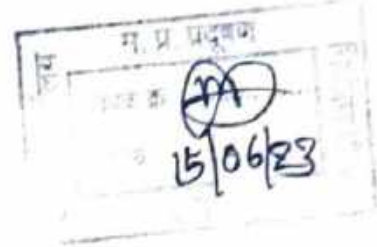


दिनांक 14.06.2023

श्रीमान प्रभारी अधिकारी
क्षेत्रीय कार्यालय
म0प्र0 प्रदूषण नियंत्रण बोर्ड
इन्दौर म0प्र0



विषय :- परिसंकटमय एवं अन्य अपशिष्ट के तहत वार्षिक रिपोर्ट कि अनुपालना।
आय. सी. 6/मांठ - 23/52

महोदय,

परिसंकटमय एवं अन्य अपशिष्ट के लिये वर्ष 2022-2023 की वार्षिक रिपोर्ट आपके कार्यालय को फार्म 04 में प्रेषित कि जा रही है एवं आनलाईन भी अपडेट कि जा रही है।

धन्यवाद।

कृते - कनविनीयंट हास्पिटल्स लिमीटेड, इन्दौर

fr
14/6/23

मिलींद आयाचित
व0प्र0कार्मिक
संलग्न :-



1. फार्म नं 04

CIN: U85110MP1993PLC007654

overcare group

CARE CHL Hospitals, Indore. A-11 Road No. 2, Near L.I.O. Square, Madhya Pradesh - 452 008 Tel: 0731 417 4444, 81526 10000

Registered Office: 46-3-248/7 Road No. 1, Banjara Hills, Hyderabad - 500 034, Telangana

Corporate Office: 46-2-120/8/10, 1st Floor, Kalmor Building, Road No. 2,

Banjara Hills, Hyderabad - 500 034, Telangana



E: info@carehospitals.com
W: www.carehospitals.com

**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 (CBMWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Dhananjay Kumar
	(ii) Name of HCF or CBMWTF	:	CARE CHL Hospitals – Indore (A Unit of Convenient Hospitals Limited)
	(iii) Address for Correspondence	:	A B Rd, Near LIG Square, RSS Nagar, Indore, Madhya Pradesh, Indore – 452008
	(iv) Address of Facility	:	A B Rd, Near LIG Square, RSS Nagar, Indore, Madhya Pradesh, Indore – 452008
	(v) Tel. No, Fax. No	:	0731 4774444
	(vi) E-mail ID	:	dhananjay.kumar@carehospitals.com
	(vii) URL of Website	:	https://www.carehospitals.com/indore
	(viii) GPS coordinates of HCF or CBMWTF	:	--
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: COW-1100427 Dt. 17.11.2021 Valid up to 31.05.2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.05.2024
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	CCA No: AWHB – 54791 Valid up to: 31-05-2024
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																																																
	(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: 16413 kg/annum Red Category: 603 kg/annum White: 3027 kg/annum Blue Category: 2615 kg/annum General Solid waste: 10871 kg/annum																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 1.05M * 1.05M Capacity : Each day 500 KG (0.5m3) Provision of on-site storage: (cold storage or any other provision) The Biomedical waste is stored in color coded bins in proper ventilated area for not more than 48 hours																																																
	disposal facilities		<table border="1"> <thead> <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> </thead> <tbody> <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></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></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></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></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum																																																
Incinerators																																																			
Plasma Pyrolysis																																																			
Autoclaves																																																			
Microwave																																																			
Hydroclave																																																			
Shredder																																																			
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.	:	NA																																																

	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA (Outsourced)
	(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	:	Hoswin Incinerator Pvt. Ltd. Sector – F, Sanwer Road, Industrial Area, M. P.
	(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
7	Details trainings conducted on BMW		19 Classes
	(i) Number of trainings conducted on BMW Management.		227
	(ii) number of personnel trained		17
	(iii) number of personnel trained at the time of induction		As per Process
	(iv) number of personnel not undergone any training so far		--
	(v) whether standard manual for training is available?		--
	(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)		NIL
	(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?		Outsourced
	Details of Continuous online emission monitoring systems installed		Outsourced

10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
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	:	NIL

Certified that the above report is for the period from June 2022 to Dec 2022

Name and Signature of the Head of the Institution

Date: 14/06/23

Place Indore

FORM - 1
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident
2. Type of Accident
3. Sequence of events leading to accident
4. Has the Authority of been informed immediately:
5. The type of waste involved in accident
6. Assessment of the effects of the accidents on human health and the environment
7. Emergency measures taken
8. Steps taken to alleviate the effects of accidents
9. Steps taken to prevent the recurrence of such an accident
10. Does you facility has Emergency Control policy?
If yes, give details

: NIL - (NO accidents between 01/07/22 - 31/03/23)

: - NIL -

: - NIL -

Date : 04/04/23

Place : Gauri CHL Hospital Indore
Near G.I.G. Square A.B.
Road, M.P.

