

To,

The Regional Commissioner
Madhya Pradesh Pollution Control Board

Indore Division

Indore, Madhya Pradesh

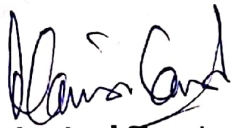
Subject — Submission of Annual Report for Biomedical Waste Generation of M/S Care CHL Hospitals, Indore.

Dear Sir

We are enclosing herewith the Annual Report for Biomedical Waste Generation for the year 2024. We trust the information furnished is in line with the requirements.

Kindly acknowledge the same.

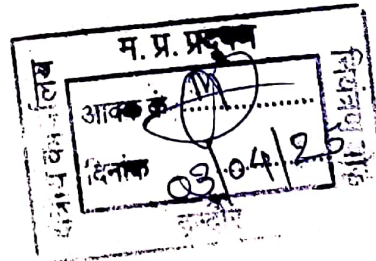
For Convenient Hospitals Limited
(Care CHL Hospital, Indore)


Authorized Signatory

Manish Gupta

HCOO, Care CHL Hospital

Indore (MP)



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.MANISH GUPTA
	(ii) Name of HCF or CBMWTF	:	CARE CHL HOSPITAL(A Unit of Convenient Hospital Limited)
	(iii) Address for Correspondence	:	AB Road Near LIG Square,RSS Nagar, Indore, Madhya Pradesh 452008
	(iv) Address of Facility	:	AB Road Near LIG Square,RSS Nagar, Indore, Madhya Pradesh 452008
	(v) Tel. No, Fax. No	:	07314774444
	(vi) E-mail ID	:	Manish.gupta@carehospitals.com
	(vii) URL of Website	:	https://www.carehospitals.com/Indore
	(viii) GPS coordinates of HCF or CBMWTF	:	22.733306711253938, 75.8891692386295
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: AWB-60490 Valid up to:31.05.2029
	(xi). Status of Consents under Water Act and Air Act	:	Authorization No: AWB-60490 Valid up to:31.05.2029
2.	Type of Health Care Facility	:	Multispecialty-Allopathy
	(i) Bedded Hospital	:	No. of Beds:200
	(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	:	Registration No : 84 , Date of Expiry 31.03.27
3.	Details of CBMWTF	:	N/A

CONVENIENT HOSPITALS LIMITED

CIN: U85110MP1993PLC007654

evercare group

CARE CHL Hospitals, Indore: Near L.I.G. Square, A.B. Road, Madhya Pradesh - 452 008, India
Tel: 0731 477 4444

Registered Office: Near L.I.G. Square, A.B. Road, Indore, Madhya Pradesh - 452 008, India
Corporate Office: #8-2-120/86/10, 1st Floor, Kohinoor Building, Road No. 2,
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CARE
—CHL—
HOSPITALS

(i) Number healthcare facilities covered by CBMWTF	:	NA																																
(ii) No of beds covered by CBMWTF	:																																	
(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A																																
(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A																																
4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :1370.8 kg avg per month Red Category :593.3 kg avg per month White:43.37 kg avg per month Blue Category :383.74 kg avg per month General Solid waste:150KG Approx																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																	
(i) Details of the on-site storage facility	:	Size : 9 feet X 7 feet Capacity : Approx. 150 Bags Provision of on-site storage : Normal																																
disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of unit</th> <th>Cap acit</th> <th>Quantity treated</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>Plasma</td> <td>Pyrolysis</td> <td>Autoclaves</td> </tr> <tr> <td>Hydroclave</td> <td>Shredder</td> <td></td> <td>Microwave</td> </tr> <tr> <td>Needle tip cutter or</td> <td></td> <td>destroyer</td> <td></td> </tr> <tr> <td>Sharps encapsulation or</td> <td></td> <td>-concrete pit</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 unit	Cap acit	Quantity treated	Incinerators	Plasma	Pyrolysis	Autoclaves	Hydroclave	Shredder		Microwave	Needle tip cutter or		destroyer		Sharps encapsulation or		-concrete pit		Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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Scanned with OKEN Scanner

	(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	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	Hoswin Incinerator Pvt. Ltd. Sector-F, Sanwer, Industrial Area, Indore MP
	(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.	23
	(ii) number of personnel trained	491
	(iii) number of personnel trained at the time of induction	100
	(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	
	(i) Number of Accidents occurred	00
	(ii) Number of the persons affected	00
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	No

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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 is in place and met the standards all the 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?		Disinfection method is meeting the log 4 standards and met the standards all the times
12	Any other relevant information		NIL

