



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV (See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2024

Application Type: HCF	Calender Year 2024	Submit To SRO-Chhatrapati Sambhajinagar I
Member of CBMWTF: Yes		
Type of Health Care Facility Bedded		
1) Particulars		
i) First Name Unmesh	ii) Middle Name Vidyadhar	iii) Last Name Takalkar
iv) Designation Director	v) Aadhaar No 999994104	vi) PAN No 99999267H
vii) Address as per Aadhaar Card Flat No. B-5, Sadaphuli Apartment, Rana Nagar, Aurangabad	viii) Tel. No. 99999425	ix) Fax No. 00
x) e-mail takalkar.unmesh@gmail.com	xi) URL of website NA	
2) Details of Health Care Facility		
i) Name of the HCF United CIIGMA Nursing Home UNITED CIIGMA HOSPITALS HEALTHCARE PVT LTD	ii) Email takalkar.unmesh@gmail.com	iii) Name of the contact person Dr. Unmesh Takalkar
iv) Contact No. 9822042425		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number Plot No. 30, Sr. No. 10	ii) Street / Village Shahanoorwadi Dargah Road,	iii) City / Taluka Aurangabad
iv) District Chhatrapati Sambhaji Nagar	v) Pin-Code Number 431005	vi) Near by Landmark
vii) Latitude coordinate 19.85952	viii) Longitude coordinate 75.33631	ix) Ownership Private
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA / Authorization No. Format1.0/RO/UAN No.0000143500/CR/2303001825	ii) Valid Upto Aug 31 2025 12:00:00:AM	
5) Total No of Beds (As per valid Authorization)		35
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		556
7) Registration Expiry Date		Mar 31 2027 12:00:00:AM
8) Faculty of Medicine 1		

9) Details of membership of common bio-medical waste treatment facility (CBMWTF)			
Yes			
Name of CBMWTF	M/s. Water Grace Products , Aurangabad		
Membership Number	00		
Number of beds	35		
Validity of Membership	31-12-2025		
10) Details of BMW			
i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)			
Yellow 105.00000	Red 215.00000	Blue 90.00000	White 70.00000
ii) Bio Medical Waste Generated (Kg/Month)			
Yellow 80.68	Red 87.10	Blue 49.28	White 34.30
iii) Quantity of Biomedical waste given to CBMWTF (kg/Month)			
Yellow 88.68	Red 87.10	Blue 49.28	White 34.30
10.(a) General Solid Waste (kg/Month) 150.0000			
11) Details trainings conducted on BMW			
i) Number of trainings conducted on BMW Management.			
5			
ii) Number of personnel trained			
18			
iii) Number of personnel trained at the time of induction			
6			
iv) number of personnel not undergone any training so far - none			
v) whether standard manual for training is available?			
Yes			
vi) any other information			
NA			
12) Details of the accident occurred during the year			
i) Number of Accidents occurred			
1			
ii) Number of the persons affected			
1			
iii) Remedial Action taken (Please attach details if any)			
Yes, Attached			
iv) Any Fatality occurred, If yes details.			
No			
13) Details of Liquid waste generated and treatment methods (STP and ETP)			
i) STP	Yes	Capacity (CMD) 50	
ii) ETP	Yes	Capacity (CMD) 35	
14) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?			
Yes, disinfection method or sterilization meeting the log 4 standards all the time.			

15) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Place

Chh. Sambhajinagar

Designation

Director

Date

29-04-2025

FORM - I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

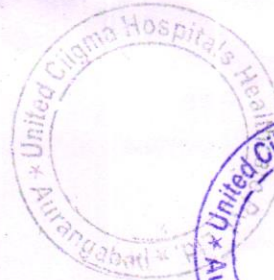
1. Date and time of accident : August 3, 2024 11am.
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident: Improper segregation of Biowaste and in-adherence to the Biowaste policy
4. Has the Authority been informed immediately : N/A
5. The type of waste involved in accident : White Category
6. Assessment of the effects of the accidents on human health and the environment: The affected employee assessed by Doctor and Needle Stick Injury protocol was followed.
7. Emergency measures taken: Titer test & Viral markers were done as per the Doctor advise.
8. Steps taken to alleviate the effects of accidents : Vaccination completed.
9. Steps taken to prevent the recurrence of such an accident : Training done and monitoring strengthen.
10. Does your facility has an Emergency Control policy? If yes give details: Yes, we have needle stick injury policy, Fire safety policy and spill management policy.
11. Date :29/04/2025.....

