Internal Quality Assurance Cell
Sanjay Gandhi Post Graduate Institute of Medical Sciences,
Raebareli Road, Lucknow, U.P.

MINUTES OF MEETING

Sub.: IQAC meeting regarding strengthening of fire safety measures in the Patient Relative Waiting Area at Apex Trauma Centre, reg.

With regard to the subject mentioned as above, a meeting of the Internal Quality Assurance Cell (IQAC) was convened under the chairmanship of Prof. R. Harsvardhan on 10.01.2024 at 11:00 AM to review the fire-safety requirements of the Patient Relative Waiting Area at Apex Trauma Centre.

Following members participated in the meeting:

1. Dr. R. Harsvardhan, Prof. Incharge/ Nodal Officer and Head, IQAC, SGPGIMS
2. Mr. Vijay Yadav, Nodal Officer, Fire Safety Services, SGPGIMS
3. Dr. Anmol Jain, SR I/c, ATC & Fire Safety Cell, Department of Hospital Administration
4. Dr. Harshit Verma, Department of Hospital Administration
5. Dr. Amarjeet Mitra, Department of Hospital Administration
6. Dr. Vaibhav Sharma, JR I/c, CAFS Training, Department of Hospital Administration
7. Dr. Swati Srivastava, JR I/c, CAFS Training, Department of Hospital Administration
8. Duty Officer, Central Control Room (CCR), ATC

Objective of the meeting was:

1. To identify and address fire-safety risks in the Patient Relative Waiting Area and strengthen preventive and emergency response measures for the safety of patients, attendants and staff.

The following were the salient points discussed:

SL. No.	Need Identified	Discussion / Rationale	Plan of Action
1.	**Need to prevent unsafe cooking practices in the Patient Relative Waiting Area**	The IQAC identified the risk associated with use of makeshift stove cooking cylinders within the waiting area. Such use may create a significant fire hazard in a crowded patient-relative area and adversely affect safety and emergency preparedness.	The concerned authorities may ensure strict prohibition of makeshift/stove cooking cylinders in the Patient Relative Waiting Area.
2.	**Need for adequate first-response fire-safety equipment**	The IQAC identified the need to ensure immediate availability of basic fire-fighting equipment in the Patient Relative Waiting Area so that an incipient fire can be responded to promptly before escalation.	A set of fire-safety sand buckets and ABC-type fire extinguishers may be provided and installed at accessible locations in the Patient Relative Waiting Area at the earliest.
3.	**Need to maintain functional and adequately equipped fire points**	The IQAC emphasized that designated fire boxes/fire points should remain properly equipped and readily accessible at all times. An empty	The fire box located immediately in front of the Patient Relative Waiting Area may

		fire box represents a gap in emergency preparedness and may delay response in the event of a fire.	be inspected and equipped with the requisite fire hose/equipment. Periodic checks may be incorporated to ensure continued availability and functionality of fire-safety equipment.
4.	**Need for continuous fire-safety awareness and compliance monitoring**	The IQAC considered that equipment alone is insufficient unless occupants are made aware of basic fire-safety precautions and compliance is monitored. Particular attention is necessary in areas with large numbers of patients and attendants.	The fire-safety restrictions and emergency instructions may be communicated through prominently displayed signage. The Fire Safety Cell/concerned personnel may conduct periodic rounds and verify compliance and availability of prescribed fire-safety equipment.

The meeting ended with a vote of thanks to all attendees.

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Mr. Vijay Yadav
Nodal Officer, Fire Safety Services,
SGPGIMS

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Duty Officer
Central Control Room (CCR), ATC

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Dr. Vaibhav Sharma
JR I/c, CAFS Training, Department of Hospital Administration

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Dr. Swati Srivastava
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Department of Hospital Administration

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Department of Hospital Administration

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Dr. Anmol Jain
SR I/c, ATC & Fire Safety Cell,
Department of Hospital Administration

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Dr. R. Harsvardhan
Prof. Incharge/ Nodal Officer and Head,
IQAC, SGPGIMS

Copy to:

1. Chief, ATC
2. Mr. Vijay Yadav, Nodal Officer, Fire Safety Services, SGPGIMS

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MINUTES OF MEETING

Sub: IQAC meeting regarding strengthening of occupational health and safety measures for healthcare personnel, reg.

With reference to the subject cited above, a meeting of the Internal Quality Assurance Cell (IQAC) was convened on 02.01.2024 at 10:00 AM to discuss and review measures for strengthening occupational health and safety practices for personnel deployed in clinical services.

