

25-06-2024

To
Regional Office
4th Floor Spoorthi Bhavan,
Hyderabad Collectorate Complex
Telangana Pollution Control Board(TSPCB)
Lakdikapul,
Hyderabad 500004.

Sub: Submission of Annual Report for Biomedical Waste Generation of M/S Guru Nanak Care Hospital Musheerabad, 500020.

We are from Guru Nanak Care Hospital Submitting Annual Report Biomedical waste Generation for the 2023. Kindly acknowledge the same.

Thanking you

Yours Truly
M/ S Guru Nanak Care Hospital,
Musheerabad.


Authorized Signatory



Enclosed Form IV
Form I



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 authorized person (occupier or operator of facility)	:	Dr. MOHD ABDUL NAFEH
	(ii) Name of HCF or CBMWTF	:	GURU NANAK CARE HOSPITAL
	(iii) Address for Correspondence	:	1-4-908/7/1, Musheerabad Main Rd, near Raja Deluxe Theatre, Musheerabad, Bakaram, Kavadiguda, Hyderabad, Telangana 500020
	(iv) Address of Facility	:	Sy No 179 & 181 Edupally (V) Nandigam, Shad Nagar, RR Dist
	(v) Tel. No, Fax. No	:	040 68106589
	(vi) E-mail ID	:	dr.abdulnafeh.mohd@carehospitals.com
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	CBMWTF
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: TSPCB/BWMA/HYD - 3700178 /HO/ 2022 - 592 valid up to 31-03-2032
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-2032
2.	Type of Health Care Facility	:	PRIVATE
	(i) Bedded Hospital	:	No. of Beds: <u>100</u>
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	Reg no.: 07F-APMCE-0058 Expiry Date: 09-09-2024
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	100
	(iii) Installed treatment and disposal capacity of	:	_____ Kg per day

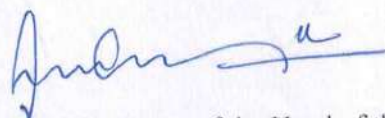
	CBMWTF:																																										
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	<u>45</u> Kg/day																																								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 483 Red Category : 646.6 White: 33 Blue Category : 59.3 General Solid waste: 1816.2																																								
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																										
	(i) Details of the on-site storage facility	:	Size : - Capacity : 0.3 cu meter Provision of on-site storage : (cold storage or any other provision)																																								
	disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/yr</th> <th>Quantity treated or disposed day in kg per annum</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</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave 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/yr	Quantity treated or disposed day 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:			
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	(iii) Quantity of recyclable wastes sold to authorized recycles 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	:	1																																								

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	In c i n e r a t i o n Ash ETP Sludge NA	Quantity Where generated disposed NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ Multiclave (India Private. Limited) Sy No 179 & 181 Edupally (V) Nandigam, Shad Nagar, RR Dist
	(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		
	(i) Number of trainings conducted on BMW Management.		Monthly Once
	(ii) number of personnel trained		80
	(iii) number of personnel trained at the time of induction		80
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(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?		NA
	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?		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

January 2023 to December 2023



Name and Signature of the Head of the Institution

Date: 25-06-2024

Place: Hyderabad



FORM – I
| (See rule 4(o), 5(i) and

15 (2)]ACCIDENT

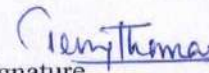
REPORTING

1. Date and time of accident : No incidents
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority been informed immediately : No incidents
5. The type of waste involved in accident : NIL
6. Assessment of the effects of the accidents on human health and the environment: NIL
7. Emergency measures taken : No incidents
8. Steps taken to alleviate the effects of accidents : No incidents
9. Steps taken to prevent the recurrence of such an accident : No incidents
10. Does your facility have an Emergency Control policy? If yes give details:
 - 1) Biomedical waste policy
 - 2) NSI Policy
 - 3) Spill Management Policy
 - 4) Disaster management Policy

Date :25-06-2024

Place: Hyderabad




Signature

NOV-23



INTER OFFICE COMMUNICATION

GURU NANAK CARE HOSPITAL
Musheerabad

Date: - 22/11/2023

From: Infection control committee

This is to inform you all that Hospital infection control committee meeting has been scheduled on 23-11-2023 from 3:00pm to 4:00pm. All are requested to be present.

Agenda:

Discussion on Infection Control Data Presentation for the **Month of October-2023**

A handwritten signature in blue ink, appearing to read "Srilatha".

Dr. Srilatha
HICC Chairperson

A handwritten signature in blue ink, appearing to read "Mohd Abdul Nafeh".

Dr. Mohd Abdul Nafeh
HCOO

ATTENDANCE SHEET

Date: 23/11/2023

Time: 2.30pm

TOPIC: HICC Meeting

No	Name of the Doctor/Associate	Department &/or Associate Code	Signature
1	B. Nagamani	SICU / 30814	Hel...
2	P. D. S. S. S.	micu	L
3	Dr. Sofia	Laboratory Medicine	(875)
4	W. Anand BASU	atm	MA
5	Dr. A. P. Arkan.	L. S. S. S.	AL
6	Dr. Asdul	A. S. S.	A.
7	T. Padma Rani	ER / 28416	C.
8	Kamala Sree	OT / 11343	of
9	Remya	ECU / 17306	R.
10	Ch. S. S. S.	23337 / 30814	W. S. S.
11	J. S. S. S.	10879 / NSG	J. S. S.
12	P. S. S. S.	OT / 36623	P. S. S.
13	P. Belvasari	OT / 32469	P. S. S.
14	K. S. S. S.	HLs 28862	K. S. S.
15			
16			
17			

MINUTES OF MEETING

Minutes of the Hospital Infection Control Committee held on 23rd Nov 2023 in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members

Dr. Surya Prakash, Dr. Srilatha, Dr. Archana, Dr. Imran, Dr. Abdul Nafeh, Ms. Asiya, Ms. Tessy, Mrs. Joamma, Mr. Rajender, Mr. Nageshwar Rao, Ms. Latha, Nursing in charges as Additional Members.

