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To,

The Environment Engineer

Regional Office
Telangana State Pollution Control Board (TSPCB)
4TH Floor, Hyderabad District Collectors Office complex
Nampally, Hyderabad, Telangana 500 001.

Respected Sir,

Subject : Submission of form No. IV Biomedical waste and Form no I- accident reporting for the year January 2025 – December 2025

We are herewith submitting the **Form no IV** & **Form no I** form for filing annual returns for year January 2025– December 2025.

Kindly receive the same and acknowledge please

CARE Hospitals, Nampally
(A unit of Quality Care India Limited)

Dr. Shashikanth Aggsare
Hospital Chief Operating Officer
CARE Hospitals
Nampally, Hyderabad, Telangana 500 001

CARE HOSPITAL ★ 5-4-199, Exhibition Road ★ NAMPALLY, HYDERABAD-01

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

Enclosure:

1. Form No.4 for Filing Annual Returns
2. Form No.1 for Filing Annual Returns
3. Minor Accident - Remedial Action taken details
4. Minutes of the meetings bio-medical waste management committee(2)

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Steps taken to prevent the recurrence of an accident- Needle stick injury reported in 2025

1. **Training Sessions:** Regular training sessions have been conducted for all the staff on safe handling and disposal of sharps.
2. **Poster Demonstration:** Posters have been displayed in strategic locations to demonstrate proper procedures for handling sharps.
3. **Demonstration Sessions:** Hands-on demonstration sessions have been conducted to educate staff on proper techniques for handling and disposing of sharps.
4. **Regular Audits:** Regular audits have been conducted to ensure compliance with sharps handling and disposal policies.
5. **Workshop on Safety:** A workshop on safety has been organized to educate staff on best practices for preventing needle stick injuries.
6. **Exhibition on Safety:** An exhibition on safety has been organized to showcase best practices and innovative solutions for preventing needle stick injuries.

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FORM – I

[(See rule 4(o), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and time of accident :
   Incident 22/4/2025 @ 6.20 pm
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident :

   Department: CTOT
   Housekeeping staff was transporting the red biomedical waste bin using a trolley. During transportation, an improperly discarded used needle punctured through the waste cover/bag and caused a needle stick injury to the housekeeping staff's hand.

4. Has the Authority been informed immediately : As the above accidents are classified as minor incidents, they will be included in our annual report.

5. The type of waste involved in accident : white category (Above cases is related to Needle stick injury)

6. Assessment of the effects of the accidents on human health and the environment:

   Human Health:
   - The staff member received prompt medical attention, including post-exposure prophylaxis (PEP) as per hospital protocol.
   - All the staff member was already vaccinated against hepatitis B.

   Environmental Impact:
   - The incident did not result in any environmental contamination or harm.

   Overall, prompt medical attention, vaccination, and proper wound care minimized the risk of infection and ensured the staff member's safety.

7. Emergency measures taken :

   1. Immediate reporting of the incident to the supervisor and infection control team.
   2. Provision of first aid, including washing the affected area with soap and water.
   3. Administration of post-exposure prophylaxis (PEP) as per hospital protocol.
   4. Counseling and support provided to the staff member.

8. Steps taken to alleviate the effects of accidents :

   1. The staff member was sent for medical evaluation and follow-up.
   2. Sharps containers were checked to ensure they were securely closed and easily accessible.
   3. Additional training was provided to housekeeping staff on safe handling and disposal of sharps.
   4. All staff members in OT Staffs & HK Staffs received training on safe handling and disposal of sharps, proper segregation and biomedical waste management to ensure a safe and healthy work environment.

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9. Steps taken to prevent the recurrence of such an accident :

1. Training Sessions: Regular training sessions have been conducted for all the staff on safe handling and disposal of sharps.
2. Poster Demonstration: Posters have been displayed in strategic locations to demonstrate proper procedures for handling sharps.
3. Demonstration Sessions: Hands-on demonstration sessions have been conducted to educate staff on proper techniques for handling and disposing of sharps.
4. Regular Audits: Regular audits have been conducted to ensure compliance with sharps handling and disposal policies.
5. Workshop on Safety: A workshop on safety has been organized to educate staff on best practices for preventing needle stick injuries.
6. Exhibition on Safety: An exhibition on safety has been organized to showcase best practices and innovative solutions for preventing needle stick injuries

10. Does you facility has an Emergency Control policy? If yes give details:

Yes, our facility has a comprehensive Emergency Control Policy in place, which outlines procedures for responding to various emergencies, including:

1. Fire Safety: Procedures for fire prevention, detection, and response, including evacuation protocols and fire extinguisher use.
2. Needle Stick Injury: Guidelines for managing needle stick injuries, including post-exposure prophylaxis (PEP) administration and follow-up care.
3. Spill Management: Procedures for containing and cleaning up spills of hazardous materials, including chemicals and biological agents.

Our Emergency Control Policy ensures that our staff is prepared to respond quickly and effectively in the event of an emergency, minimizing risks to patients, staff, and visitors.

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NAMPALLY, HYDERABAD-01.

Date : .....
Place: .....

Signature.....
Designation.....

