

Date: 22/04/2025

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,

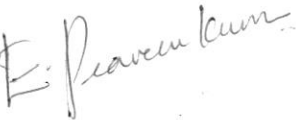
Reg: Submission of Annual Report of Biomedical Waste Generation of M/S Care Hospital Malakpet  
Telangana 500024.

We are enclosing here with the Annual Report with Biomedical Waste Generation, for the year of 2024.

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  
**P. Praveen Kumar Edla**  
Hospital Chief Operating Officer  
CARE Hospitals, Malakpet, Hyderabad



**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. Praveen Kumar Edla
	(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	:	praveen.edla@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  Amendment Order No: 305-HYD/TGPCB/ZOH/HCF/BMWA/2025-1682 Date: 24.01.2025
	(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  (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		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: 421.55 kg / Month Red Category : 411.76 kg/ Month White: 30.24 kg/ Month Blue Category : 68.24 kg / Month General Solid waste: 1001.32 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>Capacity Kg/day</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>Quantity generated</p> <p>Incineration Ash NA ETP Sludge</p>	Where disposed	
	(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.		19
	(ii) number of personnel trained		78
	(iii) number of personnel trained at the time of induction		49
	(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?		We have STP in place & we had met standard 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?		The disinfection method is meeting log 4 standards & meeting the standard all the time.
12	Any other relevant information	:	NIL

Certified that the above report is for the period from 1<sup>st</sup> JANUARY 2024 TO 31<sup>st</sup> DECEMBER 2024.