Following members participated in the meeting:

1. Dr. R. Harsvardhan, Chairman IQAC
2. Prof. Gaurav Agarwal, CMS
3. Dr.
4.

The following were the salient points from the meeting:

S. No.	Issue	Queries raised / Discussion points	Plan of action to be taken
1.	**Strengthening of Hepatitis-B vaccination measures for permanent employees deployed in clinical services**	The Committee deliberated on the need to strengthen occupational health and safety measures for healthcare personnel working in clinical areas. The possibility of occupational exposure to Hepatitis-B infection, particularly through needle-stick injuries and other accidental exposures during patient care, was discussed. The Committee emphasized the importance of preventive vaccination and systematic documentation of vaccination status.	It was resolved that the concerned authorities may be requested to formulate and implement an institutional policy requiring Hepatitis-B vaccination of permanent employees deployed in clinical services, preferably before completion of the probation period. The matter may be taken up with the Hospital Infection Control Cell and Hospital Administration for necessary action.

The meeting ended with a vote of thanks to the Chairperson and members.

Prof. R. Harshvardhan

Chairperson IQAC

Copy: for kind information & necessary action to

1. Director, SGPGIMS
2. O/o Hospital Administration
3. Chief, ATC

Internal Quality Assurance Cell
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MINUTES OF MEETING

Sub.: IQAC meeting regarding strengthening of Biomedical Waste Management through microwave pre-treatment of laboratory waste, reg.

With regard to the subject mentioned as above, a meeting of the Internal Quality Assurance Cell (IQAC) was convened on 20.08.2023 at 3:00 PM to identify quality-related needs for strengthening Biomedical Waste Management practices through appropriate pre-treatment of laboratory waste. The meeting focused on ensuring effective disinfection, safe handling and sustainable management of laboratory-generated biomedical waste before final disposal.

Following members participated in the meeting:

1. Dr. R. K. Harsvardhan, Member Secretary, S&BMWMC & HoD, Hospital Administration
2. Dr. R. S. K. Mark, Head, Department of Microbiology
3. Dr. Amita Aggarwal, Head, Department of Clinical Immunology & Rheumatology
4. Dr. Seema Kashyap, Head, Department of Pathology
5. Dr. U. C. Ghoshal, Head, Department of Gastroenterology
6. Dr. Amit Goel, Head, Department of Hepatology
7. Dr. Rajesh Kashyap, Head, Department of Hematology
8. Dr. Vijayalakshmi Bhatia, Head, Department of Endocrinology
9. Dr. Prashant Agarwal, Nodal Officer, 24 Hours Lab

Objective of the meeting was:

1. To identify the need for strengthening laboratory waste pre-treatment and disinfection through effective utilization of microwave technology in accordance with Biomedical Waste Management requirements.

The following were the salient points discussed:

SL. No.	Need Identified	Discussion / Rationale	Plan of Action
1.	**Need for effective pre-treatment and on-site disinfection of laboratory waste**	The IQAC identified the need to strengthen pre-treatment of laboratory-generated waste so that waste is appropriately disinfected at the point of generation before further disposal. The objective was to improve infection-control practices, reduce the risk associated with residual contaminants and strengthen safe biomedical waste handling.	The available microwave facility may be utilized for pre-treatment of suitable laboratory waste at the laboratory level. The concerned departments/laboratories may be advised to identify applicable categories of waste and incorporate microwave pre-treatment into their waste-management workflow.
2.	**Need for dual-stage microwave treatment for enhanced waste disinfection**	The IQAC discussed that an additional layer of disinfection may further strengthen waste-management practices, particularly because pre-treatment at the laboratory level may not eliminate all residual contaminants. A dual-use approach, with treatment at the point of	The feasibility of using microwave pre-treatment twice may be implemented in a phased manner

		generation followed by treatment at the Biomedical Waste Management (BMWM) plant, was considered desirable.	
3.	**Need for compliance with Biomedical Waste Management rules and standardized waste handling**	The IQAC emphasized the need to align microwave-based pre-treatment with applicable Biomedical Waste Management requirements, including proper segregation and handling of laboratory waste. Standardized practices were considered essential for safe disposal, environmental protection and protection of healthcare workers and the community.	All concerned departments/facilities may be advised to adhere to the prescribed Biomedical Waste Management procedures and applicable Schedule I requirements for waste segregation, pre-treatment and disposal. Appropriate instructions and monitoring mechanisms may be put in place.
4.	**Need for coordinated implementation, monitoring and record maintenance**	The IQAC identified the need for clear responsibility and monitoring of the microwave-based pre-treatment process so that operational continuity, maintenance, monitoring and documentation are ensured.	The concerned Hospital Administration/BMWM Cell and participating laboratories may coordinate the operation, monitoring and record maintenance of the microwave pre-treatment process. Necessary compliance may be periodically reviewed and gaps, if any, addressed.