Signature : 

Designation : Infection Control Officer

HIC COMMITTEE MEETINGS MINUTES

DATE : 06.2.23
VENUE : AUDITORIUM
TIME: 12:00 TO 1:00PM

S. N.	Committee Members	Role	Designation
•	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
•	Dr. Sonal Goyal	Vice - Chairperson	Clinical Microbiologist & Infection Control Officer
•	Sr. Teena Lalli	Convener	Chief Infection Control Nurse
•	Dr. Manish Porwal	Member	Chief Cardiac Surgeon
•	Dr Rajesh Kukreja	Member	OT Committee chairperson & CSSD Incharge
•	Dr. Archana Mahajan	Member	Chief Quality Officer
•	Dr. Govinda Ajmera	Member	Head -Pharmacy & Chief Clinical Pharmacist
•	Sr Deepa Thomas	Member	Infection Control Nurse
•	Sr. Janet Das	Member	Infection Control Nurse
•	Sr Sheeba Abraham	Invite Member	CTVSI ncharge
•	Sr Beena Gotre	Invite Member	ICCU Incharge

LAST MEETING MINUTES REVIEW:

THE LAST MEETING MINUTES WERE REVIEWED BY ALL THE COMMITTEE MEMBERS AND WERE FOUND TO BE SATISFACTORILY CLOSED.

CURRENT MEETING AGENDA:

A. THE HAI INDICATORS FOR THE MONTH OF JANUARY 2023 WERE DISCUSSED WITH THE COMMITTEE MEMBERS IN THIS MEETING.

B. THE OCCURENCE OF THE FOLLOWING HAI INDICATORS WERE DECIDED :-

- HIC MONTHLY INDICATORS : CAUTI : 2
CLABSI : 1

SSI : 2

VAP : 0

- Hand Hygiene Compliance - 69.19%
- Needle Stick Injury- 0
- Bed Sore -0
- Bio-medical waste management
- **Bio-medical waste management**
- The waste is not being segregated as per the protocol.

Corrective Action:

- Continuous Surveillance

HIC MONTHLY INDICATORS

CAUTI-

DISCUSSION: Two CAUTI were presented in details as enclosed by HIC Convenor / HIC Incharge Nurse. It was inferred that it's a CAUTI.

RCA: Aseptic non touch technique at the time of insertion.

Hand Hygiene 7 steps & 5 moments

CAUTI CARE BUNDLE

Corrective Action:

- Effective implementation on Proper Techniques for catheter insertion.
- Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training.

CLABSI-

DISCUSSION: one CLABSI were presented in details as enclosed by HIC Convenor / HIC Incharge Nurse. It was inferred that it's a CLABSI.

RCA: Aseptic non touch technique at the time of insertion.

Hand Hygiene 7 steps & 5 moments

CLABSI CARE BUNDLE

Corrective Action:

Effective implementation on Proper Techniques for Central line insertion.

Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training.

SSI -

DISCUSSION: Two SSI was presented in details as enclosed by HIC Convenor / HIC Incharge Nurse. It was inferred that it's a SSI.

RCA: Aseptic non touch technique at the time of insertion.

Hand Hygiene 7 steps & 5 moments

SSI CARE BUNDLE

Corrective Action:

- iii) Effective implementation on Proper Techniques for Proper dressing
- iv) Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training.

Hand Hygiene Compliance Hospital Wide – 69.19%

This month is very low than previous month overall, still it can be further improved.

The HIC team is continuously increasing its hand hygiene compliance activities, specifically targeting nurses and the newer staff.

RCA- inadequate awareness among healthcare workers and poor hand washing practices.

A lack of academic training is another factor that contributes to a reduction in the level of knowledge of health care workers, especially novices.

Consequently, training healthcare workers on proper hand washing methods with reminder posters can significantly improve their awareness of and knowledge of hand hygiene.

Corrective action - designing educational programs will play an essential role in increasing healthcare workers' attention and positive attitude regarding hand washing practices and standardizing health behaviors to increase hand hygiene.

