

Date: 20.03.2025


To
The Environmental Engineer
Pollution Control Board
Hyderabad, Telangana

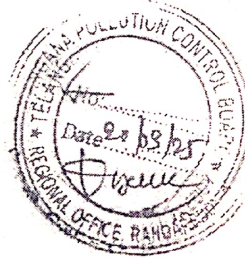
Sub: BMW - FORM I & FORM IV submission for the year 2024 of Care Hospitals,
Hitech City – IP Block

Respected Sir,

Forwarding herewith the annual submission of the FORM I & FORM IV from
January 2024 to December 2024 for Care Hospitals, Hitech City – IP Block (Plot
No. 48, 49,50,51,52, Jayabheri Pine Valley, Beside Cyberabad Police
Commissionerate Office, Ranga Reddy)

Authorized Signatory


Mr. Nilesh Gupta
Hospital Chief Operating Officer
Care Hospitals, Hitech City
Hyderabad, Telangana



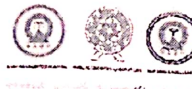
QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

evercare group

CARE Hospitals, Gachibowli: 2-50/Care/G, Old Mumbai Highway Road Gachibowli, Near Cyberabad Police Commissionerate,
Hyderabad - 500 032 Telangana. Tel: 040 6730 6500 / 6730 655 | Fax: 040 2300 0096

Registered Office: #6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500 034 Telangana
Corporate Office: #8-2-120/86/10, 1st Floor, Kohinoor Building, Road No. 2,
Banjara Hills, Hyderabad - 500 034 Telangana



E: info@carehospitals.com
W: www.carehospitals.com

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. Nilesh Gupta
	(ii) Name of HCF or CBMWTF	:	CARE Hospitals – Hitech City, Gachibowli M/s Quality Care India Limited
	(iii) Address for Correspondence	:	Plot No. 48,49,50,51,52, Jayabheri Pine Valley , Beside Cyberabad Police Commissionerate Office, Ranga Reddy
	(iv) Address of Facility	:	Plot No. 48,49,50,51,52, Jayabheri Pine Valley , Beside Cyberabad Police Commissionerate Office, Ranga Reddy
	(v) Tel. No, Fax. No	:	9515125367
	(vi) E-mail ID	:	nilesh.gupta@carehospitals.com
	(vii) URL of Website	:	http://www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	17°25'51.0"N 78°22'19.4"E
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: TSPCB/BMWA/RR-I-3510625/HO/2022/1183 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	:	Super specialty allopathic hospital
	(i) Bedded Hospital	:	No. of Beds 220
	(ii) Non-bedded hospital	:	NA
	(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	:	414/DM&HO/RR/2008, valid till 28/10/2025
3.	Details of CBMWTF	:	NA

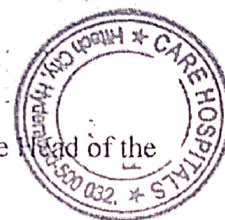
	(i) Number healthcare facilities covered by CBMWTF	:	NA																																																
	(ii) No of beds covered by CBMWTF	:	NA																																																
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA																																																
	(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: 2707.16 Kgs Red Category : 3034.73 Kgs White: 45.99 Kgs Blue Category : 415.81 Kgs General Solid waste: 3301.75 Kgs																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 11.7 sq.m Capacity : 150 bags Provision of on-site storage : (cold storage or any other provision) Dedicated Central Biowaste Area																																																
	disposal facilities	NA	<table> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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 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/day	Quantity treated or disposed 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 recyclers 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	:	ONE
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ Multiclave
	(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		The compliance related to BMW is discussed in Hospital Infection Control Committee
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		48
	(ii) number of personnel trained		222
	(iii) number of personnel trained at the time of induction		233
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Needle stick injury – 01
	(ii) Number of the persons affected		01
	(iii) Remedial Action taken (Please attach details if any)		Staff has been provided with treatment as per hospital policy. Root cause analysis done and presented to HIC Committee. Mandatory induction for new staff and continuous training for all the staff
	(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?		Liquid waste treatment method in place and met the standards all time
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		The disinfection method met the log 4 standard all the time
12	Any other relevant information	:	None

