

## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : Friday, 27.01.2023  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of December 2022.
- Any other important points to be discussed with the permission of the chairperson.

Meeting was initiated by ICN Sajani Sajan and ICN Usha and HIC indicators for the month of December were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Agenda	Discussion	Action planned/remarks
1	Percentage of Culture Reports with Positive Growth and usage of HEA.	Usage of high end antibiotics must be monitored by Infection control officer. Consultant Microbiologist to review the HEA usage intimation forms regularly.	ICN to follow up.
2	SSI case was presented	Chairperson opined to check with OT team and get back to him with all the necessary details.	ICN and NS to do the work.
3	UTI, CLABSI, VAP - NIL	Chairperson congratulated the nursing team for their effective work.	

Prepared by : Ms. Sajani Sajan & Ms. Usha

Approved by : Dr. M S Gopala Krishna

HICC Chairperson



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : 16.2.2023, Thursday  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of January, 2023
- Any other important points to be discussed with the permission of the chairperson.

Meeting was initiated by ICN Sajani Sajan and ICN Usha and HIC indicators for the month of January were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Agenda	Discussion	Action planned/remarks
1	Percentage of Culture Reports with Positive Growth and usage of HEA.	Usage of high end antibiotics must be monitored by Infection control officer. Consultant Microbiologist to review the HEA usage intimation forms regularly.	ICN to follow up.
2	MDR case was presented	It is a case of Acute on Chronic Respiratory Failure type-2, Metabolic Encephalopathy collapse left lung minimal pleural effusion K/C/O Poliomyelitis, POST Polio residual paralysis, CAD	Date of admission 4.1.2023. Chairperson advised the treating consultant to speak to the family members and advise to shift to Rehab centre.
3	UTI, CLABSI, VAP - NIL		
4	Authentic data on repetition of viral markers – when to repeat		To check and get the information – Nageswara Rao Karri

Prepared by : Ms. Sajani Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna  
HICC Chairperson



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
 Day and Date : 16.3.2023, Thursday  
 Venue : II Floor, Learning centre  
 Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of February 2023.
- Any other important points to be discussed with the permission of the chairperson.

Meeting was initiated by ICN Usha and HIC indicators for the month of February were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Agenda	Discussion	Action planned/remarks
1	Quantity of sanitiser drawn for every push during hand wash	Chairperson advised the nursing superintendent to educate the staff regarding the usage of wall mount sanitiser (quantity of sanitiser that will be pumped out for every push and optimum use of sanitiser)	ICN to follow up.
2	Visit to bio medical waste treatment plant - safenviron	A team of quality, ICN, housekeeping and nursing department staff visited the facility. Chairperson opined to make a document of the same	Quality department
3	To check the feasibility of usage of lumen catheter – 16 size	Triple lumen catheter	Nursing Superintendent
4	New Proposals  Using Steri pack for trays  Using of Electric trimmer for preparation	To check the sterility of the packs (after one month/2 months/3 months) and arrive at a policy.  To discuss with surgeons	Nursing Superintendent

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna

HICC Chairperson



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : 13.04.2023, Thursday  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of March 2023.
- Renovation works at Central Laboratory – Located at first floor and to undertake audit as per ICRA tool (work will be started in the month of May 2023).

Meeting was initiated by ICN Usha and HIC indicators for the month of March were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	
1	As the presentation is too clumsy with too many details, the chairperson opined to explain the details in a short and crispy way. Advised the Nursing superintendent to make necessary changes accordingly	To make necessary changes in the presentation.	Nursing superintendent and ICN to take the responsibility and prepare accordingly for the next meeting
2	Renovation works at Central Laboratory – Located at first floor	For the maximum utilisation of the existing space at the laboratory, it is planned to renovate the existing layout. Chairperson advised the Infection control team to visit the location and audit as per ICRA tool.	Nursing Superintendent and ICN to initiate the process and submit the ICRA Forms at Quality office.

Prepared by : Ms. Sajin Sajjan & Ms. Usha

Approved by : Dr M S Gopala Krishna

HICC Chairperson



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : 25.05.2023, Thursday  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of April 2023.
- Any other important points to be discussed with the permission of the chairperson.

