

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 – COPC 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 – COPC Block  
Plot No.46&47, Jayabheri Pine Valley, Besides Cyberabad Police Commissioner  
Office, Gachbowli, RR

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



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E: info@carehospitals.com  
W: www.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 authorised person (occupier or operator of facility)	:	Mr. Nilesh Gupta
	(ii) Name of HCF or CBMWTF	:	CARE Hospitals Out Patient Center
	(iii) Address for Correspondence	:	Plot No.46&47, Jayabheri Pine Valley, Besides Cyberabad Police Commissioner Office, Gachibowli, RR
	(iv) Address of Facility	:	Plot No.46&47, Jayabheri Pine Valley, Besides Cyberabad Police Commissioner Office, Gachibowli, RR
	(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	:	17.43049673402094, 78.37225243444936
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 905/RR-I/TSPCB/RO-I/RRD/BMWA/2021-449 valid up to 30/06/2026
	(xi). Status of Consents under Water Act and Air Act	:	NA
2.	Type of Health Care Facility	:	Specialty Clinic – Allopathic
	(i) Bedded Hospital	:	9
	(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	:	414/DM&HO/RR/2008, valid till 05.01.2026
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 :7.90 Kgs Red Category : 6.88 Kgs White:2.24Kg Blue Category :2.65 Kgs General Solid waste: 23.83 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> <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> <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> </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.		12
	(ii) number of personnel trained		20
	(iii) number of personnel trained at the time of induction		5
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		None
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)		NA
	(iv) Any Fatality occurred, details.		NA
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

HLOD.

Date: 20.03.2025

Place CARE HOSPITAL, HITECH CITY



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

**15 (2)] ACCIDENT**

**REPORTING**

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

Fire emergency preparedness plan exists in place and mock drills are being conducted on monthly basis.

Date: 20.03.2025

Signature



Place: (HYD) CARE HOSPITAL,  
HITECH

Designation HCOO

## MINUTES OF MEETING ( HICC COMMITTEE - JULY 2024)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on **23.07.2024** at 6<sup>th</sup> Floor Training hall from 4-5.30 PM.

### Members Present : Dr.Pavan (chairperson)

Dr.Jahan (Quality),Dr.Navin (MS),Dr.Mohan (Anesthesia),Dr.Sahithi ,Dr Archana (RMO),Dr.Syed Usman (CP),Ms.Bhagya lakshmi(ICN),Ms.Sindhu(Nursing Quality),Dr.Jahan(Quality)Ms.Shushma(Quality)  
Mr.Feroz (Hospitality),Ms Sashikala( Nurse Supervisor)Mr.Srinivas (CSSD),Ms Reshma (6th Floor),Ms.Bhavani (CTVS)Ms.Venkatalakshmi(7th),Ms.Nalini(OT),Ms.Sashi (9th Floor Incahrge),Mr.Cowshlin (ER),Mr.Shravan(MICU),Mr.Habeeb(BME)

**Members absent :** Dr.Ruksana (Microbiology&ICO),Representation from Dailysis, Surgeons

**Quorum Required:**Yes

### Action taken report of previous minutes (11.06.2024)

S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status
1	BMW Compliance	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,Compliance is 90% in OT	26.03.2024	15.04.2024	Open
2	Instruments transportation	Committee suggested to use separate trolleys for the transportation of sterile & unsterile CSSD instruments	Ms.Nalini & Mr.Srinivas	35 forms received in may month .Non compliance data is informed dept wise to the consultants	15.05.2024	With immediate effect	W I P
3	Flash Autoclave requirment in OT	As per the committee suggestion Flash autoclave is required in the OT for sterilising the emergency instruments	Mr.Habeeb	Concerns related with the machine to be addressed @ habeeb & DR.Mohan to identify the place	23.07.2024	27.07.2024	Open
4	Double audoclave-KTP cases	Committee suggested to double autoclave for the KTP cases to be done & level 2 indicator to be kept in the set and send for the microbiology for the testing purpose	Ms.Srinivas & Ms.Nalini	Indicators are being sent	W I F		Closed
5	Isolation protocols for KTP	As per the ICN observations,consultants are not adhereining to the infection control protocols like usage of PPE & hand hygiene while treating the KTP patient.	Dr.Navin & Nephrology team	Partial complaine is there	W I F		Open
6	HK supervisor	1 dedicated HK supervisor to be provide in the OT to monitor the HK activities	Mr.Feroz	Not there in the budget	12.6.2024	13.06.2024	Open
7	BMW Compliance MAY 2024	Biomedical Waste complaine for the month of may 2024 is 94 %.		June month complaine is 93%			Open

### Minutes of Present meeting (23.07.2024)


S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status
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1	Surgical Site Infection (SSI)	2 SSI cases were presented for the month of June 2024.	NA		NA	NA	
		1st case was from Surgical oncology, Organism was E. coli, the root cause was not adherence to antibiotic policy (when the surgery is extending beyond 4 hrs repeat dose of antibiotic to be given), hand hygiene policy, gloves were not changed in between the surgeries for the same patient	Dr. Navin & Ms. Nalini		24.07.2024	30.7.2024	
		2nd case was from CTVS, organism was Acetabacter, RCA found that the wound was kept open due to clinical conditions					
		Committee suggested to follow the strict adherence to hand hygiene, antibiotic policies & cleaning protocols					