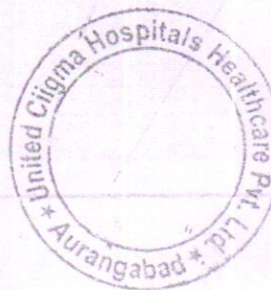
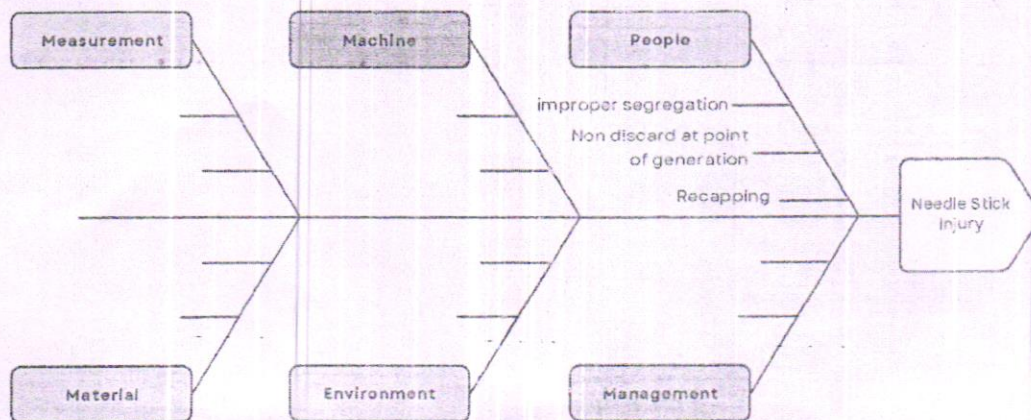
Signature

Sanjukta

Place: ...Aurangabad.....

DesignationICN.....





Hospital infection control committee

Venue: 3rd floor board room

Date: 17th May 2024

Meeting start time: 4:30pm


Agenda	<ul style="list-style-type: none"> • Mapping on hand washing area • To discuss about antibiotic policy • To discuss about immunization policy
Members present	Dr Shashikant Aggsare, Dr Shreyas Gutte, Mrs Vijayalaxmi Naidu, Mr Amar Kumar Sharma, Mr Rajendra Patil, Mr Rajratna Ukey, Miss Rana Khan, Mrs Sanyukta Rai, Mr Nikhil Waghmare, Miss Mayuri Kharat.

MINUTES OF MEETING

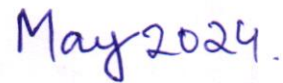
SRNO	AGENDA POINTS	DISCUSSION POINTS	ACTION TAKEN	RESPONSIBILITY	STATUS
1.	MAPPING ON HANDWASHING AREA.	<ul style="list-style-type: none"> • MAPPING TO BE DONE WITH MR RAJNEDRA PATIL. • THERE SHOULD BE INTERVALS ALARM FOR HAND HYGIENE IN WARDS/ICU • HAND WASH STANDS SHOULD BE PLACED IN ALL HANDWASHING AREA 	<ul style="list-style-type: none"> • MAPPING DONE WITHIN 2 TO 4 DAYS. • THERE SHOULD BE INTERVALS ALARM FOR HAND HYGIENE IN WARDS/ICU • HAND WASH STANDS SHOULD BE PLACED IN ALL HANDWASHING AREA (IN PROCESSING). 	BIOMED HEAD/ICN	PENDING
2.	ANITIBIOTIC POLICY	<ul style="list-style-type: none"> • ANTIBIOGRAM ACC. TO LOCAL FLORA. • USE OF FORMULATORY DRUGS INSTEAD OF NON FORMULATORY DRUG. 	<ul style="list-style-type: none"> • ANTIBIOGRAM ACC. TO LOCAL FLORA IN PROCESSING 	ICO/ICN	PENDING