Meeting was initiated by ICN Usha and HIC indicators for the month of April were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	To check the sample size for the indicators..  For handhygiene to verify the sample size and compare with the literature	To compare with the previous data and also check the literature in NABH standards	Nursing Superintendent and ICN
2	To set some standard targets for observing hand hygiene behaviour of health care workers	Based on the occupancy rate and the location and no of opportunities the sample has to be taken	Nursing Superintendent and ICN
3	To provide exclusive bedpan and sputum cup for IP patients	To check the feasibility and report to the Chairperson	Nursing Superintendent

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna

HICC Chairperson



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : 20.6.2023, Tuesday  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Review of Previous meeting minutes.
- Presentation of HIC indicators for the months of May 2023.
- Any other important points to be discussed with the permission of the chairperson.

Meeting was initiated by ICN Usha and HIC indicators for the month of May were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	Surveillance audit is scheduled on July 8 <sup>th</sup> and 9 <sup>th</sup>	Chairperson advised infection control team to be more vigilant and increase the frequency to check HAI, pre/post exposure prophylaxis, immunisation of staff, BMW and hand wash	ICN to coordinate with Nursing superintendent and other nursing incharges
2	To check the laundry and linen management check the process flow	To check for proper zoning and draw lines accordingly. Sensitisation of staff	ICN to coordinate with maintenance team and complete it.
3	To check all the registers related to HIPC at all locations		ICN team
4	Training and development	To train all nursing staff in HIPC protocols.	ICN team
5	Antibiotic stewardship committee	To arrange a meeting and discuss the usage of antibiotics with all the team	ICN team to arrange a meeting asap.

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna, Chairperson

## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
 Day and Date : 27.7.2023, Thursday  
 Venue : II Floor, Learning centre  
 Time : Between 5 PM – 6 PM

### Agenda:

- Presentation of HIC indicators for the month of June, 2023
- Status of the works in pipeline towards the Non Compliances observed during recent NABH surveillance audit.

Meeting was initiated by ICN Usha and HIC indicators for the month of June were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1.	As the hand hygiene audit report and BMW audit report showed nearly 100 percent compliance	The chairperson opined to nominate champions either from nursing or quality team, (other than ICN team) to observe the hand hygiene performed by the staff and also segregation of BMW at different timings and at different locations and note down the NCs or observations.	Nursing superintendent and quality team
2.	Status of works towards the closure of surveillance audit NCs.	<ul style="list-style-type: none"> <li>• To place elbow operated taps at 4<sup>th</sup> floor nursing station</li> <li>• To centralise instrument washing area and to place a big wash basin at the top floor.</li> <li>• To perform MOCK active recall process for CSSD trays</li> <li>• Change of layout in CSSD</li> <li>• Creating a negative pressure room</li> </ul>	Management  ICN team  Management

Compiled by :  
 ICN  
 P. Usha

2/8/2023



## Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE

Chairperson : Dr. M S GOPALA KRISHNA  
Day and Date : 17.8.2023, Thursday  
Venue : II Floor, Learning centre  
Time : Between 5 PM – 6 PM

### Agenda:

- Presentation of HIC indicators for the month of July, 2023
- Status of the works in pipeline towards the Non Compliances observed during recent NABH surveillance audit.

Meeting was initiated by ICN Usha and HIC indicators for the month of July were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	As the hand hygiene audit report and BMW audit report showed nearly 100 percent compliance	The chairperson opined to nominate champions either from nursing or quality team, (other than ICN team) to observe the hand hygiene performed by the staff and also segregation of BMW at different timings and at different locations and note down the NCs or observations.	Nursing superintendent and quality team
2	Status of the non compliances and the civil works that has to be done	All the civil works are in pipeline and will be completed in a weeks time	Management and Maintenance department

Request letter from Maintenance department to carryout civil works at 5<sup>th</sup> floor CSSD room and 3<sup>rd</sup> floor Isolation rooms were reviewed and accepted.

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna, Chairperson

Encl: Participants list





**Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE**

Chairperson : Dr. M S GOPALA KRISHNA  
 Day and Date : 14.9.2023, Thursday  
 Venue : II Floor, Learning centre  
 Time : Between 5 PM – 6 PM

**Agenda:**

- Presentation of HIC indicators for the month of August, 2023

Meeting was initiated by ICN Usha and HIC indicators for the month of August were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	Hand hygiene compliance rate is almost 100 percent.	To maintain the same it is suggested to give training to the newly recruited nursing and housekeeping staff	ICN team
2	Needle stick injuries – 3 were reported  ! nursing staff and 2 HK staff	Treatment was done as per the protocols.  Chairperson opined to impart proper training to the concerned staff	ICN team

Dr.K Srikanth, Consultant – Critical care requested the microbiology team to inform the results of MICU patients directly to him.