Name and Signature of the Head of the Institution

Date: 19/4/2025

Place : Hyderabad




**Praveen Kumar Edla**  
**Hospital Chief Operating Officer**  
**CARE Hospitals, Malakpet, Hyderabad**

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

**15 (2)]ACCIDENT**

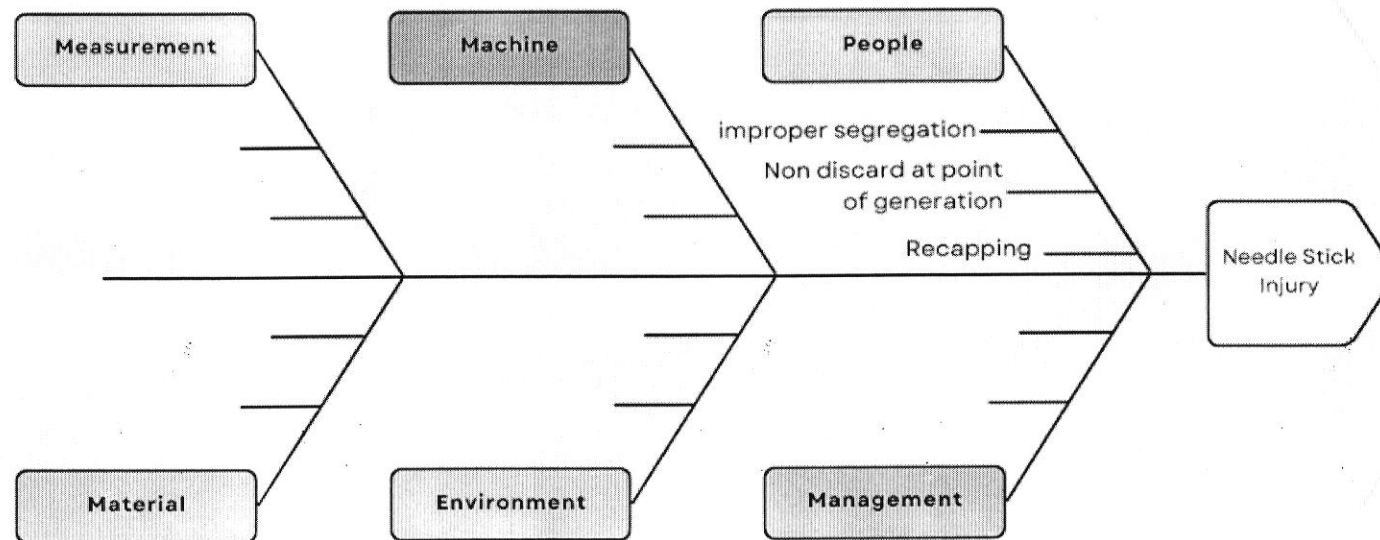
**REPORTING**

1. Date and time of accident : 25<sup>th</sup> Jan 2024, 10:00 PM / 29<sup>th</sup> Jan 2024, 10:06 am / 17<sup>th</sup> Feb 2024, 06:00 PM / 26<sup>th</sup> Feb 2024, 01:30 PM / 10<sup>th</sup> Mar 2024, 08:30 am / 11 Sep 2024, 05:06 PM / 16<sup>th</sup> Dec 2024, 10:30 am
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 you 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 : .....22/04/2025.....  
Signature 

Place: ...Hyderabad.....

Designation .....ICN.....

## ROOT CAUSE ANALYSIS FOR NEEDLE STICK INJURY



FISH BONE DIAGRAM





**CARE HOSPITALS MALAKPET (A Unit of QCIL)**

**MINUTES OF MEETING  
HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE (HIPCC)**

**DATE:** 25th Jul, 2024

**Time:** 3:00 PM

**VENUE:** Conference Hall

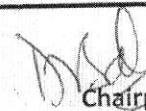
**CHAired BY:** Dr. Md. Abdullah Saleem

**MEMBERS ATTENDED:** Mr. Krishna Murthy G., Dr. Jaya Kumar C. D., Dr. Alicia B. Earl, Dr. Hindu, Dr. S. Fakiha Mehreen, Dr. Prashanth Lakshmi, Dr. Murali Krishna Chv., Dr. M. Hashim, Dr. Y. Gangadhara Rao, Dr. M. V. Shashank, Dr. Madhuri, Dr. Rohit, Dr. Kushal Nagda, Dr. Ahmed, Ms. Kavita Singh, Mr. Suresh Pantra, Mr. K. Srinivas, Mr. Shaik Abdul Khader, Mr. Prasada Raju, Mr. Tirupati Rao, Mr. Suresh Kola, Mr. G. Suresh, Ms. Jyothi T., Ms. Habeeba Unnissa, Ms. Sheeba Abraham, Ms. Ayesha, Mr. Rammohan Rao, Ms. Gracy David, Ms. Malleshwari, Mr. M. Laxman, Ms. Zaheeda Banu, Ms. Askari, Mr. Robin, Ms. P. Renuka, Mr. B. Suresh

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	ACTION PLAN	RESPONSIBILITY	TARGET DATE	REMARK
1	SSI	Ms. Jyothi informed to the committee that there are two SSI reported in the month of Jun 24. Both the patients underwent into Ortho Surgery and had taken the post discharge wound care and dressing in their local healthcare setup.	Committee suggested to strengthen the patient & family education on post operative wound care and dressing.	Mr. Suresh Pantra Ms. Jyothi T.	10-Aug-24	
2	Central Biowaste Area	Mr. Prasada Raju (HOD Maintenance proposed committee to create new biowaste area as installation of New DG set is planned.	Committee asked the infection control team to identify the appropriate area for Central Biowaste.	Mr. Prasada Raju	10-Aug-24	

