

Form - IV

(See rule 13)

ANNUAL REPORT -2021

[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)	Dr. Ravi Kiran Mudunuri
	(ii) Name of HCF or CBMWTF	CARE Hospital – Hi-Tech City
	(iii) Address for Correspondence	Old Mumbai High- Way, Near Cyberabad Police Commissionerate, Gachibowli, Hyderabad, Telangana – Inida- 500032
	(iv) Address of Facility	Old Mumbai High- Way, Near Cyberabad Police Commissionerate, Gachibowli, Hyderabad, Telangana – Inida- 500032
	(v) Tel. No, Fax. No	040-33623774
	(vi) E-mail ID	dr.ravikiran.mudunuri@carehospitals.com
	(vii) URL of Website	http://www.carehospitals.com/
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	(Private)
	(x). Status of Authorisation under the Bio-Medical Waste: (Management and Handling) Rules	Authorisation No.: TSPCB/BMWA/RR-I-2388609 / HO/ 2021 -1978
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 31/03/2022
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds:220
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Not Applicable
	(iii) License number and its date of expiry	Authorisation No.: TSPCB/BMWA/RR-I-2388609 / HO/ 2021 -197828 / 10 / 2020 & 31/03/2022
3.	Details of CBMWTF	-NA



		(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																																																
		(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	NA																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 2011 Kgs / month																																																
			Red Category : 2437 Kgs / month																																																
			White: 94 Kgs / month																																																
			Blue Category : 289 Kgs / month																																																
			General Solid waste: 3600 Kgs/ month																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility :	Size : 2.25M X 5.2																																																	
		Capacity : One day waste generation																																																	
		Provision of on-site storage : Closed rooms -03																																																	
	disposal facilities		<table><tr><th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg/day</th><th>Quantity treated or disposed in kg per annum</th></tr><tr><td>Incinerators</td><td></td><td></td><td></td></tr><tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr><tr><td>Autoclaves</td><td></td><td>-</td><td>NA</td></tr><tr><td>Microwave</td><td></td><td></td><td></td></tr><tr><td>Hydroclave</td><td></td><td></td><td></td></tr><tr><td>Shredder</td><td></td><td></td><td></td></tr><tr><td>Needle tip cutter or destroyer</td><td></td><td>-</td><td>NA</td></tr><tr><td>Sharps encapsulation or concrete pit</td><td></td><td>-</td><td>NA</td></tr><tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr><tr><td>Chemical disinfection:</td><td></td><td>-</td><td>NA</td></tr><tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr></table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves		-	NA	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		-	NA	Sharps encapsulation or concrete pit		-	NA	Deep burial pits:				Chemical disinfection:		-	NA	Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorize 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	One	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	NA	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	GJ Multiclave	
	(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	Will discuss about compliance to BMW disposal and its handling in Hospital hasl Infection Control Committe to .	
7	Details trainings conducted on BMW	BMW 2016 rules and hospital policy on waste disposal/ Needle stick injury policy	
	(i) Number of trainings conducted on BMW Management.	30	
	(ii) number of personnel trained	All nursing, HK and new joiners (290)	
	(iii) number of personnel trained at the time of induction	All new Joiners	
	(iv) number of personnel not undergone any training so far	Nil	
	(v) Whether standard manual for training is available?	Yes	
	(vi) any other information)	No	
8	Details of the accident occurred during the year	Needle Stick Injuries : 3 Sharp injury-02	
	(i) Number of Accidents occurred	Nil	
	(ii) Number of the persons affected	Nil	
	(iii) Remedial Action taken (Please attach details if any)	Staff has been provided with treatment as per hospital policy. Root Cause Analysis done and presented to HIC committee. Mandatory Induction for new staff and continuous training for all the staff especially HK personnel and Nursing staff..	
	(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	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes
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)	NA

Certified that the above report is for the period from Jan 2021 to Dec 2021

Name of the Head of the Institution: **Dr. Ravi Kiran Mudunuri**

Signature: *M. Ravi Kiran*

Date: 26.03 .2022

Place: Hyderabad- Gachibowli



FORM - I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : No Major accidents, minor needle stick injuries in
Jan21, Feb21, March 21, June 21 and Oct 21.
2. Type of Accident : Minor needle stick injuries
- 3.
4. Sequence of events leading to accident : While handling needles
5. Has the Authority of been informed immediately: Yes
6. The type of waste involved in accident : While handling the needle, not at the time of
handling Bio medical waste .
7. Assessment of the effects of the accidents on : Nil
human health and the environment :
8. Emergency measures taken : Yes
9. Steps taken to alleviate the effects of accidents: Showed in ER First aid provided and also done all
necessary investigations.
10. Steps taken to prevent the recurrence of such : Discussing in HIC committee & Training to the staff
an accident :
11. Does you facility has Emergency Control : Yes, needle stick injury policy
policy? If yes, give details :

Date : 26.03.2022

Place : Hyderabad



Signature: *M. Ravi Kiran*

Designation: Hospital Chief Operating Officer

