SPARSH HOSPITAL
THE TOUCH OF LIFE

Date: 29-01-2026

To
The Environmental Officer
KSPCB, Regional Office- **City East**
3rd Floor, Nisarga Bhavana,
Shivanagara, Rajajinagara,
Bengaluru-560010.

Respected Sir/Madam

Sub: Submission of Bio-medical waste annual report in **Form-IV**

With reference to the above subject, we here with submitting Bio-medical waste annual report in **Form-IV (See rule-13)** towards generation & disposal of Bio-medical wastes for the year **2025** for the period from **01-01-2025 to 31-12-2025** along with annexure-1. for our unit at **No. 146 & 147, Infantry Road, Benaluru-560001**.

Kindly acknowledge the receipt of the same.

Thanking you,

For **Sparsh Hospital**

Authorized Signatory.

SPARSH HOSPITAL
A unit of Shiva & Shiva Orthopaedic Hospital Private Limited
No 146,147 Infantry Road, Bangalore - 560001

ದಿನಾಂಕ 31/01/26

FAITH HOPE LOVE

Annexure-1

M/s. Sparsh Hospital- Infantry Road

MONTH WISE GENERATION OF BIO-MEDICAL WASTE FOR THE YEAR 205

For the period from 01-01-2025 to 31-12-2025

Month & Year	Ca.1,3,5 Yellow in Kg's	Cat.6 (Blue) in Kg's (Glass)	Cat.7 (Red) in Kg's	Cat.4 (White-PPC) in Kg's
January-2025	1818.01	166.26	1455.82	73.38
February-2025	1324.50	188.02	1149.38	17.36
March-2025	1956.31	200.71	1570.15	63.46
April-2025	2130.85	196.80	1628.35	54.98
May-2025	2461.19	191.49	1792.08	59.42
June-2025	2164.83	288.91	1534.83	55.01
July-2025	2317.19	270.93	1788.75	51.11
August-2025	1985.82	206.04	1437.94	58.05
September-2025	1823.26	198.27	1504.34	72.82
October-2025	1883.14	226.67	1519.69	69.23
November-2025	2175.71	202.96	2375.51	55.81
December-2025	2134.11	164.22	2370.12	181.62
TOTAL	24174.92 Kg's	2501.28 Kg's	20126.96 Kg's	812.25 Kg's

MS

SPARSH HOSPITAL
A unit of Shiva & Shiva Orthopaedic Hospital Private Limited
No 146,147 Infantry Road, Bangalore - 560001

Form-IV

(See rule-13)

ANNUAL REPORT

To be submitted to the prescribe 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(CBMWTF)

Sl No.	Particulars		
1.	Particulars of the Occupier		
	i) Name of the authorized Person (Occupier of : operator of facility		**Dr. Kishan Nag M.S** Chief Operating Officer
	ii) Name of HCF or CBMWTF		**M/s. Sparsh Hospital** **(A Unit of Shiva & Shiva Orthopaedic Hospital Pvt Ltd.)**
	iii) Address of the Correspondence		No.146 & 147, Infantry Road,
	iv) Address of the Facility		Bengaluru-560001
	v) Tel. No, Fax No.		080-61222000
	VI) E-Mail ID		chida.kc@sparshhospital.com
	vii) URL of Website		www.sparshshospital.com
	viii) GPS coordinate of HCF or CBMWTF		----
	ix) Ownership of HCF CBMWTF		(State Government or Private or Semi Govt. or any other) **Private**
	x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.		Authorization **No.KSPCB/RSEO/BNG-CITY/BMW/** Reg **No.168380/19-20/644** Date:02-12-2019 **Valid up to :30-06-2029**
	xi) Status of the Consent under Water Act and Air Act.		**Valid up to: 30-06-2029**
2.	Type of Health Care Facility		Super Specialty Hospital
	i) Bedded Hospital		200 beds
	ii) Non Bedded Hospital laboratory((Clinic or Blood Bank or Clinically or Research Institute or Veterinary Hospital or any other)		NA
	Iii) Licence Number & its date of expiry		NA
3	Details of CBMWTF		**Medicare Environmental Management Pvt Ltd.**
	i) Number of Healthcare facilities covered by CBMWTF		Handled by above mentioned vendor
	ii) Number of beds covered by CBMWTF		----------||----------
	iii) installed treatment and disposal capacity of CBMWTF		----------||---------
	iv) Quantity of Bio-medical waste treated or disposed by CBMWTF		----------||----------

4.	Quantity of waste generated or disposed in Kgs per Annum(**on monthly average basis)**		Yellow Category : **2014.57 kg's /month**
			Red Category: **1677.24 Kg's/month**
			White: **67.68 kg's/month**
			Blue: Category: **208.44 Kg's/month**
			General Solid waste: Dry garbage- 300 kgs/month
5.	Details of storage. treatment, transportation, processing and disposal facility		
	On i)Details of the site storage facility		Size: 9 ft.*7.5 ft.
			Capacity: can store up to **kg's/day**
			Provision of on-site storage: cold storage or any other provision- **Separate Room**
	Disposal facilities 0		Type of treatment Equipment / No of Units / cap acity kg/ Day / quantity treaded disposed in kg Per Annum Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder -------NA------- Needle tip cutter or – destroyer Sharps encapsulation or – concrete pit Deep burial pits: Chemical - disinfection: Any other treatment equipment:
	iii Quantity of recyclable wastes : sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc. **Handled by CBMWTF**
	iv) No of vehicles used for collection : and transportation of biomedical waste		**Handled by CBMWTF**
	(v) Details of incineration ash and Quantity Where ETP sludge generated and disposed generated disposed during the treatment of wastes in Kg per annum		Quantity Generated / Where disposed Incineration Ash ETP Sludge **Handled by CBMWTF**

