

Date :- 08/06/2024

To,

The Environment Engineer,

Regional Office,

Telangana State Pollution Control Board (TSPCB),

4th Floor, Hyderabad District Collector's Office Complex

Nampally, Hyderabad- Telangana -500 001.

Dear Sir,

Reg:- Submission of Annual Report for Biomedical waste Generation of M/S Care Hospital Malakpet
Telangana 500024

We are enclosing here with the Annual Report for Biomedical waste Generation, for the year of 2023

We trust the information furnishes is in line with the requirement

Kindly Acknowledge the Same

For Quality Care India limited

(Care Hospital, Malakpet)

Authorized Signatory



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)	:	Mr.Krishna Murthy G
	(ii) Name of HCF or CBMWTF	:	CARE HOSPITALS- MALAKPET (A Unit of Quality Care India Limited)
	(iii) Address for Correspondence	:	16-6-04 to 109, Old Kamal Theatre Complex,Chaderghat Road, Malakpet,Hyderabad-2024
	(iv) Address of Facility	:	16-6-04 to 109, Old Kamal Theatre Complex,Chaderghat Road, Malakpet,Hyderabad-2024
	(v)Tel. No, Fax. No	:	040 6810 6589
	(vi) E-mail ID	:	krishna.murthy@carehospitals.com
	(vii) URL of Website	:	https://www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	17.377813023971576, 78.49050036931055
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Order No. TSPCB/BMWA/HYD-3940323/HO/2022-1181 Date:09.11.2022 valid up to : 28/02/2030
	(xi). Status of Consents under Water Act and Air Act	:	Consent Order No.172-HYD/TSPCB/ZOH/HCF/CFO/2022-711 Date:27.08.2022 Valid up to: 28.02.2030
2.	Type of Health Care Facility	:	Superspeciality Allopathic Private Hospital
	(i) Bedded Hospital	:	No. of Beds : 180
	(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		07F-APMCE-1912, Date of Issue : 26-03-2022 Valid Upto : 25-03-2027
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	:	<u>NA</u>
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 460.909 kg / Month Red Category : 424.403 kg/ Month White: 19.075 kg/ Month Blue Category : 36.021 kg / Month General Solid waste: 917.692 kg /Month
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 115.97 Sq Feet
			Capacity : 200 Bega
			Provision of on-site storage : The biomedical waste is stored in color coded bags & container in dedicated biowaste rooms for not more than 48 hours

	disposal facilities		<p>Type of treatment equipment</p> <p>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: NA</p>	<p>No of units</p> <p>-</p> <p>-</p> <p>-</p>	<p>Capacity</p> <p>-</p> <p>-</p> <p>-</p>	<p>Quantity treated or disposed in kg per annum</p>
	(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	:	02			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<p>Incineration Ash ETP Sludge</p>	<p>Quantity generated</p>	<p>Where disposed</p>	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	G.J. Multiclave India Pvt. Ltd. Sy. No. 179 & 181, Mothkulaguda (V), Nandigama (M), Shadnagar, Rangareddy District, Telangana State - 509216			
	(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.		5
	(ii) number of personnel trained		52
	(iii) number of personnel trained at the time of induction		10
	(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		7
	(ii) Number of the persons affected		7
	(iii) Remedial Action taken (Please attach details if any)		Immediately staff shown to physician and viral markers was done and physician advice were followed.
	(iv) Any Fatality occurred, details.		None
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		NA

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 JANUARY 2023 TO DECEMBER 2023



Name and Signature of the Head of the Institution

Date:08/6/2024

Place : Hyderabad



FORM – I
[(See rule 4(o), 5(i) and

15 (2)]ACCIDENT

REPORTING

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

11. Date :08/6/24.....

Signature

Gray
36780 / Ser

Place:Hyderabad.....

DesignationICN.....

MINUTES OF MEETING
HOSPITAL INFECTION CONTROL COMMITTEE (HICCC)

DATE: July 07, 2023

Time: 3.00 PM


VENUE: Conference Hall

CHAired BY: Dr. Md. Abdullah Saleem

MEMBERS ATTENDED: Dr. Md. Abdullah Saleem, Dr. Mustafa Afzal, Dr. Avinash Roy, Ms. Jyothi, Mr. Krishna Murthy, Dr. Alicia Bridget Earl, Dr. Mustafa Ashraf, Dr. Vija, Dr. Seema Sunil P., Mr. Manav, Mr. Suresh Pantra, Dr. Ahmed, Dr. Kushal Nagda, Ms. Shobha, Mr. Khadri, Mr. K. Srinivas, Dr. Khalid, Mr. Mahesh, Mr. Prasad, Mr. Ravi, Mr. Tirupati, Mr. Nagendra Rao P.