1. Action taken report of previous meeting September 2023 (with actions carried forward)

Agenda Point	Discussed points	Action Taken Report	Process Ownership	Status
RO Plant Cleaning	Discuss on frequency of cleaning RO plant	Cleaning of RO Plant water monthly scheduled shared with maintenance	ICN ,Maintenance HOD	CLOSED
Sterile sets	All the sterile sets to be kept in AC Temperature room	All the sets kept under AC Temperature room & same information given to all incharges	All Nursing incharges and nursing staff ,ICN	CLOSED
Biomedical waste	Proper discarding of iv fluids & urobags in Red Bin	Instructed the nursing staff to follow proper discarding policy (cutting the IV Fluids & Urobags)	All Nursing incharges and nursing staff ,ICN	CLOSED
Biomedical waste area	The area was changed to cellar floor inspection done to check proper guidelines are compiled or not	Audit done by ICN & observation shared with management for improvement	ICN, Hospitality HOD	On Going
IV Sets	Discuss on Standardization of usage of IV Sets training to all the nursing staff	Training given to all nursing staff , policy displayed at all nursing station	ICN,Educator	CLOSED
VAP	Clinical condition of the patient discussed as patient was H1N1 positive	-	ICN	-

2. Discussions: - (October 2023)

No	Agenda Point	Discussed Point	Process Owner	Deadlines
	SSI	Discussed on surgical site infection which caused by taking the Quack treatment at home as strict protocol on follow up on wound care education to be given to post-surgical patients.	ICN	-
2	Employee Engagement	Technicians involvement in all activities related to infection control awareness.	ICN , Quality HOD	On Going
3	Training	Training on Aseptic technique to the nursing staff.	ICN	On Going
4	Accidental removal of tubes	Discuss about high chances of removal of tubes by irritable patients so be more attentive with those patients to prevent such errors.	ICN Nursing Incharges Staff nurses Supervisors	Continuous process.

Prepared by
Tessy Thomas
ICN

Review by
Dr. Srilatha
Chairperson



INTER OFFICE COMMUNICATION

GURU NANAK CARE HOSPITAL
Musheerabad

Date: - 19/07/2023

From: Infection control committee

This is to inform you all that Hospital infection control committee meeting has been scheduled on 20-07-2023 from 3:00pm to 4:00pm. All are requested to be present.

Agenda:

- Discussion on Infection Control Data Presentation for the **Month of June-2023**

Dr. Srilatha
HICC Chairperson

Dr. Mohd Abdul Nafeh
HCOO

[illegible]

MINUTES OF MEETING

Minutes of the Hospital Infection Control Committee held on 20th July 2023 in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members
Dr. Surya Prakash, Dr. Srilatha, Dr. Archana, Dr. Imran, Dr. Abdul Nafeh, Ms. Asiya, Ms. Tessy, Mrs. Jojamma, Mr. Rajender, Mr. Nageshwar Rao, Ms. Latha, Nursing in charges as Additional Members.

1. Action taken report of previous meeting May 2023 (with actions carried forward)

Agenda Point	Discussed points	Action Taken Report	Process Ownership	Status
Cardiac Interventions Patients	Post Cath lab procedure, 4-5 patients were having chills, Informed to ICO asked to do surveillance test	Surveillance test was Done all reports were negative. RCA Done by ICN identify Cleaning solution were not used properly & clinicians suggested that due to contrast usage.	ICN	Closed
Hand Hygiene	New staff training to be given on hand hygiene practices to improve compliance	Training is ongoing	ICN	Closed
Surveillance	Mandatory all ICU's should send surveillance data to prevent infections	Informed to All In charges to send surveillance data.	ICN	Closed

2. Discussions: - (June 2023)

No	Agenda Point	Discussed Point	Process Owner	Deadlines
1	Infection control indicators	There was 1 CAUTI from ICCU reported in the month of June from training has been given to the new staff on the CAUTI Bundle & Hand hygiene practices.	ICN	Immediately
2	MSDS Sheet	A yearly MSDS sheet has been prepared and issued all the departments in bilingual language.	ICN	2 weeks
3	Staff Vaccination	Vaccination to be provided to all new employees	ICN, Logistics	Going on
4	Training	Nursing Educator trained the nursing staff on medication and updated the formulary to improve their knowledge.	Nursing Educator, All nursing in charge, Supervisor	Next month
5	Medication errors	Before administration cross cross-checks the drug to avoid medication errors.	All In charge & staff nurse	Immediately
6	Spill Management	Discussion on spill management among housekeeping staff as new joiners from the housekeeping department was more. Plan of Mock drills of spill management was also discussed.	ICN	-

Prepared by
Tessy Thomas
ICN

Review by
Dr. Srilatha
Chairperson