	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		Medicare Environmental Management Pvt 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 we have infection control committee Report attached.
7.	Details trainings conducted on BMW		-
	(i) Number of trainings conducted on BMW Management.		Monthly 2 trainings
	(ii) number of personnel trained		148 Members
	(iii) number of personnel trained at the time of induction		For all department for new joiners, doctors, nurses & housekeeping we conduct training about BMW at the time of induction
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available		Yes available
	(vi) any other information)		Nil
8	Details of the accident occurred during the yea		Nil
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any		NA
	(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		---
	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		LWTP is provided & well-functioning
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		---
12	Any other relevant information		: (Air Pollution Control Devices attached with the incinerator NA

Certified that the above report is for the period from: **01-01-2025 to 31-12-2025**

Date: 27-01-2026
Place: Bengaluru

Name and Signature of the Head of the Institution

SPARSH HOSPITAL
A unit of Shiva & Shiva Orthopaedic Hospital Private Limited
No 146,147 Infantry Road, Bangalore - 560001

SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **28/01/2025**

Name of the Committee: Infection Control Committee
Date: 28/01/2025
Venue: Auditorium

Members Present:		
1. Dr. Jayanth	9. Ms. Umadevi	18. Ms. Sherly
2. Dr. Sunil Kumar	10. Ms. Reena Nancy	19. Ms. Mary Manjula
3. Dr. Kishan Nag M S	11. Ms Stella	20. Ms. Shamana
4. Dr. Rahunathan	12. Ms Prema kumari	21. Ms. Suhasini
5. Dr. Ashwini	13. Ms Jayashree	22. Ms. Sathya Priya
6. Dr Subasree	14. Ms. Anup Augustine	23. Ms. Santhus Mary
7. Mr Siddhant Mathew	15. Mr. Prabhudass	24. Ms. Vijayalakshmi
8. Mr Prashant Kumar	16. Mr Naveen	25. Mr. Chida
	17. Ms Nirmala	

Agenda	**1. Discussion regarding monthly HAI rates for the month of December 2024.** **2. Discussion regarding previous minutes of meeting.** **3. Discussion regarding new procurement of cleaning solution in NICU** **4. Discussion regarding risk of using hand dryer in NICU** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**

1. HAI indicators for the month December 2024 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**All nursing supervisors and ICNs.** **Immediate effect.**	
2. Discussion regarding previous minutes of meeting. All the MOM points are discussed and followed up		
3. Discussion regarding new procurement of cleaning solution in NICU a) It was decided to send an email requesting a demonstration of the cleaning solution. b) It was decided the solution will undergo a validation process before final approval.	**Dinesh M** **ICN** **10-02-2025** **Mr. Prabhudass** **Store Manager**	**Discussed**
4. Discussion regarding risk of using hand dryer in NICU. **a)** It was discussed the potential risks associated with the use of a hand dryer in NICU. **b)** It was decided that the installation of a hand dryer in NICU would be denied due to safety concerns.		
5. Discussion regarding the training session on Phlebitis. a) A date for the training session on Phlebitis will be scheduled.	**Dinesh M** **ICN** **10-02-2025**	**Training conducted**

ignature of Secretary

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : HIC committee

Date & Time : 28.01.2025

Venue: Auditorium

Sr. No	Members	Signatures
1.	Chida KC	
2.	Dr. Suba Seelan X.J	
3.	Vijayalakshmi T.N	
4.	Jayasree Sreenivasan	
5.	SHERLY. P.R	
6.	Nirmala Kumari J	
7.	Suhasini. S	
8.	Santhus Mary	
9.	MARY MANJUCA	
10.	S. Prema.	
11.	Shamanee. T	
12.	Stella TJ	
13.	Reena Mary	
14.	Dr. Sunil Kumar C.S	
15.	Dr. Raghunandan M	
16.	Dr Jayanta kumar H.S	
17.	P. Umadevi.	
18.	Anup Augustin	
19.	J. SAJITHA PRIYA	
20.	Naveen	
21.	Prasant Kumar	
22.	Siddhant Mathew	

SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **25/02/2025**

Name of the Committee: Infection Control Committee
Date: 25/02/2025
Venue: Auditorium

Members Present:	
1. Dr. Jayanth 2. Dr. Rahunathan 3. Dr. Shabnam 4. Dr. Rekha 5. Dr. Ashwini 6. Dr Subasree 7. Mr Siddhant Mathew 8. Mr Prashant Kumar	9. Ms. Umadevi 10. Ms. Sherly 11. Ms Stella 12. Ms Prema kumari 13. Ms. Anup Augustine 14. Ms Nirmala 15. MS Uma 16. Ms. Shamana 17. Mr. Chida

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of January 2025.** **3. Discussion on Hand hygiene compliance for the month of January 2025.** **4. Discussion Regarding High-Risk Areas Surveillance:** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. All the MOM points are discussed and followed up		

2. Discussed on HAI indicators for the month of January 2025 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**All nursing supervisors and ICNs.** **Immediate effect.**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for January 2025 was reported at 71**%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 82 % ii. **Doctors:** 72.6 % iii. **Housekeeping Staff:** 63.2 % iv. **Technicians:** 60.4 %		
4. Discussion Regarding High-Risk Areas Surveillance: **a)** Daily Rounds by ICN (Infection Control Nurse) in High-Risk Areas a) It was discussed that the Infection Control Nurse must conduct daily rounds in high-risk areas. These high-risk areas could include departments like intensive care units, OTs, or areas with compromised infection control measures.	**Immediate effect** **Dinesh M** **ICN**	
5.Discussion on Occupational hazard. **a) One Needle stick injury reported and it was discussed with RCA and CAPA**		

Signature of Secretary

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the Committee : HICC/AMS

Date : 25/02/2025

Venue : Auditoium

Sr. No	Members	Signatures
1.	Naveen.	
2.	Jamal Insiq	
3.	Pallavi P.T.	
4.	Dr NISHA	
5.	Dr. Suba Sree N.S	
6.	Vatsalya	
7.	Reena Jacy	
8.	Savitadevi MS	
9.	UMADEVI	
10.	Mohan Kumar.K	
11.	R VINOTH Kumar	
12.	Chida KC	
13.	Siddhant Mathew	
14.	J. SATHIYA PRIYA	
15.	Prasant Kumar	
16.	Dr Jayanth Kumar HS	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting 03/03/2025