2	Ventilator Associated Tracheo branchites (VAT)	2 cases of VAT presented for the month of june 2024 (MICU & SICU)	NA				
		Root cuase was non compliance to VAP bundle & ET CO2 Cuff pressure monitoring.Committee suggested training all ICU staff on VAP bundle & strict monitoring of cuff pressure .	Ms.Bhagya & All ICU Incharges		24.07.2024	30.7.2024	
3	CAUTI,CLABSI,VAP,NSI	There were no CAUTI,CLABSI,VAP & NSI cases observed in june 2024	NA		NA		
4	Hand hygeine Complainece	Over all hand hygeine compliance is 95 % for the month of june 2024, committee suggested for contineous trainings to be done	Ms.Bhagya & Incharges		24.07.2024	30.7.2024	
5	Biomedica Waste Complainece	BMW complainece for the month of June 2024 is 93 % ,least is in OT-86% & dialysis- 88%.	Ms.Nalini & Mr.Ravi		24.07.2024	30.7.2024	
		Committee suggested for strict aderence to proper BMW segregation & disposal porotocols, Target compliance to be 100 %			24.07.2024	30.7.2024	
6	Phlebities	3 phlebities data presented ,committee suggested to have strict bed side handover to adherence to the safe infusion practices	All incharges		24.07.2024	30.7.2024	
7	Completion of High end antibiotic form	It was observed that 50 % of the high end antibiotic forms are incomplete .Regarding Non compliance in the form,Committee suggested to train the doctor assistants ,residents & DMOS	Dr.Usman & Dr.Navin		24.07.2024	30.7.2024	
8	Sample for C/S	It was observed that 16 tissue samples & 25 swab samples were sent for C/S for the month of june 2024 ,as it is not recommended to send swab samples due to cross contamination .So committee recommended to send the tissue samples only to get the accurate test results.	Dr.Navin & All the Surgeons		24.07.2024	30.7.2024	

Care hospitals ,Hitech city  
25.07.2024

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

## MINUTES OF MEETING ( HICC COMMITTEE - DEC 2024)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on **17.12.2024** at 6<sup>th</sup> Floor Training hall from 2.30-3.30 PM.

Members Present : Dr.Pavan (chairperson) Dr.Ruksana(ICO & Microbiologist)Dr.Navin(MS),Ms.Felicita(NS),Dr.Prathibha ( DMS),Dr.kavitha (OPS)Dr. Usman ali(Clinical Pharmacist), Mr.Feroz(Hk), G.amrutha (micu 2), Arif Iadhani (Educator)Ms.Bhavani(CTVS),Ms.Sindhu(ANS),Ms.Bhagya lakshmi(ICN),Mr.Srinivas(CSSD),Ms.Madhuri(PICU),Mr.Shravan ( MICU),Mr.Habeeb (BME) , Ms.Shushma(Quality)k.Nalini( OT INCHARGE).

**Members absent** : Representation from Dailysis , F&B,OT

**Quorum Required:**Yes

### Minutes of Previous meeting (16.10.2024)

S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status
1	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.Bhagya	Circulated	With immediate effect		Closed
2	BMW complaine	Biomedical waste complaine for the month of Aug 2024 is 94%	NA	Sept & Oct 95%			Closed
3	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)	Open
4	High End Antibiotic forms	As per committee High end antibiotics form to be filled by consultant / DMO	Dr.sahiti	Indications were not mentioned	With immediate effect	17.10.2024	Open
6	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		20.10.2024		Closed
7	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	Bed side handover is being observed	With immediate effect	17.10.2024	Closed
8	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	No NSI reported in Oct & Nov 2024	with immediate effect	17.10.2024	Closed
9	BMW complaine	Biomedical waste complaine for the month of Sep 2024 is 92%	NA	NA	NA		

### Minutes of Current meeting (17.12.2024)

S No	Agenda	Point discussed	Responsibility	Action taken (status) & Proposal	Start date	Expected closure date	Status
1	CAUTI	2 CAUTI was presented for the month of Oct 2024 RCA was clinical condition & multiple times folyes inserted, bundle complaine.Preventive action proposd: incharges to visit the patients who are on invasive lines daily basis	All Incharges	For CVA,RTA ,Transplant & ventilator patients silicon catheter to be used to avoid tu avoid multiple insertions	18.12.2024	31.12.2024	
2	SSI	One SSI-reported in the month of Nov 2024 RCA was Home Care dressing was done,Wound was wide open,Uncontrolled Diabetics	Dr.Navin ,Ms.Bhagya & Incahrges	Stregthening patient & family education about SSI	18.12.2024	31.12.2024	
3	Dialysis	Reprocessing machine is not working in CSSD	Mr.Habeeb		18.12.2024	31.12.2024	
4	Foot operated bins	Foot operated bins to be provided in all the wards	Mr.Feroz		18.12.2024	31.12.2024	
5	Standard Precautions for All Patient Care	Standard precautions are the minimum infection prevention practices that should be followed in healthcare settings and for all patients, regardless of their infection status. These precautions are necessary in order to reduce the risk of spreading pathogens to patients, healthcare workers, and the environment. IOC to be circulated	Ms.Bhagya & All the concern		With immediate effect		
6	BMW complaine	Biomedical waste complaine for the month of Nov 2024 is 95%	NA				

Care hospitals ,Hitech city

24.12.2024

  
**Dr.Pavan Kumar Reddy**  
 Critical Care