

To,

### The Environment Engineer

Regional Office
Telangana State Pollution Control Board (TSPCB)

4<sup>TH</sup> Floor, Hyderabad District Collectors Office complex
Nampally, Hyderabad, Telangana 500 001.

Respected Sir,

Reg: Submission of Biomedical waste Annual report Form no IV for the year Jan 2023 – Dec 2023.

We are herewith submitting the Biomedical waste Annual report report. Form no IV for the year Jan 2023 – Dec 2023.

Kindly receive the same and acknowledge please

For Quality Care India Limited (CARE Hospitals, Nampally)

Dr. Samiullah Sarasapalle
Hospital Chief Operating Officer
CARE Hospitals
Nampally, Hyderabad, Telangana 500 001

Enclosure: Form No.4

HICC minutes of the meeting



**QUALITY CARE INDIA LIMITED** 

CIN: U85110TG1992PLC014728

evercare group

CARE HOSPITALS

Exibition Ground Road, Nampally, Hyderabad - 500 001, Telangana T: 040-6719 6565 | F: 040-30417488 | E: info@carehospitals.com | W: carehospitals.com

REGISTERED OFFICE

H.No. 6-3-248/2, Road No.1, Banjarahills, Hyderabad - 500 034, Telangana T: 040-30418888, 040-23234444 | F: 040-30418488 E: info@carehospitals.com | W: carehospitals.com **CORPORATE OFFICE** 

H.No. 8-2-120/86/10, 1st Floor, Kohinoor 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 30<sup>th</sup> 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. S Sami HCOO		
	(ii) Name of HCF or CBMWTF	:	Care Hospitals Nampally Hyderabad -500001		
	(iii) Address for Correspondence	:	5-4-199, J.N Road, M.J Market, Nampally, Hyderbad - 500001		
	(iv) Address of Facility		5-4-199, J.N Road, M.J Market, Nampally, Hyderbad - 500001		
	(v)Tel. No, Fax. No	:	040-67106565		
	(vi) E-mail ID	:	Cnm.hcoo@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 of Semi Govt. or any other)		
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.:  208-HYDTSPCB/ZOH/TS- iPASS/HCF/CFO2023-44valid up to 31/3/2026		
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:31/3/2026 Every month ambient air quality & water analysis reports submitted.		
2.	Type of Health Care Facility	:	Private		
	(i) Bedded Hospital	:	No. of Beds: 305		
	(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		07F-APMCE-00093 date of Expiry - 18.12.2024		
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:	:	<u>NA</u>		

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF				<u>NA</u>				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			:	Yellow Category : 1516 Kg				
					Red Cate	egory:	711 Kg		
					White: 1	17.86 k	g		
					Blue Cat				
						Solid waste: 3404.75 kg		04.75 kg	
5	Details of the Storage, treatment, transportation, proces								
	(i) Details of the on-site storage : facility	: Size : 6'X6.3" each room(3 rooms)  Capacity : 150 Bags in each room							
								1 11 2	
			Provision of on-site storage: with in those 3 rooms and Bio medical waste is cleared on a daily basis						
	disposal facilities			of tre	atment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum	
			Incinerators Plasma Pyrolysis				aman		
	Aut								
			Microwave						
		Hydroclave							
			Shredder Needle tip cutter or						
			destr	oyer	cutter or		-		
			Sharps encapsulation or		on or				
				rete pi					
				buria					
		19 (19)	Chen	nical					
	disin								
			Any other treatment equipment: BY G.J.Multiclave (India) Pvt. Ltd.						
	(iii) Quantity of recyclable wastes : NA as				CHIPAGHI CHIPAGHI	viuiticlave	e (India)	PVt. Ltd.	
	sold to authorized recyclers after treatment in kg per annum.		1121 45	Juiso	urceu				
		7	2 vehicl rs09UC rs06UA	2908 8325			1		
			ntingencie		d. cle deta				



	(v) Details of incineration ash and		Quantity Where
	ETP sludge generated and disposed		generated disposed
	during the treatment of wastes in Kg		Incineration
PAT .	per annum		Ash
			ETP Sludge
	(vi) Name of the Common Bio-	:	EQV-MORITOR BUT
	Medical Waste Treatment Facility		G.J. Multiclave (India) Pvt. Ltd., Survey No 179
	Operator through which wastes are		Mothkulagudam village Nandigama Mandal,
	disposed of		Ranga Reddy District, Telangana 509216
	(vii) List of member HCF not handed		NA
1 3	over bio-medical waste.		
6	Do you have bio-medical waste		YES (Annexure -6 attached )
	management committee? If yes, attach		
	minutes of the meetings held during	8 7	
	the reporting period		
7	Details trainings conducted on BMW		Annexure -7 attached
	(i) Number of trainings conducted on		15
1 - 1	BMW Management.		
	(ii) number of personnel trained		243
	(iii) number of personnel trained at		85
	the time of induction		
	(iv) number of personnel not		0
	undergone any training so far		
	(v) whether standard manual for		YES
	training is available?		
	(vi) any other information)		1. Regular Bedside training by ICN,
			2. Monthly Induction training,
0	Dati Cala il a		3. Refresher training for Housekeeping staff.
8 .	Details of the accident occurred		NIL (Annexure -8)
1	during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
1.3	(iii) Remedial Action taken (Please		NIL
	attach details if any)	J-s	
1	(iv) Any Fatality occurred, details.		NIL
9.	Are you meeting the standards of air	1 T	
	Pollution from the incinerator? How		
	many times in last year could not met		NA
EY'S	the standards?		
	Details of Continuous online emission		NA
	monitoring systems installed		
10	Liquid waste generated and treatment		STP in place
	methods in place. How many times		
	you have not met the standards in a		
	year?		