Name of the Committee: Infection Control Committee
Date: 03/03/2025
Venue: Auditorium

Members Present:		
1. Dr. Jayanth 2. Dr. Nithin 3. Dr. Lokesh 4. Dr. Juliee singh 5. Dr. Ashwini 6. Dr. Subasree 7. Dr. Susan william 8. Dr Nisha 9. Dr Thyagaraj 10. Dr Shameem	11. Ms. Umadevi 12. Ms. Sherly 13. Ms Stella 14. Ms Prema kumari 15. Ms. Anup Augustine 16. Ms Nirmala 17. Ms Jayashree 18. Ms. Shamana 19. Mr. Chida 20. Ms. Nirmala 21. Mr Naveen	22.Dr Ravi

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of February 2025.** **3. Discussion on Hand hygiene compliance for the month of February 2025.** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. All the MOM points are discussed and followed up		

2. Discussed on HAI indicators for the month of February 2025 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**All nursing supervisors and ICNs.** **Immediate effect.**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for February was reported at 70.5**%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 75.7% ii. **Doctors:** 84.3% iii. **Housekeeping Staff:** 64 % iv. **Technicians:** 62.7%		
3. Discussion on Occupational hazard. **a) One Needle stick injury reported and it was discussed with RCA and CAPA**		

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Signature of Secretary

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : Hospital Infection Control committee

Date & Time : 03-03-2025

Venue: Auditorium

Sr. No	Members	Signatures
1.	Dr. Suba Sree N.J	
2.	Dr. Ganthem	
3.	Dr. Raghavendran	
4.	Dr Jayanth kumar HS	
5.	Dr Nisha	
6.	P. Umadevi	
7.	Vidyashree. N.	
8.	S. Prema.	
9.	Shamarao-T	
10.	Chidee kc	
11.	SHERLY. P.R	
12.	Nithyasha. P.K	
13.	UMADEVI	
14.	Prasanth Kumar	
15.	Umesh K	
16.	Kotresh. M	
17.	Naveen T	
18.	Stella. TJ.	
19.	Dr Harsha	
20.	Dr. Rekha	
21.	Dr Shaban shahidha	
22.	Dr Kavyashree Patil	

23.	Nagaraj A.S	
24.	Prasanna kumar K.S	
25.	Nirmala kumari.J	21082
26.	Sulashini.S	21170
27.	Dr. Puneeth.J	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **15/04/2025**

Name of the Committee: Infection Control Committee
Date: 15/04/2025
Venue: Auditorium

Members Present:		
1. Dr. Jayanth 2. Dr. Nithin 3. Dr. Lokesh 4. Dr. Juliee singh 5. Dr. Ashwini 6. Dr. Subasree 7. Dr. Susan william 8. Dr Nisha 9. Dr Thyagaraj 10. Dr Shameem	11. Ms. Umadevi 12. Ms. Sherly 13. Ms Stella 14. Ms Prema kumari 15. Ms. Anup Augustine 16. Ms Nirmala 17. Ms Jayashree 18. Ms. Shamana 19. Mr. Chida 20. Ms. Nirmala 21. Mr Naveen	22.Dr Ravi

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of March 2025.** **3. Discussion on Hand hygiene compliance for the month of March 2025.** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. All the MOM points are discussed and followed up		

2. Discussed on HAI indicators for the month of March 2025 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**All nursing supervisors and ICNs.** **Immediate effect.**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for March 2025 was reported at 71**%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 75.7 % ii. **Doctors:** 83.5 % iii. **Housekeeping Staff:** 66.4 % iv. **Technicians:** 63.2%		
4. Discussion on Occupational hazard. **a) One Needle stick injury reported and it was discussed with RCA and CAPA**		
5. Discussion on sterilization of arthroscopes. a) It was decided that if two arthroscopy procedures are scheduled on the same day, there should be a minimum interval of 6 hours between them. b) After the first procedure, the arthroscopes must be disinfected using a high-level disinfectant and then sent to Yeshwanthpur for plasma sterilization. c) OT Manager to schedule only two Arthroscopy cases per day.	**Mr Nagaraj** **OT Manager** **Mr Pradeep** **CSSD technicians** **Immediate effect.**	

Signature of Secretary

Julee Singh

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the Committee : HICC

Date : 15/04/25

Venue : Auditorium

Sr. No	Members	Signatures
1.	Dr Susan Williams	
2.	Dr Julee Singh	Julee
3.	Dr. Shamim	
4.	Chida KC	
5.	Anup Augustine	
6.	Reena Nancy	
7.	Santhus Mary	
8.	Hemala Kumari. J	
9.	SHERLY. P.R	21478
10.	Subashini. S	21120
11.	Sheeja. T.J	
12.	Sharmaine. T	
13.	Samuel Israel.	21236
14.	Prasant Kumar	
15.	P. Umadevi	
16.	Naveen Y	
17.	B. Mariamythu	
18.	B Nisha	
19.	Dr Jayaprakash	
20.	Dr. Nithin Kumar	
	Dr. Lokesh. L.V	

Date: 19/10/2026

21.	Dr Thyagaraj	
22.	Dr. Suba Soru XI-J	
23.	Dr. Ashwini	
24.	Dr Ravi Kumar	
25.	Jayasree. S.	
26.	Dr Krishna Naik M.S	
27.	Nagaraj A.S.	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **30/05/2025**

Name of the Committee: Infection Control Committee
Date: 30/05/2025
Venue: Auditorium

