

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2023

Application Type: HCF	Calender Year 2023	Submit To SRO-Aurangabad I
Member of CBMWTF: Yes		
Type of Health Care Facility Bedded		
1) Particulars		
i) First Name Unmesh	ii) Middle Name Vidyadhar	iii) Last Name Takalkar
iv) Designation Director	v) Aadhaar No ██████████4104	vi) PAN No ██████████67H
vii) Address as per Aadhaar Card Falt No. B-5, Sadaphuli Apartment, Rana Nagar, Aurangabad	viii) Tel. No. 9822042425	ix) Fax No. 00
x) e-mail takalkar.unmesh@gmail.com	xi) URL of website NA	
2) Details of Health Care Facility		
i) Name of the HCF United CIIGMA Nursing Home UNITED CIIGMA HOSPITALS HEALTHCARE PVT LTD	ii) Email takalkar.unmesh@gmail.com	iii) Name of the contact person Dr. Unmesh Takalkar
iv) Contact No. 9822042425		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number Plot No. 30, Sr. No. 10, Near UNITED CIIGMA HOSPITAL,	ii) Street / Village Shahanoorwadi Dargah Road,	iii) City / Taluka Aurangabad
iv) District Chatrapati Sambhaji Nagar	v) Pin-Code Number 431001	vi) Near by Landmark
vii) Latitude coordinate 00	viii) Longitude coordinate 00	ix) Ownership Private
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA / Authorization No. Format1.0/RO/UAN No.0000143500/CR/2303001825	ii) Valid Upto Aug 31 2025 12:00:00:AM	
5) Total No of Beds (As per valid Authorization)		35
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		556
7) Registration Expiry Date		Mar 31 2024 12:00:00:AM
8) Faculty of Medicine 1		
9) Details of membership of common bio-medical waste treatment facility (CBMWTF) Yes		
Name of CBMWTF	M/s. Water Grace Products , Aurangabad	
Membership Number	00	

Number of beds	35		
Validity of Membership	31-12-2024		
10) Details of BMW			
i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)			
Yellow 105.00000	Red 50.00000	Blue 10.00000	White 15.00000
ii) Bio Medical Waste Generated (Kg/Month)			
Yellow 40.00000	Red 20.00000	Blue 5.00000	White 5.00000
iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)			
Yellow 40.0000	Red 20.0000	Blue 5.0000	White 5.0000
10.(a) General Solid Waste (kg/Month) 55.0000			
11) Details trainings conducted on BMW			
i) Number of trainings conducted on BMW Management. 4			
ii) Number of personnel trained 12			
iii) Number of personnel trained at the time of induction 23			
iv) number of personnel not undergone any training so far			
v) whether standard manual for training is available? No			
vi) any other information 00			
12) Details of the accident occurred during the year			
i) Number of Accidents occurred			
ii) Number of the persons affected			
iii) Remedial Action taken (Please attach details if any) No			
iv) Any Fatality occurred, If yes details. No			
13) Details of Liquid waste generated and treatment methods (STP and ETP)			
i) STP	No	Capacity (CMD) 50	
ii) ETP	No	Capacity (CMD) 35	
14) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? No			
15) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose No			
Place Aurangabad	Designation Director	Date 08-03-2024	

FORM – I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

1. Date and time of accident :NA
2. Type of Accident :NA
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 you facility has an Emergency Control policy? If yes give
details: NA

Date:08/03/2024.....

Signature

Place:Aurangabad.....

ICN
Designation

UNITED CIIGMA HOSPITALS

Hospital infection control committee

UNITED CIIGMA INSTITUTE OF MEDICAL SCIENCES PVT.LTD

UNITED CIIGMA NURSING HOME

CIIGMA NURSING HOME

Venue: 3rd floor board room

Date: 10th JUNE 2023

Meeting start time: 3pm

Agenda	<ul style="list-style-type: none">• Mapping on hand washing area• To discuss about Antibio gram• Identification of link nurses and their training.• To start reporting of events.• Biomedical waste management
Members present	Dr Ajay Rotte Dr Shrikant chobe, Dr Sharad Biradar, Ms Vaishali, Mr Rajratna Ukey, Mrs nayana, Mr.shrikant, Mr Sameer

MINUTES OF MEETING

SERNO	AGENDA POINTS	DISCUSSION POINTS	ACTION TAKEN	RESPONSIBILITY	TIMELINE
.	Mapping on hand washing area.	<ul style="list-style-type: none">• Mapping of hand washing areas.• Replacement of elbow tap with normal tap.• Manual call bell in all areas for hand washing.• Hand wash stands should be placed in all hand washing area.	<ul style="list-style-type: none">• Implementing of hand washing basin with signage's• Replacement of elbow tap with normal tap.in processing)• Manual call bell in all areas for hand washing• Hand wash stands should be placed	Biomed head/ICN	In 1 month

2.	Antibiogram	<ul style="list-style-type: none"> Antibiogram according to local flora. Cultures reporting by Mrs. Vidya laboratory department. 	<ul style="list-style-type: none"> Antibiogram according to local flora to be done. Cultures reporting by Mrs Vidya laboratory department to be done. 	Quality dept./ICO/ ICN	15 days
3.	Identification of link nurses with their training	<ul style="list-style-type: none"> To identify the link nurses within the departments and to schedule training for them. 	<ul style="list-style-type: none"> Identify the link nurses within the departments and to schedule training for them. 	ICN	7 days
4	Biomedical Waste management	<ul style="list-style-type: none"> Updating & Implementing Biomedical Waste Segregation Poster. Scheduling Training for Biomedical Waste Handling Bio medical waste management register data 	<p>Review current poster and identify required updates .Print & Display updated posters.</p> <p>Schedule and conduct training sessions Identify target groups (healthcare staff, housekeeping, and waste handlers). Bio medical waste collection data is to be verified by the Quality department.</p>	ICN & Quality	15 days and continuous