11	Is the disinfection method or		NA
	sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Exhibition Road

Certified that the above report is for the period from Jan 2023- December 2023.

Name and Signature of the Head of the Institution

Date: 13/01/2024 Place: Hyderabad Dr. S. SAMI HCOO Hospital Administratio CARE Hospital, Nama-Hyderabad-500001 Dr. S. SAIVAI HOSDITAL A THINISTICAL CARE HosDITAL NOMES Hydres about 1000-11 11

### FORM – I [ (See rule 4(0), 5(i) and

## 15 (2)]ACCIDENT

## REPORTING

1.	Date and time of accident:	IIL	
2.	Type of Accident:	NIL	
3.	Sequence of events leading to accident:		NIL
4	Has the Authority been informed immediate	ely:	NIL
5.	The type of waste involved in accident:		NIL
6.	Assessment of the effects of the accidents on human health and the environment	ment:	NIL
7.	Emergency measures taken:		NIL
8.	Steps taken to alleviate the effects of accide	ents:	NIL
9.	Steps taken to prevent the recurrence of suc	ch an acc	ident: NIL
10.	Does you facility has an Emergency Contro	ol policy	? If yes give _
details:	Date :	Signatu	re gu
Place: .	Hydrile	Designa	ation HCOO
			A HYDERIA S



## MINUTES OF MEETING HOSPITAL INFECTION CONTTROL COMMITTEE (HICCC)

**DATE:** Sep 14, 2023

Time: 3.00 PM

VENUE: Meeting Room

CHAIRED BY: Dr Mustafa Afzal (Chairperson -HICC)

MEMBERS ATTENDED: Dr. Mustafa Afzal , Dr Ahand , Mr Vipul, Mr Venketa Reddy, Mr Jobin, Mr Mahesh, Ms. Deepa, Nurse In-charges (Wards, ICUs & OTs).

DATE NA		30 Sep 2023		30 Sep 2023
RESPONSIBILITY		Mr Mahesh	Mr Mahesh	Mr Mahesh
САРА				Improve the sample size to 40
RCA	1	Segregation and handling not properly done by Housekeeping staff		Noticed 16 sample only observed in 30 days
DESCRIPTION OF DISCUSSED POINTS	Previous Meeting All the minutes of the meeting, Points – STATUS for the previous meeting were reviewed and the same were closed.	BMW Audit done. More training Segregation and handling to be given regarding the not properly done by standard precaution Housekeeping staff	HAI Indicator is presented with RCA &CAPA	Hand hygiene audit Handhyhygiene for doctors sample number to improved
AGENDA POINT	Previous Meeting Points – STATUS	8MW audit	HAI Indicator	Hand hygiene audit
S. NO	ymij		6	4

Reviewed by: Chairperson

Dr Mustafa Afzal (Chairperson-HICC)

John K S

Prepared by Quality Team:

CARE HOSPITALS NAMPALLY

# MINUTES OF MEETING HOSPITAL INFECTION CONTTROL COMMITTEE (HICCC)

**DATE:** Nov 16, 2023

Time: 3 PM

VENUE: Library

MEMBERS ATTENDED: Dr. Mustafa Afzal, Dr. Anand, Mr. Vipul, Mr. Venketa Reddy, Mr. Jobin, Mr. Varalakshmi, Ms. Manju., Ms. Deepa, Nurse In-charges (Wards, ICUs CHAIRED BY: Dr Mustafa Afzal (Chairperson -HICC) & OTs).

TARGET DATE	N A		31/11/2023	31/11/2023	31/11/2023	31/11/2023
RESPONSIBILITY	ŧ					
САРА	1	1	ı		it.	
RCA	1	ı		,		
DESCRIPTION OF DISCUSSED POINTS	All the minutes of the meeting, for the previous meeting were reviewed and the same were closed.	Monthly departmental QI was presented.	Annual visit to be done to BMW treatment plant and the process to be evaluated.	Annual visit to be done to Laundry Centre and the process to be evaluated.	Training to be conducted in all critical care department regarding IPC Practices	Surveillance check Surveillance of MDR organisms to be done
AGENDA POINT	Previous Meeting A	Monthly QI	Annual Visit	Annual Visit	Training	Surveillance check
S. No	H	2	m		4	N

Prepared by Quality Team: Jobin K S

eam:

Reviewed by Chairperson Dr Mustafa Afzal (Chairperson –HICC)