Members Present:		
1. Dr. Jayanth 2. Dr. Raghunandhan M 3. Dr. Puneeth 4. Dr. Juliee singh 5. Dr. Ashwini 6. Dr. Subasree 7. Dr. Susan william 8. Dr Nisha 9. Dr Thyagaraj 10. Dr Shameem	11. Ms. Umadevi 12. Ms. Archana 13. Ms Vasthama 14. Ms Prema kumari 15. Ms. Anup Augustine 16. Ms Nirmala 17. Ms Jayashree 18. Ms. Shamana 19. Mr. Chida 20. Ms. Santhus 21. Mr Naveen	22.Dr Naveen Thasildhar 23. Dr Prakash 24. Mr Abdul Khader 25. Mr Najmul Hussian 26. Ms Bhavani M N 27. Ms Rashmi 28. Mr Nagaraj 29. Ms Dhanya Jose 30.Ms Reena Nancy

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of April 2025.** **3. Discussion on Hand hygiene compliance for the month of April 2025.** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. All the MOM points are discussed and followed up		

2. Discussed on HAI indicators for the month of April 2025 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.		
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for April 2025 was reported at 70.7**%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 71 % ii. **Doctors:** 84.3 % iii. **Housekeeping Staff:** 64 % iv. **Technicians:** 61.7%		
4. Discussion on Occupational hazard. **a) Two Needle stick injury reported and it was discussed with RCA and CAPA**		

Julee Singh.

Signature of Secretary

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the Committee : HIC

Date : 29/05/2025

Venue : Auditorium

Sr. No	Members	Signatures
1.	UMADEVI	
2.	Chida	
3.	Renu Jangi	
4.	Naveen	
5.	Abdul Khadeer	
6.	Nayeem Hussain khan	
7.	Dhanya Jose	
8.	Anup Augustine	23,0
9.	Sharmaine	
10.	Santhus Mary	20974
11.	P. Umadevi	
12.	Dr. Jayanthi kumar H.S.	
13.	Dr Raghunandan M	
14.	Dr Shamim Sheikh	
15.	Bhavani M.D.	
16.	Rashmi	
17.	Vasantha	
18.	Nagaraj	21247
19.	Dr. Suba Sree N.J	21663
20.	Dr. Puneeth. J	

21.	Dr Raghuram - Surg. Gastro	
22.	Dr Naveen Tahamdar	
23.	Dr Prakash M.	
24.	Jumana Faiz	
25.	Dr Nyagaru	
26.	Dr. Sneam Williams	
27.	Dr Julee Singh	Julee
28.	Jayashree Sreenivasan	
29.	Akshara C M.	Akshara 21525
30.	Dr. Ashwini	
31.	Dr NISHA	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **29/06/2025**

Name of the Committee: Infection Control Committee
Date: 29/06/2025
Venue: Auditorium

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Kishan Nag
3. Dr. Nisha Nair
4. Dr. Juleena Singh
5. Dr. Shamim
6. Dr. Raghunandhan
7. Dr. Ravikumar M
8. Dr. Sanjeev
9. Dr. Kavya
10. Dr. Vikram Belliappa
11. Dr. Ravi Naik
12. Mr. Manoj
13. Ms. Reena Nancy
14. Ms. Nithyusha
15. Ms. Rashmi
16. Ms. Josephine
17. Mr. Najmul Hussein
18. Ms. Dhanya Jose
19. Ms. Shamana
20. Mr. Darshan
21. Ms.Umadevi
22. Ms. Vidyasree
23. Mr. Abdul
24. Mr. Chida
25. Mr. Naveen
26. Ms. Jayasree
27. Ms. Sherly
28. Ms. Nagasilambarasi
29. Ms. Vasanthamma K.S
30. Mr. Nagaraj A.S
31. Mr. Pradeep

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of June 2025.** **3. Discussion on Hand hygiene compliance for the month of June 2025.** **4. Discussion on the implementation of Digital Timer for monitoring washing instruments in OT.** **5. Discussion on timeline for the installation of New Autoclave and ETO machine in CSSD.** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. All the MOM points are discussed and followed up		

2. Discussed on HAI indicators for the month of June 2025 were presented (annexure) and discussed at length. a) All device associated infection rates are in the acceptable limits. b) To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**Discussed and Completed**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for june 2025 was reported at 70.7%. b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 72.6% ii. **Doctors:** 85.9 % iii. **Housekeeping Staff:** 64 % iv. **Technicians:** 63.2%	**Discussed and Completed**	
4. Discussion on the implementation of Digital Timer for monitoring washing instruments in OT a) It was agreed to proceed with identifying and procuring digital timers for OT washing areas.	**Ms Rashmi** **OT manager** **15-08-2025**	Implemented
5. Discussion on the timeline for installation of the new ETO machine in CSSD. **a)** It was discussed that the vendor will first visit the proposed installation site, after which the vendor will submit the quotation for the ETO machine. **b)** Once the quotation is received, the biomedical team will forward the purchase request to the Purchase Committee for further processing.	**Ms Nithusha** **Biomedical Engineer** **15-08-2025**	Done
6. Discussion on the timeline for installation of the new Autoclave machine in CSSD. a) It was decided to complete the installation of the new autoclave machine within this month. b) It was agreed to inspect the water line connected to both the old and new machines. If the connection cannot be disconnected during installation, the unsterile instruments, after	**Ms Nithusha** **Biomedical Engineer** **Mr Pradeep** **CSSD Incharge** **15-08-2025**	Done

washing and packing, will be sent to Yeshwanthpur for sterilization until the setup is completed.		

Signature of Infection Control Officer

Signature of Secretary

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : H&C committee & AMS

Date & Time : 29/08/2025 @ 03.00PM

Venue: Auditorium

Sr. No	Members	Signatures
1.	Dr Jayanth kumar H.S	
2.	Abdul Khateer	
3.	JOSPHIN.B	21129.
4.	Najmul Hussain Khan	
5.	Nithyusha. P.K	
6.	Vidyashree N	
7.	Nazeer I.	
8.	Roopa Devi	
9.	Manoj Shetty	
10.	Dhanya Jose	21737.
11.	S. Prema.	
12.	Dr Kavya	20026
13.	Shiny Augustini	
14.	Darshan. S	
15.	Chidanand	
16.	Dr Tulee Singh	Tulee
17.	Dr Shamim	
18.	Umadevi B	
19.	Jayasree. S	20871
20.	Prathima	21751
21.	SHERLY. P-R	21478
22.	Nagavilambaasi	21769.