Certified that the above report is for the period from Jan 2024 to Dec 2024

Name and Signature of the Head of the Institution



MR. NILESH GUPTA

HICO

Date: 20.03.2025

Place CARE HOSPITALS, HITECH CITY

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

15 (2)] ACCIDENT

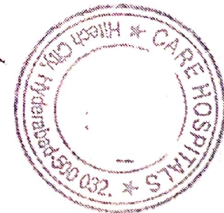
REPORTING

1. Date and time of accident : Feb - 1
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident: Improper segregation
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Red
6. Assessment of the effects of the accidents on human health and the environment: Needle stick injury protocol was followed
7. Emergency measures taken : Post exposure prophylaxis done
8. Steps taken to alleviate the effects of accidents : Vaccination completed
9. Steps taken to prevent the recurrence of such an accident : Retraining conducted
10. Does your facility have an Emergency Control policy? If yes give details:

Fire emergency preparedness plan exists and monthly mock drills are being conducted.

Date : 20.03.2015

Signature



Place: CARE HOSPITALS
HITECH

Designation : HCL

CARE HITECH IP Block Needle Stick Injury RCA

SNO	DATE AND TIME	TYPE OF ACCIDENT	INCIDENT DESCRIPTION	STAFF INVOLVED	CORRECTIVE ACTION	PREVENTIVE ACTION
1	24/02/2024 9.00 AM	NSI	Around 9am Mr Anu Raj Hk Staff bearing Id Number 6073 was cleaning the ambulance and while he was clearing the bio medical waste, the needle prick happened from red bag leading to NSI.	Mr Anuraj(Hosekeeping-GDA)	Titre Test Was Done	Retraining of the Staff

Dr.Jahan
Quality Manager

MINUTES OF MEETING (HICC COMMITTEE - APRIL 2024)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on **20.04.2024** at 6th Floor Training hall from 2.30-3.30 PM.

Members Present : Dr.Ravi Shankar (chairperson)

Dr.Ruksana (Microbiology&ICO),Dr.Jahan (Quality),Dr.Navin (MS)Dr.Sailaja(Pulmonology),Dr.sailaja(Anesthesiology),Dr.Syed Usman (CP),Ms.Mini Jose (NS)Ms.Bhagya lakshmi(ICN),Ms.Sindhu(Nursing Quality)Dr.Sahithi(RMO),Mr.Habeeb (BME)Mr.Channder (F&B),Ms.Sunitha(Pharmacy),Ms.Sameena(Dietitics) Mr.Feroz (Hospitality),Ms.Sushma (Quality),Mr.Shravan (MICU 2),Ms Martha(Nurse Supervisor)Mr.Prabhu(MICU 1),Ms.Vijaya(cath),Mr.Srinivas (CSSD),Ms Reshma (6th Floor),Ms.Bhavani (CTVS),Ms.Nalini(OT),Mr Cowshlin (ER),Ms.Anitha (SICU)

Members absent : Representation from Dailysis, Surgeons

Quorum Required:Yes

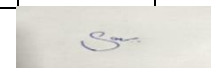
S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Actual closure date
1	SSI	One Case of SSI in the month of Feb 2024,from Spine surgery dept root cause analysis for the SSI Post OP no follow up for further,home care dressing,Non compliance to antibiotic timing ,Uncontrolled GRBS Levels pre op ,Cross referral for Diabetic control,committee suggested that post op cases to be contacted frequently for their follow up status and antibiotic prophylactic timing to be adhered	Dr.Navin & Ms.Bhagya	SSI for the month of March 2024 is 0.Adhereing to the antibiotic policy.	26.03.2024	15.04.2024	Closed
2	BMW Complainece	Bio medical waste compliance was observed to be 91 % for OT which is least among all for the month of feb 2024 target is 95%	Ms.Nalini	Usgae of needle burner is not being done by technicians,Complainece is 90% in OT	26.03.2024	15.04.2024	Open
3	BMW reduction plan	The generation of biomedical waste from red & yellow waste is observed to be very high,to reduce that committee suggested to use re usable PPE for MICU I,II,PACU&SICU	Concerned Incharges	Mail being sent from ICN to feroz awaiting for approval from DGM	26.03.2024	15.04.2024	Open
4	Prophylactic antibiotics with in specified time frame	Prophylactic antibiotics with in specified time frame is 88% for the month of feb 2024. Most of the reasons are OT cases schedule is not being followed,only one nurse is posted in PACU at 7 am,no communication from OT to PACU for which case to be taken next. To avoid all these proper OT scheduling & cordination to be done.SPOC to be identified .Praveena to be trained as OT co ordinator	Mr.Shashank		26.03.2024	15.04.2024	Open
5	Endotoxin	Endotoxin test is not being done for the month of jan & feb 2024,as Care Banjara is not accepting the samples for testing,to identify alternative for the test to be done	Dr.Navin	Samples did not sent	26.03.2024	30.03.2024	Open

