

DATE: 20.06.2023

TO,

The Environmental Engineer
Regional Office,
TSPCB Hyderabad.

Subject :- Annual Report Submission (Form - IV).

Dear Sir,

Please Find The Enclosed Annual Report Of Bio Medical Waste Management at CARE Hospitals, Road no 1, Banjara Hills, Hyderabad For The Period Of January 2022 to December 2022 in form IV

Thanking you,

With Regards,

Mr. Nilesh Gupta
HCOO
Care Hospitals



QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

evercare group

CARE HOSPITALS

Banjara Hills: 6-3-248/2, Road No.1, Hyderabad - 500034, Telangana. T: (040)-61656565, F: (040)-30418488
Banjara Hills - CARE Outpatient Centre: Road No.10, Hyderabad - 500034, Telangana. T: (040)-61656565, F: (040)-39310140
E: info@carehospitals.com | W: carehospitals.com

REGISTERED OFFICE

H.No: 6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500034, Telangana
T: (040)-30418488, (040)-29234444 | F: 040-30416488 |
E: info@carehospitals.com | W: carehospitals.com

CORPORATE OFFICE

H.No. 8-2-120/66/10, 1st Floor, Kojimoor building, Road No. 2, Banjara hills,
Hyderabad - 500 034, Telangana
T: (040)-61806565 | E: info@carehospitals.com | W: 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 (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	M/S CARE HOSPITAL (A unit of quality care India Ltd)
	(ii) Name of HCF or CBMWTF	:	Care Hospitals
	(iii) Address for Correspondence	:	H NO- 6-3-248/2 Rd Number 1, Prem Nagar, Banjara Hills, Hyderabad, Telangana 500034
	(iv) Address of Facility	:	H NO- 6-3-248/2 Rd Number 1, Prem Nagar, Banjara Hills, Hyderabad, Telangana 500034
	(v) Tel. No, Fax. No	:	040-30418888
	(vi) E-mail ID	:	subhendu.chakraborty@carehospitals.com
	(vii) URL of Website	:	http://www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude : 17.41321 Longitude : 78.450202
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 208-HYD/TSPCB/ZOH/HCF/CFO/2022-2108 Valid up to : 31.03:2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03:2027
2.	Type of Health Care Facility	:	Tertiary Health Care Facility
	(i) Bedded Hospital	:	No. of Beds: 414
	(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	:	-
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 : 50183.77 Kg / Annum Red Category : 51187.4 Kg/ Annum White: 1064.5 Kgs/ Annum Blue Category : 1328.6 Kg/Annum General Solid waste: 107124.66 Kg/Annum																																				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																						
	(i) Details of the on-site storage facility	:	Size : 80 Sq ft Capacity : 0.3 Cu. Meter Provision of on-site storage : (The bio medical waste is stored in designated Storage room):																																				
	disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment</th> <th>No of units</th> <th>Capacity Kg</th> <th>Quantity of equipment treated or disposed per day in kg</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pyrolysis Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave 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 Sharps encapsulation or pit</td> <td></td> <td></td> <td>destroyer -concrete</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	No of units	Capacity Kg	Quantity of equipment treated or disposed per day in kg	Incinerators Plasma				Pyrolysis Autoclaves				Microwave Hydroclave				Shredder				Needle tip cutter or Sharps encapsulation or pit			destroyer -concrete	Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(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	:	01
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where Generated disposed Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ Multichave (India) Pvt. Lt. Sy. No. 179 & 181, Edulapally (V), Nandigam, Shad Nagar Rangareddy Telengana.
	(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		Bio Medical Waste related issues are discussed in Hospital Infection Control Committee.
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		24
	(ii) number of personnel trained		1200
	(iii) number of personnel trained at the time of induction		240
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		Nil
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.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		

10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	STP & ETP for hospital waste water treatments available in HCF and periodically its been tested and ensured that it is meeting the standards.
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)

Certified that the above report is for the period from January 2022 to December 2022



Name and Signature of the Head of the Institution

Date: 20.06.2023

Place: HYDERABAD

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

ACCIDENT REPORTING

1. Date and Time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of been informed immediately : NIL
5. The type of waste involved in accident : NIL
6. Assesment 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 :

Date : 20.06.2023

Place : HYDERABAD

Signature :

Designation : HCOO



**The Institute of Medical Sciences
Banjara hills
Minutes of Hospital Infection Control Committee (HICC) Meeting
Held on 20th, 21st May 2022**

From: Chairperson

To: All Concerned

Minuted on – 28th May 2022

AGENDA:

1. Review of minutes of previous meeting.
2. Infection Control data presentation by Infection Control Nurse.
3. Any other point with the consent of the Chairperson.