23.	Vasanthma K.S	
24.	Dr NISHA	
25.	Dr Ravikaran Mukhopadhyay	
26.	Dr. Raghunandan. R	
27.	Dr. RAVI NAIK	
28.	Dr Vishnu Bellamma	
29.	Dr. Kishan Naik M.S	
30.	Pradeep	
31.	Nagaraj. A.S	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting 29/07/2025

Name of the Committee: Infection Control Committee
Date: 29/07/2025
Venue: Auditorium

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Raghunathan
3. Dr. Julee Singh
4. Dr. Ravikumar M
5. Dr. Kavya
6. Dr. Ravi Naik
7. Dr. Vikram
8. Dr. Ashwni
9. Ms. Shiny
10. Ms. Reena Nancy
11. Ms. Nithyashree
13. Mr. Manoj Shetty
14. Ms.Josphin
15. Ms. Premakumari
16. Mr. Naveen
17. Mr. Najmul Hussein
18. Ms. Dhanya Jose
19. Mr. Abdul
20. Mr. Darshan
21. Ms. Vidyasree
22. Mr. Chida

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of July 2025.** **3. Discussion on Hand hygiene compliance for the month of July 2025.** **4. Discussion on Occupational hazards for the month of July 2025** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. NO pending points		

2. Discussed on HAI indicators for the month of July 2025 were presented (annexure) and discussed at length. **a)** All device associated infection rates are in the acceptable limits. **b)** To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**Discussed and Completed**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for July 2025 was reported at 72%. b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 71% ii. **Doctors:** 82.8 % iii. **Housekeeping Staff:** 67.1% iv. **Technicians:** 68%	**Discussed and Completed**	
4. Discussion on Occupational hazard. a) Three Needle stick injury reported and it was discussed with RCA and CAPA	**Discussed and Completed**	

M.D. Zoom

Signature of Secretary

Julee Singh.

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : AMS MEETING & HIC

Date & Time : 29.07.2025

Venue :AUDITORIM

Sr. No	Members	Signatures
1.	Dr. Raghunandan M	
2.	Dr Jayanth kumar H.T	
3.	Dr Vishwas Baliga	
4.	Dr. RAVI NAIK	
5.	S. Prema.	S. Prema/29.07.2025
6.	Dr Rewthkumar. Mukarthal	
7.	Dr. Kavya	
8.		
9.	Shri Augustine	
10.	Naveen J	
11.	Pavan Dany	
12.	Manoj Shetty	
13.	Dhanya Jose	21737.
14.	Jiju George	
15.	Vidyashree N	
16.	Nithyashree	
17.	Mohd Hussain khan	
18.	Sasikiran B	
19.	Abdul Khadeer	
20.	P. Umapathi	
21.	Darshan. S	
22.	Chidanand	

SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting **29/08/2025**

Name of the Committee: Infection Control Committee
Date: 26/08/2025
Venue: Auditorium

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Kishan Nag
3. Dr. Juleena Singh
4. Dr. Ravikumar M
5. Dr. Kavya
6. Dr. Ravi Naik
7. Dr. Prakash
8. Dr. Ashwni
9. Ms. Jyoti Ramesh
10. Ms. Shiny
11. Ms. Reena Nancy
12. Ms. Rashmi HK
13. Ms. Reena Nancy
14. Mr. Sharan
15. Ms. Premakumari
16. Mr. Naveen
17. Mr. Najmul Hussein
18. Ms. Dhanya Jose
19. Ms. Paulomi
20. Mr. Darshan
22. Ms. Vidyasree
23. Ms. Jayasree
24. Mr. Chida

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of July 2025.** **3. Discussion on Hand hygiene compliance for the month of July 2025.** **4. Discussion on Occupational hazards for the month of July July 2025** **Other Points.**

Points Discussed/Action Point	**Responsibility & Date of completion**	**Outcome**
1. Reviewed regarding previous minutes of meeting. **Discussion on the timeline for installation of the new Autoclave machine in CSSD.** a) It was decided to complete the installation of the new autoclave machine within this month.	**Ms Nithusha Biomedical Engineer (15-09-2025)**	

2. Discussed on HAI indicators for the month of July 2025 were presented (annexure) and discussed at length. a) All device associated infection rates are in the acceptable limits. b) To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**Discussed and Completed**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for July 2025 was reported at 72%. b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 71% ii. **Doctors:** 82.8 % iii. **Housekeeping Staff:** 67.1% iv. **Technicians:** 68%	**Discussed and Completed**	
4. Discussion on Occupational hazard. a) Three Needle stick injury reported and it was discussed with RCA and CAPA	**Discussed and Completed**	

Signature of Secretary

Julee Singh.

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : HIC committee

Date & Time : 26-08-2025

Venue: Auditorium

Sr. No	Members	Signatures
1.	Jyoti Ramesh	
2.	Rashmi H.K	
3.	Reena Nandy	
4.	Nagaraj Hussen kr	
5.	Naveed	
6.	Dhanya Jose	
7.	Jayanth kumar H.S.	
8.	Varsha	
9.	Mohan. M	
10.	Sharan	
11.	Shiny Augustin	
12.	Paulsami Gath	
13.	Dr Kavya	
14.	Darshan.S	
15.	Shamana	
16.	S. Pranav kumar	S. Pranavkumar
17.	Dr Julee Singh	Julee
18.	Vidyashree N	
19.	Dr PRAKASH	
20.	Chida KC	
21.	Dr. Gnanadev	
22.	Dr. Kishan Nag M.S	

23.	Jayasree Sreenivasan	
24.	Dr Renuka Ramesh. M	
25.	Dr. Ashwini	
26.	Jilu George	
27.	Arya P Rajan	
28.	Dr. Suba Sree	
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Minutes of Meeting 30/09/2025

Name of the Committee: Infection Control Committee
Date: 30/09/2025
Venue: Auditorium