Certified that the above report is for the period from 01-01-2024 to 31-12-2024


Name and Signature of the Head of the Institution

Mr. Manish Gupta,
HCOO, CARE CHL Hospital, Indore
Date: 20th March 2025
Place: Indore

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FORM – I
[(See rule 4(o), 5(i) and


15 (2)] ACCIDENT

REPORTING

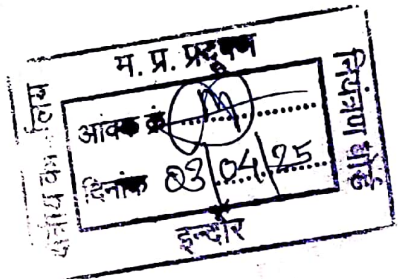
1. Date and time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency 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 has an Emergency Control policy? If yes give

details: NA

Date : 20 March 2025
 Place: CARE CHL Hospital AB
 Road, Near LIG Square, Indore

Signature : 

Designation- HIC MANAGER



HIC COMMITTEE MEETING MINUTES

Date : 22 June 2024

Venue : Board Room, Care CHL Hospitals

Time : 02:30 – 03:30 pm

Attendees Members:

S. N.	Committee Members	Role	Designation
1.	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
2.	Amrita Jasani	HIC Convener	HIC Manager
3.	Dr. Amitabh Pateriya	Member	Medical Superintendent
4.	Dr. Archana Mahajan	Member	Chief Quality Officer
5.	Dr. Rajesh Kukreja	Member	Surgeon CTVS & CSSD Head
6.	Mr. Syam K. Sivan	Member	Asst. Nursing Superintendent
7.	Dr. Aparna Singh	Member	Clinical Pharmacologist
8.	Mr. Richard Thomas	Member	AGM Operations
9.	Mr. Rajesh Kalkul	Member	AGM Facility
10.	Ms. Sunidhi Tiwari	Member	BMED Sr. Manager
11.	Mr. Rashim Guleriya	Member	Logistic HOD

HIC COMMITTEE MEETING MINUTES

12.	Mr. Sandeep Yadav	Invitee Member	Security Officer
13.	Sr. Jenit Das	Member	Infection Control Nurse
14.	Mr. Deepesh Solanki	Member	Infection Control Nurse
15.	Sr. Manjula	Invitee Member	Staff nurse - CTVS
16.	Sr. Jaishree	Invitee Member	Quality Nurse
17.	Ms. Sheetal Koul Burra	Invitee Member	Tech Maintenance

Last Meeting Agenda:

S. No.	Previous agenda	Status
1.	Anti-HBS Titre: clinical staff who has completed 3 doses of HBV	Closed
2.	Commencement of Antimicrobial Stewardship (AMS) Programme & Committee	Closed
3.	Implementation of antibiotic policy, High End antimicrobial use and antibiotic evaluation form	Closed
4.	HK Agenda - Triple and double bucket trolleys for cleaning	Closed
5.	BMW Management	Closed

HIC COMMITTEE MEETING MINUTES

Current Meeting Agenda:

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
1	Non adherence to Infection control practices	It was informed in the meeting that many healthcare providers (Doctors, Nurses and Nursing Assistant) were found with untied long hair, bangles, rings, nail paints and long nails. Staff were also not following hand hygiene compliance properly.	<p>Strict implementation of tied hair and bare below elbow policy.</p> <p>Continuous training of all clinical staff, strict monitoring & HH audits.</p> <ol style="list-style-type: none"> 1. Nursing Trainings by ICN 2. Doctors Training by HIC Manager 	<p>ICN Deepesh</p> <p>Dr. Amrita</p>	1 st July 24	
2	CSSD sterile zone temperature	It was discussed in the meeting that the temperature of CSSD sterile zone is not maintained within range. It should be maintained $\pm 21^{\circ}\text{C}$. The current temperature was found to be $27-28^{\circ}\text{C}$.	Mr. Rajesh Kalkul informed the committee members that troubleshooting is in progress. CSSD temperature monitoring chart will be maintained and presented in next HIC meet	Mr. Rajesh Kalkul	5 th July 24	
3	Inclusion of Antibiotic brand Cetil	In view of last year incidences of SSI, Dr. Rajesh Kukreja requested to include brand Cetil (Lupin) (generic cefuroxime) due to previous experience in managing SSI. The recommendation was discussed as an agenda in	Dr. Amitabh Pateriya informed the committee that this brand was approved anonymously by Pharmacy Head Mr. Himanshu that 20% of molecule will be provided of certain brands. It was approved on 25 th July 2023 in PTC committee meeting in response to the agenda discussed. In view of the unavailability of brand cetil again a mail raised on 18 th June	Dr. Amitabh Pateriya	5 th July 24	

