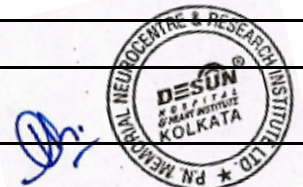


Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Desun Hospital & Heart Institute (A Unit of PN Memorial Neurocentre & Research Institute Ltd.)
	(ii) Name of HCF or CBMWTF	:	Medicare Environmental Management Pvt. Ltd.
	(iii) Address for Correspondence	:	720, Anandapur, EM Bypass, Kolkata – 700107
	(iv) Address of Facility	:	Do
	(v) Tel. No, Fax. No	:	905171905171
	(vi) E-mail ID	:	pralay.chakraborty@desunhospital.com
	(vii) URL of Website	:	www.desunhospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	NIL
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No. D0013714 Valid upto 30/06/2027
	(xi). Status of Consents under Water Act and Air Act	:	License no : CO123292 Valid up to: 30/06/2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds : 523
	(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	:	34245960, Valid upto 25.07.2027
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 Kg per day



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day																																																						
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>:</td> <td colspan="2">3826 kg</td> </tr> <tr> <td>Red Category</td> <td>:</td> <td colspan="2">4518 kg</td> </tr> <tr> <td>White:</td> <td>:</td> <td colspan="2">173 kg</td> </tr> <tr> <td>Blue Category</td> <td>:</td> <td colspan="2">1480 Kg</td> </tr> <tr> <td>General Solid waste:</td> <td>:</td> <td colspan="2">2500 Kg</td> </tr> </table>			Yellow Category	:	3826 kg		Red Category	:	4518 kg		White:	:	173 kg		Blue Category	:	1480 Kg		General Solid waste:	:	2500 Kg																																	
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	(iii) Quantity of recyclable wastes 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	:	By Medicare – Authorised agency of WBPCB																																																						
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed																																																					



	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	} NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Environmental Management Private Ltd.	
	(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		Yes, It is a Part of Infection Control Committee	
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		39	
	(ii) number of personnel trained		563	
	(iii) number of personnel trained at the time of induction		150	
	(iv) number of personnel not undergone any training so far		NIL	
	(v) whether standard manual for training is available?		YES	
	(vi) any other information)			
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred		Nil	
	(ii) Number of the persons affected		Nil	
	(iii) Remedial Action taken (Please attach details if any)		Not Applicable	
	(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?		Yes	
	Details of Continuous online emission monitoring systems installed			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP	



11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	NA
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from: 1st January, 2024 to 31st December, 2024.



Name and Signature of the Head of the Institution

Date: 16-04-2025

Place : Kolkata



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MINUTES OF INFECTION CONTROL /BMW MEETING: HELD ON 16/03/2024

SL	POINT DISCUSSED	RAISED BY	ACTION TAKEN	RESPONSIBILITY	EXPECTED DATE	STATUS
1.	High end antibiotics procurement – process initiated last month	Pediatric Intensivist	The initiative taken is appropriate and antibiotic window has significantly improved after prescription .	Director Medical Admin	Ongoing	To be continued
2.	Low hand hygiene compliance rate documented in February 2024	ICO	<p>Infection control nurse and link nurses have captured the live data of moments of hand hygiene in various wards and ICUs and it was found that overall compliance rate of hand hygiene 78% which included doctors – 76% , nurses – 77% . Ancilliary staff still showed 82% of Hand hygiene . New staff joined in ward /ICU.</p> <p>High patient occupancy</p> <p>Hand hygiene not maintained after touching patients surroundings and in between patients care – These were the</p>	<p>ICN</p> <p>Link nurses</p>	20/3/24	Ongoing





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			<p>main reasons identified after the audit . For CAPA - Training on hand hygiene are being provided everyday .</p> <p>Bed side training started for all new joined staff on duty . Surprise live questionnaire will be done to staff randomly .</p>			
3.	Increasing trends of Non toxigenic strains of C.difficile over the last two months .	Chairperson	<p>Surveillance of C.difficile has been increased and sample size have increased over the last two months due to higher patient occupancy and similar diversity /symptoms after admission . Adherence to antibiotic policy was appropriate and isolations were maintained for contact precautions wherever a toxigenic strain was detected. Non toxigenic strains may indicate mere colonization in absence of symptoms did not warrant treatment . PCR for symptomatic non toxigenic strain carrier was suggested by</p>	<p>HK supervisor ICN IC Link nurses</p>	Immediate	Ongoing and continued