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna, Chairperson

Encl: Participants list



**Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE**

Chairperson : Dr. M S GOPALA KRISHNA  
 Day and Date : 16.10.2023, Thursday  
 Venue : II Floor, Learning centre  
 Time : Between 5 PM – 6 PM

**Agenda:**

- Presentation of HIC indicators for the month of October, 2023

Meeting was initiated by ICN Usha and HIC indicators for the month of October were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	BMW segregation – compliance is 97% in wards.	Disposal of sharps in the containers is not proper.  Chairperson advised ICN team and HK supervisors to educate nursing and HK staff and also advised to place plastic containers to dispose sharps in it without capping the needles	ICN team  To train HK staff and nursing staff.
2	VAP – 1 case reported	Though it is a sick case  ...Chairperson advised to document RCA and CAPA by verifying the case sheet properly.	ICN team

UTI, CLABSI, & SSI – cases reported – NIL.

Prepared by : Ms. Sajini Sajan & Ms. Usha *Usha*

Approved by : Dr M S Gopala Krishna, Chairperson

Encl: Participants list

*M S Gopala Krishna*  
 Dr. M S Gopala Krishna DNB DFCO FCCP  
 Conventional Pulmonologist &  
 Infection Control Officer  
 HOSPITALS, Vijayawada



**Minutes of the meeting – HOSPITAL INFECTION CONTROL COMMITTEE**

Chairperson : Dr. M S GOPALA KRISHNA  
 Day and Date : 14.11.2023, Thursday  
 Venue : II Floor, Learning centre  
 Time : Between 5 PM – 6 PM

**Agenda:** Presentation of HIC indicators for the month of November, 2023

Meeting was initiated by ICN Usha and HIC indicators for the month of November were presented.

- UTI, CLABSI, VAP & SSI data,.
- Hand hygiene audit report and BMW audit report
- Percentage of culture positivity and high end antibiotics used
- Notifiable diseases and department surveillance reports were discussed.

S.no	Discussion	Action planned/remarks	Responsibility
1	Update of usage of Puncture proof containers for Sharps and termination of sodium hypochlorite concentration	To avoid vast usage of sodium hypochloride, Chairperson opined to collect all needles and sharps in puncture proof containers. All the containers will be emptied to a large bin at central BMW collection area containing sodium hypochloride solution.  After disinfection handover to Safenviron.	ICN team and Nursing Superintendent to work out on the same and modify the policy accordingly after discussing with Infection control Officer
2	Adherence of usage of CLOSED SUCTION to minimize VAP for ICU cases.	Based on the affordability of the patient CLOSED SUCTION can be used.	ICU team of consultants
3	Reuse policy revision	To prepare a draft by discussing with stake holders	Nursing Superintendent & ICN team

UTI, CLABSI, & SSI – cases reported – NIL.

Prepared by : Ms. Sajini Sajan & Ms. Usha

Approved by : Dr M S Gopala Krishna, Chairperson

Encl: Participants list

*[Handwritten Signature]*



## MINUTES OF THE MEETING – CODE BLUE COMMITTEE

Chairperson : Dr Y RAMESH BABU  
 Day and Date : 14.12.2023, Thursday  
 Venue : 2nd floor, Learning Centre  
 Time : Between 4 PM – 5 PM

### Agenda: To discuss

- BLS training for the newly recruited staff
- Retraining of existing staff on BLS techniques
- Any other topic with the permission of Chairman

### Code blue events and MET call events for the months of December – NIL.

Meeting was initiated by Ms.P Anitha.

Agenda Point	Discussion	Responsibility
BLS training for the newly recruited staff	To prepare the list of the newly joined staff and to plan accordingly	Nursing Superintendent
Retraining of existing staff on BLS techniques	MOCK CODE BLUE Was held and many lapses were observed by the Team leader. To rebuild the team work and coordination during the event, it is opined by the chairperson to retrain the existing staff	Nursing Superintendent and Assistant Nursing Superintendent.
CODE BLUE Vs MET CALL  Difficulty in differentiating the situation.	Staff can announce CODE BLUE for immediate help and quick response from the team.  Later "CODE BLUE CLEAR /CODE BLUE CANCELLED can be announced.  To restructure the existing policy	Nursing Superintendent to discuss with Dr V Pavani and to prepare a draft

Crash cart audit was done and findings were presented no deficiency were observed

Compiled by: Sis Anitha .P

Authorised by:

*(Signature of Dr V Pavani)*  
**Dr V PAVANI, Code Blue Committee – CONVENOR**

Encl: Participants list