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Susan Williams
3. Dr. Juleena Singh
4. Dr.Nisha
5. Dr. Hemanth
6. Dr. Ashwni
7. Ms. Reena Nancy
8. Ms. Rashmi
9. Mr. Sharan
10. Ms. Premakumari
11. Mr. Naveen
11. Ms. Premakumari
12. 17. Mr. Najmul Hussein
13. Ms. Dhanya Jose
14. Mr. Darshan
15. Ms. Vidyasree
16. Ms. Jayasree
17. Mr. Chida
18. Ms Santhus Mary
19. Ms Archana
20. Ms Mamtha
21. Ms Jilu Geroge

Agenda	**1. Review on previous minutes of meeting.** **2. Discussion regarding monthly HAI rates for the month of August 2025.** **3. Discussion on Hand hygiene compliance for the month of August 2025.** **4. Discussion on Occupational hazards for the month of August 2025** **Other Points.**

Points Discussed/Action Point	Responsibility & Date of completion	Outcome
1. Reviewed regarding previous minutes of meeting. **Discussion on the timeline for installation of the new Autoclave machine in CSSD.** a) It was decided to complete the installation of the new autoclave machine within this month.	**Ms Nithusha Biomedical Engineer (15-10-2025)**	

2. Discussed on HAI indicators for the month of August 2025 were presented (annexure) and discussed at length. a) All device associated infection rates are in the acceptable limits. b) To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices.	**Discussed and Completed**	
3. Discussed on Hand Hygiene Compliance rates a) The compliance rate for hand hygiene for August 2025 was reported at 72%. b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 78.1% ii. **Doctors:** 85.6 % iii. **Housekeeping Staff:** 70.6 % iv. **Technicians:** 71.8%	**Discussed and Completed**	
4. Discussion on wound care brochures on CABG patient. a) It was discussed and agreed to get suggestions from the CABG Surgeon regarding the wound care brochures.	**Dinesh ICN 15-10-2025**	**Pending**
5. Discussion on blood culture sampling. a) It was decided that paired blood cultures (aerobic and anaerobic bottles) will be sent.	**All the Nursing Supervisor Immediate Effect**	**Implemente**
6. Discussion on CSF culture sampling. It was decided that CSF samples will be inoculated into pediatric bottles and sent to the lab.	**All the Nursing Supervisor Immediate Effect**	**Implemented**

Signature of Secretary

Julee Singh.

Signature of Infection Control Officer

MEETING ATTENDANCE

SPARSH HOSPITAL
THE TOUCH OF LIFE

Name of the meeting : Infection Prevention and Control Committee & Safety Committee.

Date & Time : 30/09/25 at 03:30 Pm

Venue: Auditorium

Sr. No	Members	Signatures
1.	Dr Julee Singh	Julee
2.	Dr Susan Williams	
3.	Jayasree Sreenivasan	20871
4.	Sr. Promer.	Sr. Promer/20024
5.	Shamanth. T	20356
6.	Nejmul Hussain KK	21744
7.	Reena Mary	Reena Mary/20974
8.	Santhini Mary	20974
9.	Mamatha. L	Mam 21808
10.	Rashmi	Rash 21736
11.	Naveen.	
12.	Sivaram	
13.	Nagaraj. A-S	Nagaraj 21211
14.	Dr Jayanthi Kumar H.C	
15.	Hemant	HR
16.	Dr NISHA	NB
17.	J.L. George	J.L./21460
18.	Dr. Ashwini	P. Ash
19.	Archana C.A.	A 21525
20.	Vidyashree N	
21.	Darshan. S	
22.		

SPARSH HOSPITAL
THE TOUCH OF LIFE

Document No:	SH/QAD/MOM/F/ 01
Version No:	01
Revision No:	00
Effective Date:	01.09.2025

Minutes of Meeting

Name of the Committee: Infection Prevention & Control Committee
Date: 30-10-2025
Venue: Auditorium

Members Present: (Annexure)

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Juliee Singh
3. Dr. Ravi naik
4. Dr. Nisha
5. Dr. Rekha
6. Dr. Ashwni
7. Ms. Reena Nancy
8. Ms. Rashmi
9. Mr. Sharan
10. Ms. Premakumari
11. Mr. Naveen
12. Ms. Premakumari
13. Mr. Najmul Hussein
14. Ms. Dhanya Jose
15. Mr. Darshan
16. Ms. Vidyasree
17. Ms. Jayasree
18. Mr. Chida
19. Ms Santhus Mary
20. Ms Archana
21. Ms Mamtha
22. Ms Jilu Geroge

Agenda	1) Review of previous meeting minutes. 2) Discussion on Hand hygiene compliance for the month of October 2025. 3) Discussion on Occupational hazards for the month of October 2025 4) Any other points

Points Discussed/Action Point	Responsibility & Date of completion	Outcome
1. Review of previous meeting minutes. **Discussion on wound care brochures on CABG patient.** a) It was discussed and agreed to get suggestions from the CABG Surgeon regarding the wound care brochures	**Dinesh M ICN 15-11-2025**	
2. Discussed on Hand Hygiene Compliance rates for October 2025 a) The compliance rate for hand hygiene for October 2025 was reported at 77.9%. b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are	**Discussed and Completed**	

SPARSH HOSPITAL
THE TOUCH OF LIFE

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as follows: i. **Nurses:** 79.6 % ii. **Doctors:** 84.6 % iii. **Housekeeping Staff:** 71.3 % iv. **Technicians:** 76%		
3. Discussion on Occupational hazards for the month of October 2025 a) One Needle stick injury reported and it was discussed with RCA and CAPA.	**Discussed and Completed**	
Any other points 1. Discuss the procurement of materials and the preparation process for EUSOL (Edinburgh University Solution of Lime). **a)** The Clinical pharmacologist can procure Bleaching Powder and Boric Acid required for the preparation of EUSOL solution as DR Yuvraj advice. **b)** The Clinical pharmacologist will be responsible for the daily preparation of the EUSOL solution as per the standard formulation **c)** A detailed SOP for preparation, labeling, storage, and usage of EUSOL will be drafted by the Clinical pharmacologist	**Dr Subrasee Clinical Pharmacologist (15-11-2025)**	
2. Discussion on Procurement of KMC (Kangaroo Mother Care) a) It was decided to remove the existing sofa from the NICU as it is not suitable for clinical use and infection control. b) The sofa will be replaced with KMC (Kangaroo Mother Care) chairs to support mother-infant bonding and maintain hygiene standards	**Ms Poulmi Guha Operational Manager** **Ms Jayashree DNS (25-11-2025)**	