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			<p>ICO in case any quasi species is missed in diagnosis by ICT .</p> <p>Contact isolation and disinfection policy including terminal cleaning to be continued as per protocol.</p>						
4.	Inappropriate compliance of fill up of Restricted antibiotic form, It is found all columns are not being filled up, in some cases missing of name of used antibiotic. – increased compliance from before.	ICO	In case of non-compliance found in filling of restricted antibiotic form, the concerned doctor to be informed regarding noncompliance to rectify the form and information to be given by ICO to Vice Chairman of HICC	Director Medical Administration	Continued	-			
5.	Surgical site infection – incidence report	ICO	<table border="1" data-bbox="869 922 1290 1002"> <tr> <td>8255</td> <td>ICU 9</td> <td>158426</td> </tr> </table> <p>Patient has poor glycemic control</p> <p>Bed wetting was done regularly post operative recovery period at home , dressing was contaminated with urine as per patient party .</p>	8255	ICU 9	158426	<p>ICN</p> <p>Ward incharge</p> <p>OPD nursing staff</p>	Completed	-
8255	ICU 9	158426							





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			<p>Later dressing was changed and patient started observing wound gaping and pus collection at the operative site .</p> <p>Corrective action taken - Patient party counseled about home care and importance of adult diapers in case of incontinent bladder.</p> <p>Regular visit to OPD for dressing the wound was necessary for prevention of SSI .</p>			
6.	Inappropriate fill- up of HAI bundle documentations	ICN	<p>Anecdotal incidences are evidenced while live rounds of the HAI bundle checklists where the complete documentation of the columns were not found and inappropriate data was being filled up by the nursing staff on duty .</p> <p>Training on the HAI bundles – arranged and given by ICN</p>	Ward in charges IC link nurses	20/3/24	Ongoing





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7.	Display regarding of non compliance of BMW management	Infection control officer	Ward in charge need to be more careful. Daily spot teaching has been continued. Taking of two classes in a week by the ICN is mandatory.	ICN	Immediately	Continued.
8.	In adequate dispose of sharp waste and needle stick injury	Microbiologist	If found improper disposal of sharp waste, the ward or ICU have to give penalty. Sharp handling and BMW training to be emphasized in Induction training for newly joined staff .	ICO	Immediately	Continued.





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MINUTES OF INFECTION CONTROL /BMW MEETING: HELD ON 08/06/2024

SL	POINT DISCUSSED	RAISED BY	ACTION TAKEN	RESPONSIBILITY	EXPECTED DATE	STATUS
1.	Change of Hypodermic needles - Pervious agenda	ICO	Cost analysis and quotation from new vendor is still pending and manufacturer delay in supplying the product . Director was requested to oversee the process . In case the delay is persistent , the vendor or the product can be changed .	Director	2/8/24	Pending
2	Change in disinfectant – C.difficile isolation are	ICO	The Clostridioides isolation rooms were now disinfected with hypochlorite (1%) by the housekeeping staff and log was being maintained.	-	Completed	Completed
3	Catheter associated urinary tract infections – rising trend	ICO ICN	Few instances of daily catheter meatal care was lacking as found In the daily rounds . Bedside training will be endorsed by the infection control team . Nursing incharges were requested to oversee	ICN Nursing incharge	10/6/24	Ongoing





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			the daily meatal care and frequency and document to be maintained .			
4.	Increasing rates of non toxigenic strains of C. difficile	ICO	<p>There has been increased detection of C.difficile in hospital as raised by ICO.</p> <p>But most of the strains were non toxigenic in nature and hence clinical significance of the issue was in question .</p> <p>As per HIC chairperson, the increasing trends can indicate colonisation in presence of low pus cells in stool routine examination . ICO also raised whether the technology of changing can be done by PCR or Genexpert method in order to counter the less sensitivity by Immunochromatography .</p>	Director	1/7/24	Pending



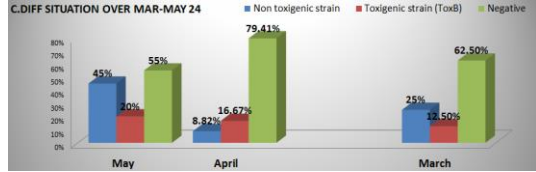


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			<p>Details cost analysis would be done to see if is feasible.</p> 			
5.	Larger ultrasonic baths required in CSSD to accommodate larger load of unsterile items	CSSD manager ICN	<p>A larger ultrasonic bath was requested by CSSD manager to run the contaminated instruments for cleaning and enzymatic cleaning in the CSSD . Quotation for the larger instrument was requested from the vendor .</p> <p>Position and placement of the same also need to be assessed before implementation</p>	Director	1/7/24	Pending
6.	Process challenge devices in Autoclaves - CSSD	ICO	<p>For steam sterilizers , a process challenge device was requested by ICO to check the robustness of the steam penetration and have a daily check of any pressure leaks or dead zone inside the autoclave .</p>	CSSD manager Director	1/7/24	Pending