6	Foot operated BMW bins	Committee suggested to provide foot mounted BMW bins in the ICUs to prevent cross contamination	Mr.Feroz	Not provided	26.03.2024	30.03.2024	Open
7	Kitchen Hygiene	Kitchen & Canteen cleanliness is observed very poor , rotten fruits & vegetables observed in kitchen.Committee Suggested to do frequent audits of kitchen by team for which CAPA shall be submitted by the HOD immediately.	Audit team shall be ICN,Quality & Dietician	weekly audits being by Quality,ICN along with dietician.Observations shared.	Weekly once		Closed
8	High end antibiotic forms	It was observed that most of the high end antibiotic forms are incomplete without proper sign & date of consultant,committee recommended that the consultant to countersign the form for the request raised	All the consultnats & Dr.Navin	Forms not being documented ,for the month of march 9 forms received out of 18 prescriptions	With immediate effect	Open	Open


Minutes of Present meeting (20.04.2024)

1	Quality of vegetables	As per the kitchen audit report ,quality of vegetables used was not up to the mark & branded items to be used. Committee suggested to perform regular brand audit by dieticians	Mr.Chander & Dietitics dept		21.04.2024	30.04.2024	
2	VAP	One case of VAP noted in the month of March 2024, Organism was staphylococcus , committee suggested to do carbolisation of SICU to be done , proper suctioning techniques to be followed for tracheostomy patients.For all ventilator cases Cuff pressure to be monitored in each shift by the concerned nurse.	Mr.Feroz & ICU incharges		21.04.2024	21.04.2024	
3	HAI	Committee suggested to capture Health care associated infections only i.e VAP,CAUTI,CLABSI & SSI.Not required to include HAP & BSI	Ms.Bhagyalakshmi		With immediate effect		
4	High End antibiotics de escalation	Escalation & de escalation of antibiotics shall be done with reference to the culture & sensitivity report and audit to be strengthen for the same and to be presented dept wise.	Dr.Navin & Dr.Usman		21.04.2024	30.04.2024	
5	Extravasation & Phlebitis	One extravasation observed in PET CT for the month of march 2024,One phlebitis observed for 6th floor patient.Committee suggested to give more and regular training to the staff to avoid phlebitis.	Ms.Bhagyalakshmi		21.04.2024	30.04.2024	
6	BMW Complaine	Bio medical waste compliance was observed to be 90 % for OT which is least among all for the month of march 2024 target is 95%	Ms.Nalini		21.04.2024	30.04.2024	