Signature of Secretary

M Dinesh
ICN

Signature of Infection Control Officer

Julee Singh.
Dr Julee Singh
ICO

Attendance Sheet	SPARSH HOSPITAL

Document number: SH/QA/CAF/01 ; Version No:01; Revision No: 00; Effective from 01.09.2025

Name of the committee: INFECTION PREVENTION & CONTROL COMMITTEE

Date: 30.10.2025 Time: 03.00pm

Venue: AUDITORIUM

Sl.No	Name of the Committee member	Department	Signature	Remark
1	Dr Jayesh kumar HS	Anaesth		
2	Dr. REKHA . C	ER		
3	Dr NISHA	ITS		
4	Poulami Guin	OPS		
5	Shanthi Theodore	OPS		
6	Darshan. S	MRD		
7	Naveen	Radiology		
8	VIRESH	PHYSIO		
9	Sharan	SCM		
10	Mayuri Hussain Ida	Lab		
11	Nagailambavani	E.R.		
12	Santhus Mary	WCH OT		
13	SHERLY	1st floor (WCH)	21478	
14	Jayasree Sreenivasan	Nursing		
15	Shamaad	Ward incharge		
16	Vidyashree N.	ER I/N		
17	S. Prema	Supervisor		
18	Rashmi	OT Manager		
19	Renu Mary	DNS		
20	Dhanya Jose	Nursing		
21	Dr Julee Singh	Lab		
22	Shruj Augustine	NS		
23	Dr Shahnaz	Lab		
24	Chidambaram	Maintenance		
25	Dr. Ramesh	MICU		
26	Nagaraj	OT. Incharge		
27	Vasudevan	Incharge MICU		
28	Dr. RAVI NATH	Anesth		
29	Dr. Raghunandan	Anesthesia		

Signature of the Chairperson:

Signature of the Secretary

SPARSH HOSPITAL
THE TOUCH OF LIFE

Document No:	SH/QAD/MOM/F/ 01
Version No:	01
Revision No:	00
Effective Date:	01.09.2025

Minutes of Meeting

Name of the Committee: Infection Prevention & Control Committee
Date: 25-11-2025
Venue: Auditorium

Members Present: (Annexure)

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Juliee Singh
3. Dr. Ragunatham
4. Dr. Nisha
5. Dr. Madonna
6. Dr. Ashwni
7. Dr Gowtham
8. Dr Sanjay
9. Dr Kavya
10. Ms. Rashmi
11. Mr. Naveen
12. Ms. Premakumari
13. Mr. Najmul Hussein
14. Ms. Dhanya Jose
15. Ms Jilu Geroge
16. Ms. Shiny Augustine
17. Mr Sharan
18. Mr. Chida
19. Ms Swapna
20. Ms Archana
21. Ms Arya
22. Ms Jilu Geroge

Agenda	1) Review of previous meeting minutes. 2) Discussion on HAI indicators for the month of October 2025 3) Discussion on Hand hygiene compliance for the month of October 2025. 4) Any other points

Points Discussed/Action Point	Responsibility & Date of completion	Outcome
1. Review of previous meeting minutes. 1. Discuss the procurement of materials and the preparation process for EUSOL (Edinburgh University Solution of Lime). a) The Clinical pharmacologist can procure Bleaching Powder and Boric Acid required for the preparation of EUSOL solution as DR Yuvraj advice. b) The Clinical pharmacologist will be responsible for the daily preparation of the EUSOL solution as per the standard formulation c) A detailed SOP for preparation, labeling, storage, and usage of EUSOL will be drafted	**Dr Subrasee Clinical Pharmacologist (15-12-2025)**	Pending

SPARSH HOSPITAL
THE TOUCH OF LIFE

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by the Clinical pharmacologist 1. **HAI indicators for the month of October 2025 were presented (annexure) and discussed at length.** a)All device associated infection rates are in the acceptable limits. b)To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices	**All nursing supervisors and ICNs.** **Immediate effect.**	
2. Discussed on Hand Hygiene Compliance rates for October 2025 a) The compliance rate for hand hygiene for October 2025 was reported at 85.1 **%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 84.8 % ii. **Doctors:** 85.9 % iii. **Housekeeping Staff:** 83.8 % iv. **Technicians:** 83.8 %	**Discussed and Completed**	
Any other points 1) Discussion was held regarding the SSI Conclave workshop conducted by 3M. It was decided to send the ICN, OT Manager, DNS, and Ward Incharge for participation. 2) Discussion on Needle stick injury billing shall be done for the staff only after approval from Medical superintendent. **Note – reception staff shall get approval from the Medical superintendent.**	**Ms Shiny Augustine Nursing Superintendent.** **Immediate Effect** **Ms Poulmi Guha Operational Manager 07/12/2025**	**Inprogress**

SPARSH HOSPITAL
THE TOUCH OF LIFE

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Effective Date:	01.09.2025

Signature of Secretary

M Dinesh
ICN

Signature of Infection Control Officer

Julee Singh

Dr Julee Singh
ICO

Attendance Sheet	SPARSH HOSPITAL
Document number: SH/QA/CAF/01	**Version No:01; Revision No: 00; Effective from 01.10.2025**
Name of the committee: Infection Prevention and Control Committee	
Date: 25.11.2025	**Time:** 04:30 PM
Venue: Auditorium	