3.	IMMUNIZATION POLICY.	<ul style="list-style-type: none"> • PROPER AREA FOR IMMUNISATION. • IMMUNIZATION SCHEDULE TO BE GIVEN FOR STAFF. 	<ul style="list-style-type: none"> • PROPER AREA FOR IMMUNISATION. • IMMUNIZATION SCHEDULE TO BE GIVEN FOR STAFF. 	ICN	PENDING
4	BIO-MEDICAL WASTE FINAL COLLECTION AREA	<ul style="list-style-type: none"> • MANAGEMENT DECIDED TO IMPLEMENT INFRASTRUCTURAL CHANGES AT THE FINAL COLLECTION POINT. • DR.SHASHIKANT AGGSARE ADDRESSED MR.RAJENDRA PATIL TO TAKE APPROVAL OF BUDGETING FOR THE BUILDING OF ROOM AND GATE WITH WALL TO PROTECT IN SPREADING THE INFECTION AND IT ALSO CAN HELP THE HOSPITAL TO PROTECT IT FROM DOGS. • HE ALSO GAVE THE FINAL DATE TO COMPLETE THE PROJECT FOR BMW MANAGEMENT. 	<ul style="list-style-type: none"> • RAJENDRA SIR TO BE READY WITH THE FINAL BUDGET SHEET AND PLAN APPROVAL FROM CORPORATE. • START THE WORK WITH IMMEDIATE EFFECT WITH WORK PERMIT. 	BME	WITH IMMEDIATE EFFECT

DISTRIBUTION LIST: ALL CONCERNED COMMITTEE MEMBERS


DR. SHREYAS GUTTE (ICO)
CHAIRMAN OF HICC





MEMBERS PRESENT		MEMBERS ABSENT	
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Hospital infection control committee

Venue:3rd floor board room

Date: 18th November 2024

Meeting start time: 4:30pm

- We are pleased to announce that our INFECTION CONTROL OFFICER Dr Santhosh Tathe, has been appointed as a member of the committee (ICO) and introduction done with the other members.

Agenda	<ul style="list-style-type: none">• Closure of previous minutes of meeting.• To implement communicable disease register within th ER Department.• To provide Material safety data sheet for all departme as their usage of chemical.• To plan for the BMW visit & laundry visit.• Implement an antibiotic policy within the organization.• Discuss and develop a roadmap for the Antibiotic Stewardship Program.• Discuss and finalize the composition of the Antibiotic Stewardship Committee.
Members present	Dr Shashikant Aggsare, Dr Shreyas Gutte, Dr Santhosh , Mrs Vijayalaxmi Naidu,,Miss Rana Khan,Mrs Sanyukta Rai,Mr Nikhil Waghmare ,Miss Mayuri Kharat.Mr Awdhut, Mr Sameer, Dr Deepmala,Mr Tushar patil, Mr Babasaheb takle,Mrs yogita, Mr Ameer hyder.

PREVIOUS COMMITTEE MINUTES OF MEETING

RNO	AGENDA POINTS	DISCUSSION POINTS	ACTION TAKEN	RESPONSIBILITY	STATUS
	<ul style="list-style-type: none"> To review the current manuals and SOPs for the HIC. To implement antibiotic policy according to local flora. To implement of WHO hand wash signage's & BMW signage's within the department. 	<ul style="list-style-type: none"> To revise the manuals and SOPs to ensure compliance with current guidelines and regulations. To implement antibiotic policy according to local flora. Identification of the signage's for the stations. 	<ul style="list-style-type: none"> SOPs and manuals revised. To review the antibiotic policy according to flora Identified the areas and stations where signage's required. 	<ul style="list-style-type: none"> Quality HOD/ ICO/ ICN ICO/ ICN Procurement / ICN 	<p>DONE</p> <p>PENDING</p> <p>DONE</p>
	<ul style="list-style-type: none"> To review & discuss antibiotic prophylaxis data and the audit and to analyses the antibiotic prophylaxis practices. 	<ul style="list-style-type: none"> To observe from the audit, adherence rates to recommended prophylaxis protocols. 	<ul style="list-style-type: none"> Training given regarding the audit. 	ICN/OT INCHARGE/LINK NURSES	DONE