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	RCA	CAPA	RESPONSIBILITY	TARGET DATE
1	Previous Meeting Points – STATUS	All the minutes of the meeting, for the previous meeting were reviewed and the same were closed.				NA
2	Patient admit with Bedsore	Screening for MRSA to be done	Screening for MRSA will be done on the day of admission	Included this information in pressure ulcer intimation form	Ms. Jyoti	Waiting for approval
3	Protocol for OT Scrub uses	OT dress and chappal are wore outside of the premises	Since OT running in different floors	Advised to wear scrub suits and aprons and active c & d	ICN/ICO	Partially implemented
4	Improper BMW	Improper biowaste segregation was observed in surveillance	Due to emergency procedure the biowaste was collected in single tray and dropped into wrong bin at central area by hk staff.	HK staff needs to be trained on biowaste segregation protocol	ICN, HK Incharge	15 Jul 23

5	Infection control surveillance	Infection rate is very low since past three months.	Less surveillance.	Link nurses to be identified and trained on Infection control surveillance.	Mr. Suresh, Ms. Jyoti	20 Jul 23
---	--------------------------------	---	--------------------	---	-----------------------	-----------


Chairperson
Dr. Md. Abdullah Saleem

**MINUTES OF MEETING
HOSPITAL INFECTION CONTROL COMMITTEE (HICCC)**

DATE: Nov 27th 2023 **Time:** 3.00 PM

VENUE: Conference Hall

CHAIRD BY: Dr. Md. Abdullah Saleem

MEMBERS ATTENDED: Mr. Krishna Murthy, Dr. Alicia Bridget Earl, Dr. S. Fakiha Mehreen, Dr. N. Md. Athaullah, Dr. Arjumand Aleem, Dr. Nida Mehreen, Dr. M. Hashim, Dr. Mustafa Ashraf, Dr. Vijay, Dr. M. M. Khalid, Dr. Madhuri, Mr. Manav, Mr. Suresh Pantra, Ms. Jyothi, Dr. Ahmed, Dr. Kushal Nagda, Mr. K. Srinivas, Mr. Prasada Raju, Mr. Md. Abdul Qauayum, Mr. C. T. Anil, Mr. Tirupati Rao


Status of Previous Meeting Points & Action Taken Report

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	ACTION TAKEN / PLAN	RESPONSIBILITY	STATUS	REMARK
1	Laboratory Staff Vaccination	Dr. Arjumand Aleem (HOD laboratory) informed the committee members that the vaccination given to all the laboratory staff are not vaccinated and they are not aware about their vaccination status.	Ms. Jyothi has informed the committee members that the vaccination given to all the laboratory staff and next dose will be given as per the schedule.	Dr. S. Fakiha Mehreen, Ms. Jyothi,	Closed	
2	Training on Bio Medical Waste Management	Training of newly joined staff.	Ms. Jyoti informed that all the new joinee staff trained in BMW handling and discard.	Mr. Suresh, Ms. Jyothi, Mr. Gurrureddy	Closed	
3	Surgical Prophylactic Antibiotic	Non compliance to the timing of the Surgical prophylactic antibiotic administration is noted.	Ms. Jyoti informed the committee members that Consultant Microbiologist (ICO) & ICN started to meet with surgeons on deviations to the timing of prophylactic antibiotics.	Mr. Suresh, Ms. Jyothi	Closed	
4	Viral Markers	Initiation of Viral markers for all the admitting patients by default in-order to make sure	Ms. Jyoti has informed to the committee that they took feedback from various	Dr Alicia, Dr. Mehreen	Closed	

		follow the transmission based precautions.	consultants and management and it was decided that viral markers will done for the patients on the advise of admitting consultant only.		
--	--	--	---	--	--

Meeting Points - Nov 2023

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	ACTION TAKEN	RESPONSIBILITY	TARGET DATE	REMARK
1	Non Conformities of NABH assessment	Dr. Kushal has informed the committee that there were 4 Non conformities raised by respective assessor related to infection control practices by respective assessor.	Dr. Mehreen has informed to the committee that they had made the action plan for the closure of Non Conformities and initiated the working on it.	Dr. S. Fakiha Mehreen, Ms. Jyothi,	30 th Nov 2023	
2	Needle Stick Injury	HK staff got needle stick injury.	Ms. Jyoti has informed the committee that the needle was improperly discarded in wrong bin during busy time by nursing staff. While collecting the beg to discard to central biowaste area the needle stick injury occurred to HK staff. She also informed to the committee member that all nursing staff were counselled and training initiated to nursing and HK staff on biowaste discard protocol.	Mr. Suresh, Ms. Jyothi	30 th Nov 2023	


Dr. Md. Abdullah Saleem
 Chairperson - HICC