DISTRIBUTION LIST: ALL CONCERNED COMMITTEE MEMBERS



DR. SHRIKANT CHOBE

CONSULTANT & CHAIRMAN OF HICC

Hospital infection control committee

Meeting start time: 3pm

PREVIOUS COMMITTEE MINUTES OF MEETING

2.	<ul style="list-style-type: none"> To provide a comprehensive Material Safety Data Sheet (MSDS) for all departments using chemicals to ensure safety in handling hazardous materials. 	<p>and follow-up procedures.</p> <p>Departments must have readily accessible MSDS for all chemicals used in their operations. MSDS should include information on chemical properties, safety precautions, handling procedures, and emergency measures.</p>	To Collect MSDS for all chemicals used in respective departments & to create and maintain an MSDS database.	Procurement / ICN	DONE
3.	<ul style="list-style-type: none"> To plan the visits for the Biomedical Waste (BMW) disposal and laundry services. 	<p>The hospital's waste management plan includes regular visits from the BMW vendor for safe disposal of biomedical waste.</p> <p>The laundry services visit schedule needs to be coordinated to ensure a consistent and timely exchange of linens and uniforms.</p> <p>A review of current protocols will be conducted to ensure compliance with safety regulations and efficient service.</p>	<p>Coordinate with BMW service provider for regular visits</p> <p>Schedule a visit with laundry service provider to confirm timelines and requirements</p> <p>Review waste segregation and laundry handling procedures</p>	ICN	DONE
4.	To implement an antibiotic policy within the organization.	<ul style="list-style-type: none"> To make Antibigram as per the antibiotic policy Review of existing antibiotic guidelines or protocols. Ensuring alignment with national and 	<ul style="list-style-type: none"> Drafted or reviewed the antibiotic policy document. Communicated the policy to all healthcare providers. Scheduled training sessions for staff on policy guidelines. Monitoring mechanisms for 	ICN / ICO	DONE

Discuss and develop a roadmap for the Antibiotic Stewardship Program	<p>international standards.</p> <ul style="list-style-type: none"> • Educating staff on policy implementation. • To design restricted antibiotic forms. • To do Consultant meeting & discussion. • Data collection & analysis of culture reports. • Software involvement. 	<p>adherence to the policy.</p> <ul style="list-style-type: none"> • Identify which antibiotics should be included on the restricted list. • To give format for form design, printing & distribution. 	ICN / ICO	DONE
Discuss and finalize the composition of the Antibiotic Stewardship Committee.	<ul style="list-style-type: none"> • Identifying key stakeholders and experts to form the committee • Defining roles and responsibilities within the committee. • Ensuring diversity in the committee's expertise (clinical, administrative, and laboratory). • Frequency of committee meetings and communication channels. 	<ul style="list-style-type: none"> • Finalized committee members and appointed key leadership roles. • Defined the terms of reference and responsibilities of committee members. • Scheduled the first committee meeting and set objectives for the upcoming year. • Established reporting and feedback mechanisms for ongoing evaluation of the program. 	ICN/ICO	DONE

- Establishing a leadership structure for the committee (Chairperson, Secretary, etc.).
- Clarifying the mandate and objectives of the committee.

CURRENT COMMITTEE MINUTES OF MEETING

SRNO	AGENDA POINTS	DISCUSSION POINTS	ACTION TAKEN	RESPONSIBILITY	TIMELINE
1.	Disinfection & fogging to be defined & necessary change of SOP are made accordingly	<ul style="list-style-type: none"> • Review the existing disinfection and fogging procedures. • Assess if current protocols align with health regulations and best practices. <p>Discuss changes needed in the current SOPs to include updated disinfection and fogging practices.</p> <p>Plan training for all relevant personnel on updated disinfection and fogging procedures.</p>	A comprehensive review of existing disinfection and fogging protocols was conducted by the infection control committee. The protocols were benchmarked against the latest standards.	ICN / ICO	15 days
2.	Vaccination of health care workers in view of shortage of vaccines.	A strategic approach is needed to prioritize which healthcare workers receive the vaccine first, ensuring the most vulnerable and frontline workers are prioritized.	The vaccination scheduling system was updated to reflect this prioritization. Healthcare workers were notified about vaccine availability, and a booking system was implemented	HR HOD/ICN	8 days

			to efficiently distribute doses as they arrive.		
3.	Stewardship program for induction time table.	Proper antibiotic use is essential to ensure effective treatment, reduce adverse effects, and prevent the development of antibiotic-resistant infections.	A dedicated module on antibiotic stewardship was added to the induction training program, focusing on the importance of rational antibiotic prescribing, local resistance patterns, and institutional guidelines.	ICN / ICO	15 days
4.	Biomedical Waste management	<ul style="list-style-type: none"> Compliance with biomedical waste management rules. Review of Biomedical Waste Collection Data 	<p>Train staff on biomedical waste management protocol.</p> <p>Analyze the quantity and types of biomedical waste collected.</p> <p>Cross-Checked Collected Data with Disposal Records. Match waste collection logs with disposal records.</p> <p>Verify segregation and categorization accuracy.</p>	<p>ICN</p> <p>Quality dept.</p>	<p>7 days & continuous</p> <p>Immediate</p>

DISTRIBUTION LIST: ALL CONCERNED COMMITTEE MEMBERS

DR. SANTOSH TATHE



Microbiologist & ICO