CARE HOSPITALS

NABH ACCREDITED HOSPITAL

NABL ACCREDITED HOSPT

Affordable, Accessible, Accountable (AAA)C*

16-05-2026

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

Respected Sir/Maam,

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 2025. Kindly acknowledge the same.

Thanking you

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

CARE HOSPITALS ★ 1-4-908/7/1, Bakaram, ★ Musheerabad, Hyderabad.

Authorized Signatory

TELANGANA POLLUTION CONTROL BOARD-REGIONAL OFFICE-HYDERABAD ★ Inward No. 25 MAY 2026

Enclosed **Form IV**
Form I

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 Januaryto 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	:	quality.msrd@carehospitals.com ayesha.khavi@carehospitals.com 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: 100
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory orResearch 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:	:	NA — Kg/day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA — Kg/day
4.	Quantity of waste generated or disposed in Kg perannum (on monthly average basis)	:	Yellow Category: 658.56 kg Red Category : 789.51 kg White : 30.54 kg Blue Category : 90.38 kg General Solid waste: 2265.83
65	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storagefacility	:	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) NA
	disposal facilities		Type of treatment equipment / No of units / Capacity Kg/day / Quantity treated or disposed in kg per annum Incinerators Plasma PyrolysisAutoclaves 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.	:	NA
	(iv) No of vehicles used for collectionand 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		Quantity generated / Where disposed Incineration Ash: **NA** / **NA** ETP Sludge
	(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, attachminutes of the meetings held during the reporting period		YES
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		13
	(ii) number of personnel trained		**230**
	(iii) number of personnel trained at the time of induction		**38**
	(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		NSI happened to Lab Technician while discarding used needle (Details are attached in form I)
	(i) Number of Accidents occurred		01
	(ii) Number of the persons affected		01
	(iii) Remedial Action taken (Please attach details if any)		Immediate First Aid was given; Health checkup was done
	(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?		STP for Hospital waste water treatment is available in HCF, periodically it is being tested and ensured that it is meeting its standard. We are meeting all 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 all the time
12	Any other relevant information	:	NA

Certified that the above report is for the period from

01st January 2025 to 31st December 2025

CARE HOSPITALS
1-4-908/7/1, Bakaram, Musheerabad, Hyderabad.

Name and Signature of the Head of the Institution

Date: 16-05-2026
Place: Hyderabad

Date & Time of Incident:15.12.2025 @04:40 AM

RCA:

1.Why did the lab technician sustain a needle-stick injury?

Because the used needle accidentally pricked the finger during disposal

2. Why did the needle prick occur during disposal?

Because the needle was not disposed of safely using the correct sharps-handling technique

3. Why was the correct sharps-handling technique not followed?

Because the technician did not followed proper disposal method.

4. Why technician not followed proper disposal method?

due to workload or haste.

5. Why the technician is not aware on the policy?

Technician is aware on process & policy but due to the peak hour accidentally it occurred

Corrective Action:

Immediate first aid was given and the incident was reported as per protocol

Preventive Action:

Reinforce training on safe sharps handling and disposal SOPs for all laboratory staff. Conduct periodic refresher training on needle-stick injury prevention.

MINUTES OF MEETING

CARE HOSPITALS

Minutes of the Hospital Infection Control Committee held on 12thJune **2025** in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members

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

1. Action taken report of previous meeting **April 2025** (with actions carried forward)

genda Point	Discussed points	Action Taken Report	Process Ownership	Status
NSI	Discussed on incident: Staff nurse administered insulin at abdomen site and patient was irritable and suddenly pushed the staff nurse hand, it is accidental got pricked on index finger superficially (fresh needle)	Training on going to the staff dept wise to prevent such errors	All Nursing Staff / ICN	CLOSED
PHLEBITIS	The patient had multiple IV cannula insertions and removals and was receiving more than two high-end antibiotics thrice daily. He was immunocompromised.	Daily in dept morning meeting of nursing staff highlighting & practical training give on prevention of phlebitis	Department Incharge / Nursing staff	CLOSED
ACCIDENTIAL REMOVAL	Self Extubating, Patient has removed the ET Tube , Patient was semi-conscious and irritable	Explained the staff nurses on how to handle irritable patients and ensuring accidental removal	Department Incharge / Nursing staff	CLOSED
	Accidental removal of Foley's catheter, Patient was irritable			
NABH Assessment	Discussed on the NABH observations, In HIC Chapter no NC was raised and appreciated by chairperson & committee members and encouraged to continue the good work	Informed to all the staff and during daily rounds will ensure IPC followed	ICN	CLOSED