3	Phlebitis	Ms. Jyothi informed to the committee that one patient got phlebitis. The phlebitis was developed due to Lack of reassessment, high concentrated electrolytes and higher end antibiotics was going on to the patient.	Committee suggested to strengthen regular reassessment, 2nd hourly rounds & VIP scoring to timely detect the phlebitis and take appropriate corrective action in timely manner.	Mr. Suresh Pantra Ms. Jyothi T.	10-Aug-24	
4	Communicable diseases	Ms. Jyoti Informed to the committee that 1 Tuberculosis & 1 Dengue case came positive which we reported to the concerned authorities.	-	-	-	
5	Construction Work	Dr. Kushal Nagda informed to the committee that the some construction works are proposed in various places in upcoming days.	Committee asked the maintenance team to get the clearance from Infection control committee before initiation of construction and ensure proper precautionary measure while construction work. Also noise and vibration assessment to be done and appropriate measures to be taken.  Committee also suggested to Infection Control Team to do ICRA and suggest appropriate measures to prevent infection due to construction work.	Mr. Prasada Raju  Dr. S. Fakiha Mehreen,  Dr. Jyothi T.	10-Aug-24	

6	Hand Hygiene	<p>Committee member has raised that many staff and consultant is not following the proper steps of hand hygiene.</p> <p>Also some time hand rub is not available on patient bed side.</p>	<p>Ms. Jyothi informed to the committee that they are continuously monitoring the compliance and taking sessions to train the people.</p> <p>Committee suggested that all the Nursing Incharges to ensure the availability of hand rub at patient bed side.</p>	<p>Ms. Jyothi T.</p> <p>Mr. Suresh P.</p>	W.i.e.	
7	Antibiotic Stewardship Programme	<p>Dr. S. Fakiha Mehreen (Consultant Microbiologist) has informed to the committee that there is high non compliance to the reserve drug and high drug antibiotic compliance form.</p>	<p>Committee suggested to reformation of Antibiotic Stewardship Committee as the existing core committee members has left the organization.</p>	Dr. Jaya Kumar C.	10-Aug-24	

  
 Chairperson - HIPC  
 Dr. Md. Abdullah Saleem

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

**DATE:** Jan 18<sup>th</sup> 2024    **Time:** 3.00 PM

**VENUE:** Conference Hall

**CHAired BY:** Dr. Md. Abdullah Saleem

**MEMBERS ATTENDED:** Mr. Krishna Murthy, Dr. Alicia Bridget Earl, Dr. S. Fakiha Mehreen, Dr. N. Md. Athaullah, Dr. Nida Mehreen, Dr. M. Hashim, Dr. Murali Krishna, Dr. Y. Gangadhara Rao, Dr. R. Kartheek, 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. Tirupati Rao, Ms. Ayesha, Mr. M. Laxman, Ms. Grace, Ms. Mubeen Begum, Ms. R. Mounika, Ms. Malleswari, Mr. Shaik Abdul Khadar, Mr. Md. Ghouse.


**Meeting Points - Jan 2024**

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	ACTION TAKEN	RESPONSIBILITY	TARGET DATE	REMARK
1	SSI	One Superficial Surgical site infection has been reported for the patient underwent Neuro Surgery.	Detailed RCA & CAPA is done and presented to the committee.  Discharge counselling to be focused on wound care.  Committee suggested to make the education material in Telugu language for wound care to handover to the Telugu speaking patients.	Mr. Suresh P., Ms. Jyothi,	31 <sup>st</sup> Jan 2024	
2	Strengthening Surgical Site Infection Capturing	Ms. Jyothi Informed the committee that they had initiated the project to strengthen the surgical site infection capturing in the month of Dec 23.	Committee appreciated the Infection control team for the initiative.  Ms. Jyothi has informed that the target date of project completion is month of Feb		Feb 2024	



CARE HOSPITALS MALAKPET

	24.				
3	Prophylactic Antibiotic compliance	Compliance to the prophylactic antibiotic was 87%.	Committee suggested to Infection control team to meet with all the concerned surgeons on the deviations to the prophylactic antibiotic policy to ensure compliance.	Dr. S. Fakiha Mehreen, Ms. Jyothi.	31 Jan 2024
4	Vaccination status	Ms. Jyothi informed that all the staff are vaccinated as per the schedule.	Total 34 staff vaccinated including new staff.  No staff is due as per the schedule.		

  
Dr. Md. Abdullah Saleem  
Chairperson - HICC