Care hospitals ,Hitech city
24.04.2024



Dr.Ravi Shankar (Chair person),
Critical Care

 MINUTES OF MEETING (HICC COMMITTEE - OCT 2024)							
Minutes of the Hospital Infection Control Committee Monthly Meeting held on 16.10.2024 at 6 th Floor Training hall from 2.30-3.30 PM.							
Members Present : Dr.Pavan (chairperson) Dr.Ruksana(ICO & Microbiologist),Dr. Usman ali(Clinical Pharmacist), Dr.sailaja (Anesthesia) Mr.Feroz(Hk),Ms.Resham (6th Nursing), G.amrutha (micu 2), Arif Iadhani (ICN), Ms.Bhavani(CTVS),Ms.Sindhu(ANS),Ms.Bhagya lakshmi(ICN),Mr.Srinivas(CSSD),Ms.Madhuri(PICU),Mr.Cowshlin(ER),Mr.Shravan (MICU),Ms.Sulochana (Nurse Supervisor) ,Mr.Habeeb (BME) , Ms.Shushma(Quality),Dr.sahithi(RMO),Kvita singh(Head Operations), k.Nalini(OT INCHARGE).							
Members absent : Representation from Dailysis , F&B							
Quorum Required:Yes							
Minutes of Previous meeting (20.09.2024)							
S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status
1	Sample collection area for (Mpox & Influenza)	Area to be identified for Sample collection of (Mpox & Influenza,COVID)	Mr.Shanshank (Ops)	Area is not specified	21.08.2024	24.09.2024	Open
2	Completeness of high end antibiotic forms	Non compliance to high end antibiotic forms is being observed.Indications are not documenting properly. Deescalation to be to be documented	Dr.Navin & Dr.Usman	Few forms are still pending	21.08.2024	10.09.2024	Open
1	Surgical site infection	1 SSI case was presented for the month of Aug 2024.Organisam was ACINETOBACTER BAUMANNII.RCA was bedside dressing techniques not followed ,Uncontrolled GRBS level. Patient has clamped drain for 4 days unknowingly. Committee suggested for any palnnd surgical cases If the HBA1C value is equal to or more than 8 or RBS equal to or more than 200 mg/dl endocrinologist opinion to be taken	Dr.Navin	IOC has been circulated to Consultanant and Surgeons	With immediate effect	16.10.24	Closed
2	Implant Cases	1) HICC committee strongly recommended that all the implants shall reach the hopsital 12 hrs prior to the sheduled time of the case so as to ensure cleaning & disinfection of the implant is being done & then sterilize before usage.	Mr.Bala subramani,Dr.Navin & Mr.Srinivas	IOC has been circulated to Surgeons	With immediate effect	16.10.24	Closed
		2)IOC to be circulated regarding the same to all surgeons & purchase team	Ms.Bhagya & Dr.Sahithi	IOC has been circulated to Surgeons	With immediate effect	16.10.24	Closed
3	Single use of Bonemarrow biopsy needle	HICC committee suggested for not to reuse biopsy needle as it is recommended for single use.	Dr.Sudha	Singke needle has been used for BMB	With immediate effect	20.9.24	Closed
4	Patient education - Surgical Site	Patient education posters to be devolped to educate the patient/attendant on taking care of surgical site to prevent infections speciality wise	Ms.Glory & Ms.Bhagya	Few departemnts are prepared	With immediate effect	15.10.2024	Open
5	BMW complaince	Biomedical waste complaince for the month of Aug 2024 is 94%	NA				
Minutes of Current meeting (16.10.2024)							
S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status

1	Validation of the endotoxins reports	Committee suggested that the RO water shall be send to in house lab for the water culture test every 15 days to validate the endotoxins test report which is out source.	Ravi	Sample not send	With immediate effect	(17/10/24)	
2	Educational brochure	Committee suggested to Educational brochure to post operative patients	Bhagyalakshmi/Arif		10/11/2024	10/11/2024	
3	High End Antibiotic forms	As per committee High end antibiotics form to be filled by consultant / DMO	Dr.sahiti		With immediate effect	17/10/24	
4	SSI	1 SSI case was presented for the month of Sept. 2024.Organisam was PROTEUS MIRABILIS .RCA was Incontenece of urine, ,Uncontrolled GRBS level. Antibiotics were not escalated as per sensitivity report.	Dr.Navin		20/10/24		
5	Phlebitis	As committee advised to take bed side handover and shift wise to monitor for IV ascess.IV cannula to be placed only in upper extrimities.	All Incharges		With immediate effect	17/10/24	
6	NSI	1 NSI was presented for the month of sept. 24 committee suggested to take extra caution while handling needles in any emergency situtions.	Bhagyalakshmi/Arif		with immediate effect	17/10/24	
7	BMW complaine	Biomedical waste complaine for the month of Sep 2024 is 92%	NA				

Care hospitals ,Hitech city
22.10.2024



Dr.Pavan Kumar Reddy (Chair person),
Critical Care