The meeting ended with a vote of thanks to all attendees.

Dr. R. K. Harsvardhan
Member Secretary, S&BMWMC & HoD, Hospital Administration

Dr. R. S. K. Mark
Head, Department of Microbiology

Dr. Amita Aggarwal
Head, Department of Clinical Immunology & Rheumatology

Dr. Seema Kashyap
Head, Department of Pathology

Dr. U. C. Ghoshal
Head, Department of Gastroenterology

Dr. Amit Goel
Head, Department of Hepatology

Dr. Rajesh Kashyap
Head, Department of Hematology

Dr. Vijayalakshmi Bhatia
Head, Department of Endocrinology

Dr. Prashant Agarwal
Nodal Officer, 24 Hours Lab

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MINUTES OF MEETING

Sub.: IQAC meeting regarding strengthening of Minor Operation Theatre services at Apex Trauma Centre, reg.

With regard to the subject mentioned as above, a meeting of the Internal Quality Assurance Cell (IQAC) was convened on 05-03-2024 at 11:00 AM to identify the requirements and quality-related needs for commissioning the Minor Operation Theatre (OT) at Apex Trauma Centre. The meeting focused on ensuring readiness of infrastructure, equipment, manpower and supporting resources for safe, efficient and timely delivery of minor operative services.

Following members participated in the meeting:

1. Dr. R. Harsvardhan, Addl. Medical Superintendent, ATC & HoD, Hospital Administration, SGPGIMS
2. Mr. V. C. Lal, Nursing Officer, Minor OT In-charge, Apex Trauma Centre
3. Prof. Arun K. Srivastava, Chief, ATC
4. Dr. Anmol Jain, Senior Resident In-charge, Department of Hospital Administration
5. Mrs. Mithlesh K. Lal, Nursing Superintendent, ATC

Objective of the meeting was:

1. To identify the requirements and available resources necessary for proper functioning and timely commissioning of the Minor Operation Theatre at Apex Trauma Centre.

The following were the salient points discussed:

SL. No.	Need Identified	Discussion / Rationale	Plan of Action
1.	**Need to ensure functional readiness of the Minor Operation Theatre**	The IQAC identified the need to ensure that the Minor OT is adequately prepared and functionally ready before commencement of services. A systematic assessment of the requirements essential for safe and efficient functioning was considered necessary.	A comprehensive assessment of the Minor OT may be undertaken to identify all essential requirements for proper functioning, including equipment, instruments, infrastructure and other operational needs. The identified requirements may be compiled for necessary action and timely commissioning.
2.	**Need for assessment and optimal utilization of available resources**	The IQAC emphasized the need to assess the resources already available within the institution/ATC before commissioning the Minor OT, so that available	A thorough evaluation of the resources currently available for the Minor OT may be conducted.

		infrastructure, equipment and manpower can be appropriately utilized and gaps can be identified.	Any shortages, deficiencies or gaps requiring immediate redressal may be identified and communicated to the concerned authorities for necessary action.
3.	**Need for adequate equipment, instruments and infrastructure**	The IQAC discussed that availability of appropriate equipment, surgical instruments and supporting infrastructure is essential for safe and effective Minor OT functioning. Infrastructure-related deficiencies, if any, should be addressed before commencement of services.	The detailed requirements of equipment, instruments and infrastructure may be assessed and a requirement list prepared. Necessary procurement, provision or upgradation may be initiated on priority to facilitate commissioning of the Minor OT.
4.	**Need for adequate staffing and operational support**	The IQAC identified the need to ensure availability of appropriate human resources and operational support for efficient functioning of the Minor OT. Roles and responsibilities of concerned personnel should be appropriately coordinated.	The requirement of nursing, technical and other supporting manpower may be assessed, and necessary staffing arrangements may be coordinated by the concerned authorities to facilitate smooth commissioning and functioning of the Minor OT.

The meeting concluded with the decision that the identified requirements may be assessed and necessary action initiated on priority to facilitate timely commissioning of the Minor Operation Theatre and ensure safe, efficient and quality patient care.

The meeting ended with a vote of thanks to all attendees.

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Mr. V. C. Lal
Nursing Officer, Minor OT In-charge, Apex Trauma Centre

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Dr. Anmol Jain
Senior Resident In-charge, Department of Hospital Administration

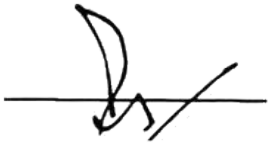
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Mrs. Mithlesh K. Lal
Nursing Superintendent, ATC



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Prof. Arun K. Srivastava
Chief, ATC



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Dr. R. Harsvardhan
Prof. Incharge/ Nodal Officer & Head IQAC