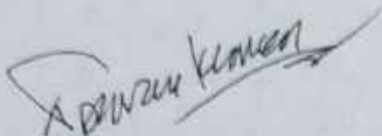
S.no	Members	Designation	Attendance
1.	Dr. Pavan Kumar	Head of critical care	Present
2.	Dr Jhansi Vani & Dr Mamatha	Microbiologist	Present
3.	Dr.Praveen Kumar	DMS	Present
4.	Dr. Shobhit Kumar	AMS	Present
5.	Dr Abdul Nafeh	Head Operations	-
6.	Mr. Sandeep	AGM - COPC	Present
7.	Ms. Sujatha	NS	Present
8.	Dr. Dipali	Head Quality & Team	Present
9.	Dr. Vidya Sagar & team	Clinical pharmacist	Present
10.	Ms. Swapna	Nursing Manager-COPC	Present
11.	Dr.Jahan	Quality Manager	Present
12.	Ms. Sarah	ICN	Present
13.	Ms. Anitha	ICN	Present
14.	Ms. Reeja & team	Quality Nurse	Present
15.	Co-opted members: Mr.Suresh.P, Mr.Suresh, Dr.Nitish,		

Ms.Ateera Mr Anjani Kumar (Head Hospitality)		
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Minutes of the Meeting:

S. No	Criteria	Point Discussed	Responsibility & target date
1.	HIV test	HIV test to be included only in pre-employment check-up for clinical staff and not in the annual health check-up	HR
		<ul style="list-style-type: none"> Patients HIV test counselling to be done by the surgeons and for the medical cases doctor prescribing the test to do the counselling. For pre-employment HIV test, internal medicine consultant to counsel the staff. Blood samples to be drawn only after the consent is taken from the patient. HIV and surgical consent form to be made available in the cabins of the surgeon(s) to ensure its effective implementation 	MS/ COPD- Operations Manager
2.	Annual maintenance	The scope of work for the OT maintenance is defined for which schedule needs to be circulated to the concerned.	Administration
3.	Data presentation	<p>The following points to be included in dialysis presentation:</p> <ul style="list-style-type: none"> Sero conversion rate. Infection rate including number of time's dialysis has needs to be stopped due to rigours, fever etc. Water testing data. 	Dialysis manager
4.	Carbapenem resistant (XDR) cases	<ul style="list-style-type: none"> Sensitivity reports to be collected from lab on daily basis. 1:1 N.P ratio to be provided for XDR cases. 	ICN
5.	Cardiothoracic department	<ul style="list-style-type: none"> Root cause analysis of the all suspected infections in cardio thoracic to be done & data to be presented to the HICC. To look for the cleaning of reusable items, gauze pieces, ganji pads etc. for RCA of suspected infections. 	ICN
6.	BMW Storage Area	BMW Waste storage area cleaning to be done effectively after collection is done	HK
7.	Hazardous Symbol	Hazardous symbol to be promptly affixed on trolley	HK
8.		<ul style="list-style-type: none"> Department wise prophylactic antibiotic usage data to be presented to the departmental heads. 	Clinical pharmacist & ICN

		<ul style="list-style-type: none">• Prophylactic antibiotic administration time and incision time to be mentioned in surgical safety checklist and anaesthesia form.• Uniform policy to be implemented for the administration of prophylactic antibiotic 1 hour prior to the surgery.	MS & NS
9.	Identification of isolation room	<ul style="list-style-type: none">• Isolation rooms to be identified for ward patients.• Barrier nursing board to be displayed for isolation rooms.	Administration /ICN


Dr. Pavan Kumar Reddy
Chairperson, HICC



The Institute of Medical Sciences
Banjara Hills
INTER OFFICE COMMUNICATION

From: Hospital Infection Control Committee

To: All Concerned

16.12.2022

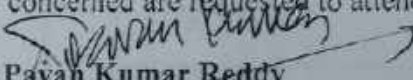
This is to inform you all that a meeting of the Hospital Infection Control Committee (HICC) will be held on:

Day & Date : Friday, 23rd December 2022
Time : 3:00 PM
Venue : Auditorium

The following are the agenda points -

1. Review of minutes of previous meeting.
2. Hand hygiene practices.
3. NSI
4. Antibiotic stewardship and whether higher antibiotic ordering form are in use and trace action taken.
5. Quality indicators, SSI, VAP, CAUTI, CLABSI, phlebitis.
6. Training
7. Biomedical waste disposal as per the statutory norms.
8. Review of CSSD practices.
9. Dialysis indicators.
10. Discussion on inclusion of all notifiable diseases for admission and isolation protocol
11. Biomedical waste covers
12. Culture swabs.
13. Flu vaccine for staff
14. Any other point with the consent of the Chairperson.
15. OT cleaning and disinfection guidelines to be followed as per the infection control manual (If not included it will be prepared by HICC).

All concerned are requested to attend the meeting.


Dr. Pavan Kumar Reddy
Chairperson, HICC

Copy to:

HCOO/MS/Head Operations
All HICC members
All FHAs
All Nurse Incharges

The Institute of Medical Sciences
Banjara hills

Minutes of Hospital Infection Control Committee (HICC) Meeting
Held on 23rd December 2022

From: Chairperson

To: All Concerned

24.12.2022

AGENDA:

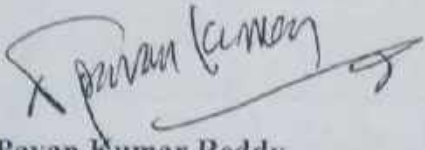
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14. Any other point with the consent of the Chairperson.

S.no	Members	Designation	Attendance
1.	Mr.Nilesh Gupta	HCOO	Present
2.	Dr. Pavan Kumar	Head of critical care	Present
3.	Dr Jhansi Vani	Microbiologist	-
4.	Dr.Praveen Kumar	DMS	-
5.	Dr. Shobhit Kumar	AMS	Present
6.	Dr.Shashikanth	Head Operations	-
7.	Mr. Sandeep	AGM - COPC	-
8.	Ms. Sujatha	NS	-
9.	Dr. Jahan	Quality Manager	-
10.	Dr. Nithish & team	Clinical pharmacist	Present
11.	Mr.Prabhu Kumar Jakka	Head Hospitality	Present
12.	Mr.Srisailam	Dialysis Manager	Present
13.	Ms. Swapna	Nursing Manager-COPC	-
14.	Ms.Anitha	ICN	Present

12) MS. Keeja & team	Quality nurse	Present
Co-opted members:		
Mr. Suresh.P. Mr. Suresh. Ms. Ateera		

S. No.	Criteria	Point Discussed	Responsibility & target date	Action taken	Status
1.	Audit checklist	<ul style="list-style-type: none"> Checklist to be created to audit the leakage of the storage bag in the blood bank Retraining of the staff on storage and discarding of the leaked bags, if any 	ICN	It was discussed with blood bank HOD and there is no such need of checklist for leakage of bags as the bags leak due to lack of inappropriate space for the storage of bags	Closed
2	High-end antibiotics prescription	Complete documentation of prescription to be looked into. In case of non-compliance, concerned department to be spoken	Clinical pharmacist	Audit on the high end antibiotic form is conducted and the concerned stake holder is sensitized for the same and the pharmacy team is informed to escalate to the clinical pharmacist if the high end antibiotic form is found to be incomplete	Closed
3.	Training on transportation	New HK staff shall be trained effectively on transportation, storage and other guidelines to BMW handlers	ICN	Training to all BMW handlers	Closed
4.	Hand hygiene	The hand hygiene audit is being done by the link nurses, which showed improvement, validation yet to be done by Infection control nurses.	Link Nurses/ICN	<ul style="list-style-type: none"> Validation of the data of hand hygiene by link nurses is done by infection control nurse and it is found to be appropriate Infection control nurse to present the same for future reference (Validation) 	Closed
5.	Identification of isolation room	Barrier nursing board to be displayed for isolation rooms.	ICN	Signage has been procured and is in use	Closed

Housekeeping services	It was observed that the cleaning and scrubbing activity in many of the areas is not done as per schedule.	Hospitality head	Scrubbing machine has been procured and is put to use	Closed
Vaccination of staff	Vaccination of the housekeeping staff is not as per the schedule and incomplete.	Hospitality head		Open



Dr. Pavan Kumar Reddy
Chairperson, HICC