RNO	AGENDA POINTS	DISCUSSION POINTS	ACTION TAKEN	RESPONSIBILITY	STATUS
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<p>To establish a communicable disease register within the ER Department to track and monitor infectious diseases in HCW</p>	<ul style="list-style-type: none"> The register will include details on patients presenting with suspected or confirmed communicable diseases. standardized format will be developed, including patient ID, diagnosis, isolation status, contact tracing, and follow-up procedures. 	<ul style="list-style-type: none"> To Develop the framework for the register & to Trained ER staff on the use of the register. 	ER incharge / ICN	TO BE DONE
<ul style="list-style-type: none"> To provide a comprehensive Material Safety Data Sheet (MSDS) for all departments using chemicals to ensure safety in handling hazardous materials. 	<p>Departments must have readily accessible MSDS for all chemicals used in their operations. MSDS should include information on chemical properties, safety precautions, handling procedures, and emergency measures.</p>	<p>To Collect MSDS for all chemicals used in respective departments & to create and maintain an MSDS database.</p>	Department head/ICN	TO BE DONE
<p>To establish a communicable disease register within the ER Department to track and monitor infectious diseases in HCW</p>	<ul style="list-style-type: none"> The register will include details on patients presenting with suspected or confirmed communicable diseases. standardized format will be developed, including patient ID, diagnosis, isolation status, contact tracing, and follow-up procedures. 	<ul style="list-style-type: none"> To Develop the framework for the register & to Trained ER staff on the use of the register. 	ER Incharge / ICN	TO BE DONE
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<ul style="list-style-type: none"> • To implement a policy for reusing specific items across departments to reduce waste and improve sustainability. 	<ul style="list-style-type: none"> • Departments will identify items that can be safely reused, such as medical instruments, personal protective equipment (PPE), and surgical materials. • Guidelines for sanitization, storage, and reuse protocols will be developed. • A tracking system will be implemented to ensure items are properly cleaned and reused according to the policy. 	<p>List items eligible for reuse and develop the reuse protocol</p> <p>Develop sanitization and tracking procedures</p> <p>Communicate the policy to all department heads and staff</p>	Department incharge/ ICN	TO BE DONE
To plan the visits for the Biomedical Waste (BMW) disposal and laundry services.	<p>The hospital's waste management plan includes regular visits from the BMW vendor for safe disposal of biomedical waste.</p> <p>The laundry services visit schedule needs to be coordinated to ensure a consistent and timely exchange of linens and uniforms.</p>	<p>Coordinate with BMW service provider for regular visits</p> <p>Schedule a visit with laundry service provider to confirm timelines and requirements</p>	INCHARGE/ICN	TO BE DONE
Implement an antibiotic policy within the organization.	<p>A review of current protocols will be conducted to ensure compliance with safety regulations and efficient service.</p> <ul style="list-style-type: none"> • Importance of standardizing antibiotic use. • To make Antibigram as per the antibiotic policy 	<p>Review waste segregation and laundry handling procedures</p> <ul style="list-style-type: none"> • Drafted or reviewed the antibiotic policy document. • Communicated the policy to all healthcare providers. • Scheduled training sessions 	ICN / ICO	TO BE DONE

Discuss and develop a roadmap for the Antibiotic Stewardship Program

- Review of existing antibiotic guidelines or protocols.
- Ensuring alignment with national and international standards.
- Educating staff on policy implementation.

for staff on policy guidelines.

- Monitoring mechanisms for adherence to the policy.

ICN / ICO

TO BE DONE

- To design restricted antibiotic forms.
- To do Consultant meeting & discussion.
- Data collection & analysis of culture reports.
- Software involvement.

- Identify which antibiotics should be included on the restricted list.
- To give format for form design, printing & distribution.

Discuss and finalize the composition of the Antibiotic Stewardship Committee.

- Identifying key stakeholders and experts to form the committee
- Defining roles and responsibilities within the committee.
- Ensuring diversity in the committee's expertise (clinical, administrative, and laboratory).
- Frequency of committee meetings and

- Finalized committee members and appointed key leadership roles.
- Defined the terms of reference and responsibilities of committee members.
- Scheduled the first committee meeting and set objectives for the upcoming year.
- Established reporting and feedback mechanisms for

ICN / ICO

TO BE DONE

Discuss and develop a roadmap for the Antibiotic Stewardship Program

ICN / ICO

TO BE DONE

		<p>communication channels.</p> <ul style="list-style-type: none"> • Establishing a leadership structure for the committee (Chairperson, Secretary, etc.). • Clarifying the mandate and objectives of the committee. 	ongoing evaluation of the program.		
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DISTRIBUTION LIST: ALL CONCERNED COMMITTEE MEMBERS

DR. SANTOSH TATHE

S. Tathe
21.11.24
ICO



November 2024.

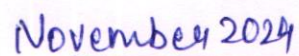


CARE CIIGMA HOSPITALS

MEETING ATTENDANCE(HOSPITAL INFECTION CONTROL COMMITTEE)

MEMBERS PRESENT	MEMBERS ABSENT
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MEETING ATTENDANCE(HOSPITAL INFECTION CONTROL COMMITTEE)

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