The Chairperson thanked all members for their presence and concluded the meeting at

Minutes Prepared by: Sign & date: *[Signature]*
 Minutes Reviewed by: Sign & date: *[Signature]*
 Minutes Approved by: Sign & date: *[Signature]*

CHL Hospitals Indore
Meeting Agenda & Attendance



Committee: HIC Committee

Venue: Auditorium

Date: 6/12/23

Time: 12 Pm.

Agenda: HIC Indicator.

- 1 CAUTI - 2
- 2 SSI - 2
- 3 CLABSI - 1
- 4 BIO-MEDICAL WASTE

Attendees :

S.No	Name	Designation	Signature
1.	Dr Nikhilesh Jain	Intensivist	
2.	Dr. Keshari Agrawal	Intensivist	
3.	Dr. Sonal Goyal	Nurse in charge	
4.	Dr. Anshu Singh	Nursing Superintendent	
5.	Jashvee Singh Rathore	Clinical instructor	
6.	Dr. Anshu Malhotra	CPO	
7.	Pragya Mishra	Quality nurse	
8.	Shubh Shekhar	IT	
9.	Sunil Kumar	Bio-medical engineer	
10.	Seema T	CCU	
11.	Hemlata Verma	ICU	
12.	Dr. Anshu Malhotra	CCU	
13.	Dr. Anshu Malhotra	ICU	
14.	Tejvi Sahu	ICU	

HIC COMMITTEE MEETINGS MINUTES

DATE : 02.09.22
VENUE : AUDITORIUM
TIME: 12:00 TO 1:00PM

S. N.	Committee Members	Role	Designation
•	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
•	Dr. Sonal Goyal	Vice - Chairperson	Clinical Microbiologist & Infection Control Officer
•	Sr. Teena Lalli	Convener	Chief Infection Control Nurse
•	Dr. Manish Porwal	Member	Chief Cardiac Surgeon
•	Dr Rajesh Kukreja	Member	OT Committee chairperson & CSSD Incharge
•	Dr. Archana Mahajan	Member	Chief Quality Officer
•	Dr. Govinda Ajmera	Member	Head -Pharmacy & Chief Clinical Pharmacist
•	Ms. Phool Kumari	Member	Nursing Superintendent
•	Sr Deepa Thomas	Member	Infection Control Nurse .
•	Sr Sheeba Abraham	Invite Member	CTVSI ncharge
•	Sr Beena Gotre	Invite Member	ICCU Incharge

• LAST MEETING MINUTES REVIEW:

THE LAST MEETING MINUTES WERE REVIEWED BY ALL THE COMMITTEE MEMBERS AND WERE FOUND TO BE SATISFACTORILY CLOSED.

CURRENT MEETING AGENDA:

1. THE HAI INDICATORS FOR THE MONTH OF AUGUST 2022 WERE DISCUSSED WITH THE COMMITTEE MEMBERS IN THIS MEETING.

Convenient Hospitals Ltd.

A.B. Road, Near L.I.G. Square, Indore 452 008 • Phone : (0731) 6622222, 2549090
E-mail : info@chlhospitals.com • Website : www.chlhospitals.com • 24 Hours Helpline : (0731) 2547676

• GROUP HOSPITALS AT - INDORE - UJJAIN - RATLAM •

For OPD Appointments & Home Blood Sample Collection, please call (0731) 6621111 [10.00 AM - 8.00 PM]

BIO-MEDICAL WASTE MANAGEMENT

Observation regarding cleaning & disinfection protocols
It was observed the bags given for disposal are small.

The housekeeping staff is not using heavy duty gloves during handling BMW.

CORRECTIVE ACTION AND PREVENTIVE ACTION:

- Training to HK staff handling BMW of patients to wear Heavy duty gloves and other PPE,s while handling BMW.

B. THE OCCURENCE OF THE FOLLOWING HAI INDICATORS WERE DECIDED :-

- HIC MONTHLY INDICATORS :
 - SSI -2
 - CAUTI - 1
 - Hand Hygiene Compliance
- HAI
 - SSI 1st case 1082022S-

DISCUSSION: SSI were presented in detail as enclosed by HIC Convenor / HIC Incharge Nurse. It was inferred that it's a SSI.

RCA: The pedical screw was brought from outside.

Post surgery dressing was done outside.

Corrective Action:

- The outside implants will be autoclaved in our CSSD and will then be used.
- Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training.

SSI 2nd case 2082022S-

DISCUSSION: SSI were presented in detail as enclosed by HIC Convenor / HIC Incharge Nurse. It was inferred that it's a SSI.