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			A quotation was requested from the vendor for the same – chemical indicators and biological indicator process challenge devices both			
7.	Non functional dispensers of AHBR in ICU 4	ICN	<p>Few non functional AHBR dispensers were found during daily rounds which had faulty plungers and hence was responsible for low hand hygiene practices in ICU 4</p> <p>Immediately the faulty ones to be condemned and replaced by new ones – confirmed by maintenance manager .</p>	ICN Maintenance manager	15/6/24	Pending
8.	BMW containers not being changed at the recommended volume of load	ICN	<p>Overflowing of BMW bins and white PPC was observed few timed by ICN and link nurses during rounds in ICU 4 and few other areas as stated by IC team .</p> <p>HK supervisor would be allotted to monitor the BMW storage and replacement of the BMW bags and White PPC when ¾ th full</p>	HK supervisor ICN	Immediate	Ongoing





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9.	Change of Hub cutters in BMW policy	ICO	<p>New products were procured from the B.D. company and a small pilot was done to see the efficacy of the new sharp segregator and disposal system .</p> <p>Product was found to be satisfactory .</p> <p>Further order of the product was placed and it was distributed to clinical areas after a brief operational guidance and training which was conducted beforehand .</p>	-	Completed	Completed
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MINUTES OF INFECTION CONTROL /BMW MEETING: HELD ON 18/9/2024

SL	POINT DISCUSSED	RAISED BY	ACTION TAKEN	RESPONSIBILITY	EXPECTED DATE	STATUS
1.	Discussion on previous minutes Change of hypodermic needle / lancets	ICO	Vendor changes were noted for the needle but the asked needle with self lock mechanism could not be supplied with the same cost as previously quoted by different vendor .	Dr.S.dasgupta	1/10/24	Pending
2	Larger ultrasonic bath and Process challenge devices in CSSD	CSSD manager	The quotation for both the items were placed and the products are yet to be procured . CSSD manager was requested to follow up the same	CSSD manager	1/10/24	Pending
3.	Display of rates and trends	ICO	All the data were displayed regarding the Hospital acquired infection indicators like VAP , CAUTI , CLABSI ,SSI, Hand hygiene and observations and round findings . Individual findings and non-compliances were noted .	-	-	Completed



4.	Revision of disinfectants for C.difficile contact isolation patients	Chairperson ICO	<p>For Clostridium difficile patients the following recommendations were put forwarded by ICO –</p> <ul style="list-style-type: none"> • Contact isolation room – To be decontaminated with 1% sodium Hypochlorite for terminal cleaning and daily cleaning . • Patients bed after procedure is over in Radiology department – CT/MRI/USG/Xray to be disinfected with 2% Lysoformin solution (Sporicidal strength) • Whenever a C.difficile affected patient is going for an investigation , ICN would be notified and each time , ICN would coordinate with the floor housekeeping staff to follow up with the decontamination . 	ICN Housekeeping incharge	Immediate	Ongoing
5.	Biomedical waste management – gaps discussion	ICN Link nurse	<p>Instances were noticed where Capped needles were discarded in the red BMW . Corrective actions were taken immediately and segregation was done with the forceps . Personnel were identified and training was given for sharps handling and disposal . Further bedside trainings will be given for the staff in IC rounds and awareness of staff will be increased .</p>	ICN	Ongoing	-
6.	FLucloxacillin use in CTVS pre operative	CTVS team (Dr.S.Sarkar)	<p>As per the CTVS team owing to high incidence of comorbid patients posted for cardiothoracic surgery , Flucoloxacilin was requested as a prophylactic antibiotic specifically for CTVS .</p>	Dr.S.Dasgupta	1/10/24	Pending



	prophylaxis antibiotic		<p>As per NHS guidelines , Flucloxacilin can be used . Pending management decision to revise the package .</p> <p>-</p> <p>Flucloxacillin Loading Dose 2000mg as slow IV bolus over at least 8 minutes Reconstitute each 1g vial with 10mL of sodium chloride 0.9% Intra-op</p> <p>Continuous infusion 500mg/hour for duration of surgery .Reconstitute each 1g vial (total 3g) with 20mL sodium chloride 0.9%</p> <p>Final volume= 60mL (50mg/mL)</p> <p>Reference https://www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2022/10/Prophylactic-Antibiotics-in-Cardiac-Surgery.pdf</p>			
7.	Pest control in kitchen areas	ICN	<p>Flying insects were found in the lobby of the kitchen areas . Inorder to ensure food sanitation and hygiene . Housekeeping requested to ensure daily cleaning of drain sites and remove leftover food as early as</p>	<ul style="list-style-type: none"> • ICN • Housekeeping incharge • PCI TEAM 	Immediate	Pending