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
		PTC committee meeting held on 25 th July 2023. Dr. Kukreja stated that specifically, for critical patients undergoing CABG Cetil will be used and in all other cases Bactilem (Emcure) brand will be given.	2024 stating that this molecule was already approved previously but still now it is not available in the drug formulary. Dr. Amitabh Sir will be in follow up for the same.			
4	BMW Management	Bio medical waste segregation at the point of generation was not evidenced in some departments.	<ol style="list-style-type: none"> 1. Robust training of nursing and HK staff on proper segregation of waste. 2. Continuous HIC surveillance 3. To ensure availability of all types of BMW bags and bins. 	HIC department	Continuous	

HIC COMMITTEE MEETING MINUTES

The Chairperson thanked all members for their presence and concluded the meeting.

Minutes Prepared by:

Sign & date: Amrita Jasani



25 June 24

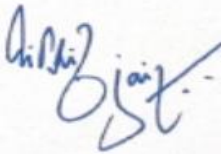
Minutes Reviewed by:

Sign & date: Dr. Sonal Goyal



Minutes Approved by:

Sign & date: Dr. Nikhilesh Jain



HIC COMMITTEE MEETING MINUTES

Date : 18 Dec 2024

Venue : Board Room, Care CHL Hospitals

Time : 2:30 – 3:30 pm

Attendees Members:

S. N.	Committee Members	Role	Designation
1.	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
2.	Amrita Jasani	HIC Convener	HIC Manager
3.	Dr. Archana Mahajan	Member	AGM Quality
4.	Dr. Aparna Singh	Member	Clinical Pharmacologist
5.	Mr. Rajesh Kalkul	Member	AGM Facility
6.	Mr. Hitesh Thakur	Member	CSSD Manager
7.	Mr. Syam	Member	ANS
8.	Mr. Nilesh	Member	HK Manager
9.	Mr. Chhotelal Yadav	Member	Sr. Executive Purchase
10.	Ms. Akshita Sharma	Member	Executive
11.	Sr. Esther	Member	ICN

HIC COMMITTEE MEETING MINUTES

Current Meeting Agenda:

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
1.	HAI Nov – 2024	<p>There were 4 HAI (2 CLABSI & 2 CAUTI) reported in the month of November, and three of them were from 2nd floor.</p> <p>During RCA following observations were made –</p> <ol style="list-style-type: none"> 1. The dressing used to secure the central line (Leukomed I.V. film) did not adhere properly to the patient's skin. 2. Bundle care non compliance 3. Antibiotic selection pressure 	<ol style="list-style-type: none"> 1. Dressing brand other than Leukomed IV film will be used. A surveillance on complaint received regarding Leukomed I.V. film will also be conducted. 2. Review and reinforce care bundle compliance among clinical staff. 3. Surveillance will be done to audit rational use of antibiotics under Antimicrobial stewardship program. 	HIC department & Nursing department	Continuous	
2.	Surgical Prophylaxis audit – within specified time frame	Overall compliance to the surgical prophylaxis within specified time frame has increased to 94% this month, but in case of Obs/Gyn department it has been noted to drop down to 78%	In-charge in Obs/gyn department was informed and requested to adhere the surgical prophylaxis policy.	Amrita Jasani		
3.	Appropriate Surgical Prophylaxis	Overall 99.23% compliance noted. In case of Onco surgeries and certain ortho-spinal surgeries partial non compliance (use of additional antibiotic – amikacin) noted.	Concerned Consultants were counselled to adhere to the policy and in case of any deviation needed; they were requested to provide justification.			

HIC COMMITTEE MEETING MINUTES

S. No.	Agenda Points	Description of Discussed Points	Action Taken/ Plan	Responsibility	Target Date	Remark
4.	Reuse policy	It was discussed in the meeting that Tracheostomy set would not be reused as per the instruction received from the HO.	In addition to this, hospital wide the reuse policy will be reviewed	HIC Team, CSSD & Department In-charges	Jan 2025	
5.	Hand hygiene audit & BMW audit Nov 2024	Overall Hand hygiene compliance was 97.83% noted. Proper BMW segregation was 76.72%.	Robust surveillance & trainings for Housekeeping and Nursing staff	HIC, Nursing & HK departments	Continuous	

HIC COMMITTEE MEETING MINUTES

The Chairperson thanked all members for their presence and concluded the meeting.

Minutes Prepared by:

Sign & date: Amrita Jasani



Minutes Reviewed by:

Sign & date: Dr. Sonal Goyal



Minutes Approved by:

Sign & date: Dr. Nikhilesh Jain