Convenient Hospitals Ltd.

A.B. Road, Near L.I.G. Square, Indore 452 008 • Phone : (0731) 6622222, 2549090
E-mail : info@chlhospitals.com • Website : www.chlhospitals.com • 24 Hours Helpline : (0731) 2547676
• GROUP HOSPITALS AT - INDORE - UJJAIN - RATLAM •

For OPD Appointments & Home Blood Sample Collection, please call (0731) 6621111 [10.00 AM - 6.00 PM]

CA: The implant was brought from outside.

Corrective Action:

- The outside implants will be autoclaved in our CSSD and will then be used.
- Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training.

CAUTI -

DISCUSSION: One CAUTI was presented in detail as enclosed by HIC Convenor / HIC Incharge Nurse . It was inferred that it's a CAUTI.

RCA: Aseptic non touch technique at the time of insertion.

Hand Hygiene 7 steps & 5 moments

CAUTI CARE BUNDLE

Corrective Action:

- Effective implementation on Proper Techniques for Foley's insertion.
- Continuous Surveillance (Hand hygiene & use of Maintenance Bundle care checklist).

Responsible Person: HIC Nurse & ICU Incharge

Timeframe: One Month & Continuous surveillance & training

- **Hand Hygiene Compliance Hospital Wide - 86.75%**

This month is slightly higher than previous month overall, still it can be further improved.

The HIC team is continuously increasing its hand hygiene compliance activities, specifically targeting nurses and the newer staff.

The Chairperson thanked all members for their presence and concluded the meeting at

Minutes Prepared by: Sign & date:..... *Halli*

Minutes Reviewed by: Sign & date:..... *Soual*

Minutes Approved by: Sign & date:..... *Halli*

CHL Hospitals Ltd.

A.B. Road, Near L.I.G. Square, Indore 452 008 • Phone : (0731) 662222, 2549090
E-mail : info@chlhospitals.com • Website : www.chlhospitals.com • 24 Hours Helpline : (0731) 2547676

• GROUP HOSPITALS AT - INDORE - UJJAIN - RATLAM •

For OPD Appointments & Home Blood Sample Collection, please call (0731) 6621111 [10.00 AM - 6.00 PM]

CHL Hospitals Indore
MEETING AGENDA & ATTENDANCE

Committee: HIC

venue: Auditorium

Date: 2/9/22

Time: 12 Noon

AGENDA:

1. ① CAUTI
2. ② SSI
3. ③ BMW MANAGEMENT

ATTENDEES:

No	Name	Designation	Signature
1	Dr. Nikhilesh Jain	Intensivist	
2	Dr. R. Venkatesh	Chairman C.T. Committee	
3	Dr. Govinda Agrawal	Head Pharmacy	
4	Dr. Phoolchand Kumar	NIS	
5	Dr. Sandeep Goyal	Microbiologist	
6			
7			
8			
9			
10			
11			
12			
13			
14			

CHL Hospitals Indore
Meeting Agenda & Attendance



Committee: HIC

Venue: HIC Room

Date: 22/9/22

Time: 8:30 Am

Agenda:

1. Observations Regarding cleaning & Disinfection protocols.
2. To start Night cleaning and disinfection protocols in pathology and Blood Bank.
3. Sunday's Deep cleaning protocols & BMW Management.

Attendees:

S.No	Name	Designation	Signature
1	Raman Sahu	Supervisor	[Signature]
2	SANDHYA CHAKRA	MANAGER HK	[Signature]
3	Arnul Kataria	Manager HK	[Signature]
4	Uendra Kuchwaha	Super visor	[Signature]
5	Ajda Bansal	Supervisor	[Signature]
6	Deepika Anand	Supervisor	[Signature]
7	Javed Khan	H.K In charge	[Signature]
9	Stella M		[Signature]
10	Teena Lalli	C-ICN	[Signature]

Minutes

S.No	Discussed Points	Deficiencies Found	CAPA
1.	Observation's Regarding cleaning & disinfection practices are not in place.	① No training's are done by HK Supervisor to their HK staff. ② No strong observation of work and disinfection protocols.	Re-training and re-enforcement of the policy Implementation
2.	Night deep cleaning and disinfection protocols to re-start in Blood Bank and pathology.	③ HK Supervisors are not doing briefing of the staff. ④ HK staff posted in night for Blood Bank & pathology is very old and not coming on duty & and not doing is work.	① HK staff shifted to Morning Shift in other dept. ② Night HK Manager has taken responsibility to get the work done as per protocols.

1
Thalli