

15-03-2025

To
Regional Office
4th Floor Spoorthi Bhavan,
Hyderabad Collectorate Complex
Telangana Pollution Control Board(TSPCB)
Lakdikapul,
Hyderabad 500004.

Sub: Submission of Annual Report for Biomedical Waste Generation of M/S Guru
Nanak Care Hospital Musheerabad, 500020.

We are from Guru Nanak Care Hospital Submitting Annual Report Biomedical waste
Generation for the ^{Year}2024. Kindly acknowledge the same.

Thanking you

Yours Truly
M/ S Guru Nanak Care Hospital,
Musheerabad.


Authorized Signatory



Enclosed **Form IV**
Form I



QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

evercare group

CARE HOSPITALS

H.No. 6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500034, Telangana
T: (040)-61656565 | F: (040)-30219488 | E: info@carehospitals.com | W: carehospitals.com

REGISTERED OFFICE

H.No. 6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500034, Telangana
T: (040)-30418888, (040)-23234444 | F: 040-30418488 |
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CORPORATE OFFICE

H.No. 8-2-120/86/10, 1st Floor, Kohinoor building, Road No. 2, Banjara hills,
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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 authorized person (occupier or operator of facility)	:	Dr. J Bharati
	(ii) Name of HCF or CBMWTF	:	GURU NANAK CARE HOSPITAL (A Unit Quality Care India Limited)
	(iii) Address for Correspondence	:	1-4-908/7/1, Musheerabad Main Rd, near Raja Deluxe Theatre, Musheerabad, Bakaram, Kavadiguda, Hyderabad, Telangana 500020
	(iv) Address of Facility	:	1-4-908/7/1, Musheerabad Main Rd, near Raja Deluxe Theatre, Musheerabad, Bakaram, Kavadiguda, Hyderabad, Telangana 500020
	(v) Tel. No, Fax. No	:	040 68106589
	(vi) E-mail ID	:	dr.bharati.jetti@carehospitals.com
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	GPS No. 17.41573346434864, 78.49787701108137
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: TSPCB/BWMA/HYD - 3700178 /HO/ 2022 - 592 valid up to 31-03-2032
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-2032
2.	Type of Health Care Facility	:	Private
	(i) Bedded Hospital	:	No. of Beds: <u>100</u>
	(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	:	Registration no. 07F-TSCEA-0058 Valid till: 09-09-2029
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:	:	— Kg per day			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	— Kg/day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 576 kg Red Category : 698 kg White : 31.6 kg Blue Category : 69.5 kg General Solid waste: 2297			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size : (L X W) (20 Feet X 9 Feet) Capacity : 0.3 cu meter Provision of on-site storage : (cold storage or any other provision)			
	disposal facilities		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:			
	(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	:	1			

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	Quantity generated NA	Where disposed NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: GJ Multiclave (India Private. Limited) Sy No 179 & 181 Edupally (V) Nandigam, Shad Nagar, RR Dist, Telangana.		
	(vii) List of members 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.		10	
	(ii) number of personnel trained		125	
	(iii) number of personnel trained at the time of induction		125	
	(iv) number of personnel not undergone any training so far		NIL	
	(v) whether standard manual for training is available?		YES	
	(vi) any other information		NIL	
8	Details of the accident occurred during the year		NIL	
	(i) Number of Accidents occurred		0	
	(ii) Number of the persons affected		0	
	(iii) Remedial Action taken (Please attach details if any)			
	(iv) Any Fatality occurred, details.		NIL	
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 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?		NA
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from

01st January 2024 to 31st December 2024



Name and Signature of the Head of the Institution

Date: 15-03-2025

Place: Hyderabad

Dr. J. BHARATI
Hospital Chief Operating Officer
Care Hospital, Mushheerabad, Hyd-20.

FORM – I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

1. Date and time of accident : No incident
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : No incident
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment: No incident
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy? If yes give details:
 1. BMW Policy
 2. NSI Policy
 3. Spill Management Policy
 4. Disaster Management policy

(January-December 2024)

Signature Pranav Thomas

Place: Hyd

Designation IPCN



MINUTES OF MEETING



Minutes of the Hospital Infection Control Committee held on **9th May 2024** in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members

Dr. Surya Prakash, Dr. Srilatha, Dr. Archana, Dr. Imran, Dr. Abdul Nafeh, Ms. Asiya, Ms. Tessy, Mrs. Joamma, Mr. Rajender, Mr. Nageshwar Rao ,Nursing in charges as Additional Members.

