI rate (%)</td> <td>NIL</td> </tr> <tr> <td>HAND HYGIENE compliance(%)</td> <td>72.3%</td> </tr> <tr> <td>NEEDLE STICK INJURY (Number)</td> <td>2</td> </tr> <tr> <td>PRESSURE</td> <td>1</td> </tr> </tbody> </table>	INDICATOR	JAN 26	CAUTI rate (per 1000)	0.38	VAP rate (per 1000)	2.07	CLABSI rate (per 1000)	2.40	SSI rate (%)	NIL	HAND HYGIENE compliance(%)	72.3%	NEEDLE STICK INJURY (Number)	2	PRESSURE	1	Continued surveillance	ICN	Not applicable
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Vanita

Dr Vanita Mittal,
Member Secretary,
Professor, Microbiology
Hospital Infection Control Committee

Copy for information:

- Principal
- Deputy Medical Superintendent
- Deputy Medical Superintendent (PSQ)
- Dr Moneet Walia, Prof (Obstetrics and Gynaecology)
- Dr Girish Singla, Asst Prof (General Surgery)
- Dr Sanjeev Chawariya, Asst Prof (Anaesthesiology)
- Dr Tarvinderjit Khurana, Assoc Prof (General Medicine)
- Dr Swati Mittal, Asst Prof (Microbiology)
- Mrs Shashi Bala, NS
- Ms Swati Sharma, ICN
- Dr Pooja, Quality Manager