			possible in the 9 th floor . Fly traps and electric traps to be deployed by PCI team in 9 th floor			
8.	Use of CHG soaked central line dressings	ICO	<p>Chlorhexidine soaked central line dressing can be used to prevent CLABSI and further ensure adequate skin asepsis .</p> <p>Pilot assessment of tolerability of the CHG dressing can be done and vendor requested to provide demonstration of the same and supply demo kits .</p>	ICO	1/10/24	Pending
9.	Ceftazidime avibactam – Aztreonam synergy testing	ICO	<p>Inhouse Ceftazidime avibactam aztreonam synergy testing can be done for specific isolates on case to case basis to observe synergy and sensitivity of the Gram negative isolates especially for Klebsiella species .</p> <p>Test quotation to be taken for the raw materials.</p>	<ul style="list-style-type: none"> • ICOq • Purchase manager • Laboratory manager (DRL) 	1/10/24	Pending
10.	Non compliance found in Gynaecology pre operative antibiotics	ICO	<p>3rd generation cephalosporins are used in a larger proportions in Gynaecology operative procedures as pre-operative antibiotic.</p> <p>This is not in compliance with the existing antibiotic policy . Issue was raised by ICO and it was conveyed to the Gynaecology team . Dr.Ayan mukhopadhyay hence instructed to change the antibiotic supply to the Gynaecology OT to be Cefazolin or cefuroxime –</p>	<ul style="list-style-type: none"> • Dr.Ayan mukhopadhyay • ICN 	Immediate	Ongoing



Dr.

			1 st or 2 nd gen Cephalosporins as per policy . Audit will be continued to see the adherence to the policy next month .			
11.	Replacement of colored bins in BMW	HK incharge	All the non colored bins used for BMW with color coded bags to be repainted /replaced with color matching for the particular BMW according to protocol .	<ul style="list-style-type: none"> • Purchase dept • HK incharge 	15/10/24	Pending





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MINUTES OF INFECTION CONTROL/ BMW MEETING: HELD ON 19/12/24

SL	POINT DISCUSSED	RAISED BY	ACTION TAKEN	RESPONSIBILITY	EXPECTED DATE	STATUS
1.	Discussion on previous infection control meeting of rates and trends.	ICO	As follows			pending
2.	<ul style="list-style-type: none">Discussion was held on availability of hepatitis B vaccine.All Yellow drums are not replaced by Hamper bag.Regarding suction brush,cbg lancet pen.	ICO	<ul style="list-style-type: none">Vaccine is not available all over west Bengal. Dr D chatterjee will give some distributor contact.Housekeeping incharge is asked to give indent of hamper bag.These are also need to indent by pharmacy department.	Mr susovan dasgupta. Mrs akriti , Mr jhantu sir	15/1/25	Pending



3.	Discussion on the topic of antibiotic indicator of GOT, CTVS, GYNE OT.	ICO	Sample size of GOT need to increase to all samples Weekly surveillance of GOT antibiotic register has to be conducted.	ICN	Now Onward	Ongoing
4.	Display of rates and trends CAUTI,VAP,CLABSI.NSI,SSI	ICO	All the data was display regarding hospital acquired infections, hand hygiene etc. Non compliance is observed and noted.	HOD and ND	-	Ongoing
5.	Reuse committee discussion	ICO and ICN	ND madam suggested some name DR A Bhattacharya, DR Deb sir, DR Patra, DR Kharbanda, DR Amitava and DR Sarkar, rest of the members will be added soon.	Dr Sujoy Ranjan deb, ND	15/1/25	Pending
6.	No details in AMSP form also shortage of restricted antibiotic form, and not sending proper restricted antibiotic form by ICU and wards.	ICO	AMSP form without details if arrived in pharmacy then on spot needed to inform deb sir. Also the Form format will be changed from March 2025.	All incharge	onwards	To be continued
10.	Discussion was held on antibiotic use in pre and post operative.	ICO	There is no such policy about giving antibiotic on postoperative . in preoperative doctor has to reconsider about the choice of antibiotic.	Dr sujoyranjan deb	onwards	pending



11.	MRSA screening in NICU,PICU,BURN ward,CTVS, Preoperative	ICO	Need accession to be created for MRSA screen test . Actions are to be taken .	Mr Koushik Mr Sanjoy HOD of mentioned department	15/1/25	Pending
12.	Histopathology transport and uses of formalin	ICO	Susovan sir has suggested to make documentation of uses of formalin.	Mrs akriti	onwards	pending
13.	Recyclable waste like IV set and IV bottles are not mutilated or cut before discard in BMW bag	ICN	Used IV sets ad IV fluid bottles must be cut with scissors before discard into the BMW bag to reduce the weight of the BMW load of the particular ward .All the nursing incharges were notified about the process and asked to percolate information to staff nurses. Induction policy of newly joined staff would include the policy	ICN ICO HK incharge	Immediate	ongoing
14.	Biomedical waste mismanagement	ICO and ICN	This topic with sufficient photos were displayed. Actions are to be taken and assured by Nursing director.	Nursing director	onwards	To be continued