Sl.No	Name of the Committee member	Department	Signature	Remark
1	Dr. Hemant -Chair Person			
2	Dr. Julee Singh - ~~Chair Person~~	Lab	Julee	
2	Mr. Dinesh-Convenor			
3	Dr. Kishan Nag - Member			
5	Dr. Kavyasree- Member	IW		
6	Dr. Jayanth Kumar - Member	Quality		
7	Dr. Prathima Reddy - Member			
8	Dr. Vikram Belliappa- Member			
9	Dr. Ranjan Shetty - Member			
10	Dr. Nithin - Member			
11	Dr. Rekha C - Member			
12	Dr. Ravikumar Mukartihal- Member			
13	Dr. Paras kumar - Member			
14	Ms. Shiny Augustine - Member	NSG		
15	Dr. Subasree - Member			
16	Ms. Paulomi Guha - Member	OPS		
17	Mr. Vinoth - Member			
18	Dr. Ashwini - Member			
19	Ms. Santhus - Member			
20	Ms. Rashmi - Member			
21	Mr. Manoj - Member			
22	Dr NISHA	MS		
23	Nejmul Hassan	Lab		
24	Chida KC	Maintenance		
25	Naveen	Radiology		
26	Mohan M	HR		
27	Rashmi	OT		
28	Ms. Anagha	2nd floor		
29	Aleyamma P Raju			
30	Dr Gautham			

Signature of the Chairperson: **Signature of the Convenor:**

31	DR MADONNA	Anaesthesia		
32	Dhanya Jose	Private Educator		
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SPARSH HOSPITAL
THE TOUCH OF LIFE

Document No:	SH/QAD/MOM/I/ 01
Version No:	01
Revision No:	00
Effective Date:	01.09.2025

Minutes of Meeting

Name of the Committee: Infection Prevention & Control Committee
Date: 19-12-2025
Venue: Auditorium

Members Present: (Annexure)

Members Present:

1. Dr. Jayanth Kumar
2. Dr. Juliee Singh
3. Dr. Hemanth
4. Dr. Nisha
5. Dr. Shamim
6. Dr. Sanjay
7. Dr. Venkatesh
8. Dr Vikram Belliappa
9. Dr Shewtha
10. Dr Sathish Kumar
11. Dr Nithin kumar
12. Ms. Premakumari
13. Mr. Najmul Hussein
14. Ms. Nagasilambrasi
15. Ms Jilu Geroge
16. Ms. Shiny Augustine
17. Ms Shamana T
18. Ms. Rashmi
19. Ms Swapna
20. Ms Archana
21. Ms Arya P Raju
22. Ms Jilu Geroge
23. Ms Santhus Mary
24. Mr Dharsan
25. Ms Umadevi
26. Ms Jayashree
27. Ms Vasantha
28. Ms. Sherly

Agenda	1) Review of previous meeting minutes. 2) Discussion on HAI indicators for the month of November 2025 3) Discussion on Hand hygiene compliance for the month of November 2025. 4) Discussion on Occupational hazards for the month of November 2025. 5) Any other points

Points Discussed/Action Point	Responsibility & Date of completion	Outcome
1. **HAI indicators for the month of November 2025 were presented (annexure) and discussed at length.** a)All device associated infection rates are in the acceptable limits. b)To continue monitoring, training and create awareness amongst all HCW regarding the same.Also, to improve adherence to all infection control bundles and practices	**All nursing supervisors and ICNs.** **Immediate effect.**	

C No.:
Date: 19/12/2025

SPARSH HOSPITAL
THE TOUCH OF LIFE

Document No:	SH/QAD/MOM/F/ 01
Version No:	01
Revision No:	00
Effective Date:	01.09.2025

2. Discussed on Hand Hygiene Compliance rates for November 2025 a) The compliance rate for hand hygiene for November 2025 was reported at 90.1 **%.** b) The hand hygiene compliance rate was reviewed during the meeting. The compliance percentages for different staff categories are as follows: i. **Nurses:** 90.1 % ii. **Doctors:** 93.7 % iii. **Housekeeping Staff:** 88 % iv. **Technicians:** 88.5 %	**Discussed and Completed**	
3. Discussion on Occupational hazards for the month of November 2025 a) Two Needle stick injury reported and it was discussed with RCA and CAPA.	**Discussed and Completed**	
Any other points 1. Discussion was held regarding the CSSD audit as per NABH 6th Edition standards, and the pending points were reviewed and discussed	**Discussed and Completed**	

Signature of Secretary

M Dinesh
ICN

Signature of Infection Control Officer

Julee Singh

Dr Julee Singh
ICO

Attendance Sheet	SPARSH HOSPITAL

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Name of the committee: HIPC

Date: 19/12/25 Time: 3pm

Venue: Auditorium

Sl.No	Name of the Committee member	Department	Signature	Remark
1	Dr Jayatheerthan H.S	Anaesthesia		
2	Hemant	Critical Care Med	HR	
3	Nisha	MS	NSR	
4	Dr Jules Singh	Microbiology	Jules	
5	Dr Shamith	Path		
6	Dr Vinayak Kumar	Surgical Oncology		
7	Dr. Sanjeev Mudakavi	Radiology		
8	Dr. Venkatesh B C	Pediatrics		
9	P. Umadevi	M.A.T		
10	Shanmuga T	IS Officer Incharge		
11	S. Prema	Nursing Superintendent	S. Prema	
12	Darshan S	MRD		
13	Reena Nandy	Nursing		
14	Rushami	Nursing		
15	Sonij Angadan	Nursing		
16	Archana K P	Nursing		
17	Swapna	Nursing		
18	Aiya P Raju	Nursing		
19	Jiju George	Nursing		
20	Jayashree Sreenivasan	Nursing		
21	SHERLY	Incharge		
22	Dr. Shwetha S	Med. Onco		
23	Dr MM SATISH Kumar	Nephro		
24	Mujmil Hussain K	Labour		
25	Dr. Nithin Kumar	Gastro		
26	Thasaeltha	NICU		
27	Alagailambavasi	WCH ER		
28	Sathish Mary	Pediatrics		

Signature of the Chairperson:

Signature of the Secretary

Hemant