1. Action taken report of previous meeting **March 2024** (with actions carried forward)

Agenda Point	Discussed points	Action Taken Report	Process Ownership	Status
NSI	One Needle stick injury reported in March 2024, Discussed on preventive action.	Training given to the staff , Planning for awareness week	ICN	CLOSED
VAP	Discuss on VAP case & its preventive measure	Follow the VAP Bundles documentation and educating the staff on VAP Prevention	ICN	On Going
Accidental removal of line	Handling of irritable patients during any treatment of procedure by Health care staff	In charge of the concern department to be take the charge and assist the staff nurses to handle irritable patients	ICN / In charge nurses	On Going
Cautery Burn	Discuss on the training to the OT Staff how to prevent & monitor cautery burn cases	Instructed to OT Staff to monitor the patient meticulously	OT	CLOSED
Biomedical waste	Discuss on training effectiveness to the housekeeping staff nurses & technicians based on the biomedical audit	Training given to staff on proper discarding of waste based on color coding	All concerned	CLOSED
High Risk Activities	All specimens received in lab, Microbiology and pathology will be handled with appropriate standard precautions.	OJT Done with all Lab Technicians	Technicians	On Going

2. Discussions: - (April 2024)

No	Agenda Point	Discussed Point	Process Owner	Deadlines
1	Hand Hygiene	Discussed on non-adherence from technician and discuss on improvement	ICN	Immediately
2	Bedsore	While receiving the patient had poor skin integrity & black discoloration on buttocks region, contributory reasons identified was severe diarrhea & redness formed leads to skin peeling. Grade 2 Bedsore identified	In charges / ICN	On Going
3	Prophylactic antibiotic	Before 1hour prior to the surgery time period not followed for Urology & CT Surgery cases / inform OT In charge & SICU In charge	In charges / ICN	On Going
4	Environmental Cleaning and Disinfection	The Housekeeping department HOD will frequently monitor environmental cleaning frequency.	Hospitality HOD	On Going

Tessy Thomas
Prepared by
Tessy Thomas
ICN

(Srl)
Review by
Dr. Srilatha
Chairperson

MINUTES OF MEETING

Minutes of the Hospital Infection Control Committee held on **9th Jan 2025** in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members

Dr. Surya Prakash, Dr. Srilatha, Dr. Archana, Dr. Imran, Dr. Abdul Nafeh, Ms. Asiya, Ms. Tessy, Mrs. Jojamma, Mr. Rajender, Mr. Naveen, Nursing in charges as Additional Members.

1. Action taken report of previous meeting **November 2024** (with actions carried forward)

Agenda Point	Discussed points	Action Taken Report	Process Ownership	Status
Phlebitis	It is been noticed that there were 1 phlebitis for the ICCU .ICN to retrain the nursing staff on good practices when inserting the cannula.	Training given to ICCU staff on good practices of inserting cannula and audit is done by ICN to prevent phlebitis	All in charges / ICN	Closed
Infection control indicators	There were 1 CAUTI from MICU reported in the month Nov	Training has been given to the new staff on CAUTI Bundle & Hand hygiene practices	ICN	Closed
NSI	Discussed on training for the new nursing staff.	OJT & In service taken all awareness create among staff	ICN , Quality	Continuous process.
Bedsore	while receiving the patient had poor skin integrity & was Bedridden small blisters formed & redness present on buttocks region grade 1 ,TPI done on 15/11/2024 & PPI done on 25/11/2024 & platelet count was 63,000 (Thrombocytopenia). Consultant instructed to do not mobilize the patient. Pressure ulcer increased to Grade 3.	Every 2 nd hourly strictly changed position & At the time of discharge healing stage	In charges / ICN	CLOSED

Discussions: - (December 2024)

No	Agenda Point	Discussed Point	Process Owner	Deadlines
1	Prophylactic antibiotic	Before 1hour prior to the surgery time period not followed for Ortho & Neurosurgery cases / inform OT In charge & SICU In charge	In charges / ICN	On Going
2	CLABSI	Training & education of health care providers infection control knowledge of hand hygiene practices, central line hub to be kept close when not in use .Dialysis sheath should be used only for dialysis, expect in life saving expectations.	All nursing in charges / ICN	On Going
3	Hand Hygiene	Over all 94.6%, specially Technician & Housekeeping staff not followed all the 5 moments of hand hygiene.	ICN / All Nursing in charges	1 month
4	Bio-waste	Discuss on the staff awareness on Bio-waste handling like discarding segregating & transport	Housekeeping supervisor / ICN	-

Tessy Thomas
Prepared by
Tessy Thomas
ICN

Dr. Srilatha
Review by
Dr. Srilatha
Chairperson