Discussions: - (May2025)

No	Agenda Point	Discussed Point	Process Owner	Deadlines
1	VAP	Discussed on VAP Event: The patient was diagnosed with an Acute exacerbation of COPD and had required multiple hospital admissions over the past 2months. During the current hospital stay, PRBC & FFP were transfused in view of anemia & coagulopathy. The patient was immunocompromised.	Dept Incharge / ICN	WIE
2	Hand Hygiene	Over all compliance is 93.8% to improve further category wise training was suggested and dept wise adherence to present	ICN / All Nurses	WIE
3	Biomedical waste	Discussed on compliance status and proper segregation and disposal. Training to the new joiners and refresher training effectiveness discussed	ICN / Hospitality HOD	WIE
4	RO Water port samples	Discussed on the monthly reports sample results. Upcoming plan for RO Drinking water	ICN / Quality / Maintenance	1 MONTH

Prepared by
Tessy Thomas
ICN

Review by
Dr. Srilatha
Chairperson

MINUTES OF MEETING

CARE HOSPITALS

Minutes of the Hospital Infection Control Committee held on **Jan 2026** in Conference Hall from 03:00 pm to 04:00 Pm

Committee Members

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

1. Action taken report of previous meeting **Dec 2025** (with actions carried forward)

genda Point	Discussed points	Action Taken Report	Process Ownership	Status
ABSI	Central line insertion on 06/11/2025 Blood Culture sent on 08/11/2025 - Organism was Enterococcus Faecium Total Days of Central line – 6 Total Length of Stay – 13days	CLABSI Bundle training to the nursing staff , Hand hygiene , Daily monitoring & auditing of dressing integrity & hub care	IPCN/ All Concerned	-
essure ulcer	On admission, he had a Grade-1 pressure ulcer over the buttocks (PUSH score = 5). By the time of discharge, the ulcer had healed. He was readmitted on 29/10/2025. On 08/11/2025 he developed blisters on the buttock region and the right lateral side, and over time these progressed to a Grade-2 ulcer (PUSH score = 13). The pressure ulcer scale for healing (PUSH) was not maintained consistently, and his position was not rotated every two hours.	Educated nurses on prevention of pressure injury, and Management of bedsore. Continuous monitoring	IPCN/ All Concerned	-
nd Hygiene	Discussed on hand hygiene compliance category wise & overall average compliance was 92.8%.	Training reinforcement sessions for staff with repeated noncompliance.	IPCN/ All Concerned	Immediately
ophylactic antibiotic	Antibiotic given in specified timeframe was 97.9% & discussed on one noncompliance case & suggested by IPC Chairperson in OT only antibiotic to be given.	Conduct training for staff on surgical antibiotic prophylaxis. Monitor compliance through regular audits.	IPCN/ All Concerned	Immediately
accination status	Vaccination data to be present with all different category of staff including outsourced.	Added slide in the IPC Presentation with all details	IPCN	Next month

BMW anagement	Discussed on monthly audit observation, yellow and red dustbin covers were not available and waste was discarded without proper cover.	Regular daily checks by housekeeping staff to ensure availability of all BMW bin covers. Conduct training for all staff on BMW Segregation.	IPCN/ All Concerned	Immediately

Discussions: - (Jan 2026)

No	Agenda Point	Discussed Point	Process Owner	Deadline
1				
2				
3				
4				
5				
6				

Tessy Thomas

Prepared by
Tessy Thomas
ICN

Srilatha

Review by
Dr. Srilatha
Chairperson