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 authorised person (occupier or operator of facility)	:	Dr Shashikanth Aggsare
	(ii) Name of HCF or CBMWTF	:	**Care Hospitals Nampally Hyderabad -500001**
	(iii) Address for Correspondence	:	5-4-199, J.N Road, M.J Market, Nampally, Hyderbad - 500001
	(iv) Address of Facility		5-4-199, J.N Road, M.J Market, Nampally, Hyderbad - 500001
	(v)Tel. No, Fax. No	:	040-67106565
	(vi) E-mail ID	:	Cnm.hcoo@carehospitals.com
	(vii) URL of Website		**www.carehospitals.com**
	(viii) GPS coordinates of HCF or CBMWTF		**17.386125807925527, 78.47405934975441**
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: **208HYD/TGPCB/ZOH/HCF/BMWA/ 2026-093 -Date :17/4/2026** valid up to **31/3/2036**
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:**31/3/2036**
2.	Type of Health Care Facility	:	**Private**
	(i) Bedded Hospital	:	No. of Beds: **210**
	(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-TSAPMCE-0093 date of Expiry - 18.12.2029
3.	Details of CBMWTF	:	**NA**

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	(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 per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1723.369 KG
			Red Category : 1918.358 KG
			White: 36.059 kg
			Blue Category :305.316 kg
			General Solid waste: 3736.08

5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 5X5 - 25Sft each room(3 room)
			Capacity : 200 Bags
			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 treatedor 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: BY G.J.Multiclave (India) Pvt. Ltd.
	(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	:	5
	(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 ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	**G.J.Multiclave (India) Pvt. Ltd., Survey No 179 .Mothkulagudam village Nandigama Mandal, Ranga Reddy Dist , Telangana 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.		**50**
	(ii) number of personnel trained		**792**
	(iii) number of personnel trained at the time of induction		102
	(iv) number of personnel not undergone any training so far		**0**
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		1
	(ii) Number of the persons affected		1
	(iii) Remedial Action taken (Please attach details if any)		Attached
	(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

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10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP &ETP 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 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?		Disinfection method is meeting the log 4 standards all the time .
12.	Any other relevant information	:	NA (Air Pollution Control Devices attached with theIncinerator)

Certified that the above report is for the period from Jan 2025- December 2025.

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Name and Signature of the Head of the Institution

Date:
Place: **Hyderabad**

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CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

Bio-Medical Waste Management Committee meeting

Minutes of Meeting & Action taken report

Date : 16/6/2025

Attendees:- Mr. Vipul, Ms Venkta Lakshmi, Dr. Ashish Mathur, Ms Sunitha, Mr Kisan, Ms Padma, Ms Kalamma, Dr. Mustafa, Ms Deepa Joseph, and Mr Jobin.

Sl. No	Agenda	Discussion Points	Action Taken / Action Plan	Responsible Person / Department	Timeline	Status
1	Review of Bio-Medical Waste Segregation Posters	The committee reviewed the placement and visibility of bio-medical waste segregation posters in all required areas. The content accuracy and effectiveness of the posters were also discussed.	Ensure segregation posters are displayed in all applicable areas and periodically reviewed for accuracy and awareness effectiveness.	Infection Control Department	Within 7 days	Closed
2	Replacement of Biohazard Symbols on Bins	Torn and damaged biohazard symbols on bins were identified during the review. The importance of maintaining proper labeling for compliance and safety was emphasized.	Replace torn biohazard symbols on bins and ensure compliance across all patient care and support areas.	Infection Control Department	Within 5 days	Closed
3	Review of Employee Vaccination Status	Current employee vaccination status was reviewed and discussed to ensure occupational safety compliance.	Ensure all employees are vaccinated as per the approved vaccination schedule and maintain updated records.	Infection Control Team	As per schedule	Closed
4	Review of BMW Weighing Data	BMW weighing records were reviewed for accuracy and completeness. Any discrepancies and concerns related to documentation were discussed.	Verify BMW weighing data regularly and ensure accurate documentation and reporting compliance.	BMW Team / Infection Control Department	Ongoing	Closed

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Bio-Medical Waste Management Committee meeting

5	Review of Timely Website Reporting	Reporting status on the biomedical waste portal/website was reviewed. Issues related to timely reporting and compliance were discussed.	Ensure timely website reporting and monitor compliance with statutory reporting timelines.	Infection Control Department / BMW Coordinator	Ongoing	Closed
6	Incident Review and RCA/CAPA	Incidents related to biomedical waste management were reviewed along with root cause analysis and CAPA implementation status.	Review incidents and implement RCA/CAPA plans in coordination with concerned HODs and teams.	Infection Control Department associated with Concerned HODs & Team	Within 15 days	Closed
7	Surveillance Audit Observations	Surveillance audit observations and identified gaps were reviewed during the meeting. The committee discussed corrective measures and closure status.	Address gaps and concerns identified during surveillance audit and ensure compliance sustainability.	Infection Control Department associated with Concerned HODs & Team	Points already closed	Closed

Prepared By
Jobin
Quality Department

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Reviewed and approved by
Dr Mustafa Afzal
Committee Chairperson

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CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

Bio-Medical Waste Management Committee meeting

Minutes of Meeting & Action taken report

Attendees:- Mr Kisan, Dr. Anand ,Mr Jobin ,Ms Deepa Joseph ,Ms Padma, Mr. Vipul , Dr. Mustafa ,Ms Venkta Lakshmi ,Ms Nikat Fathima ,Ms Kalamma,Ms Sunitha

Date :7/2/2025

Sl. No	Agenda	Discussion Points	Action Taken / Action Plan	Responsible Person / Department	Timeline	Status (Reviewed on 21/2/2025)
1	Review of Surveillance Biomedical Waste Audit Observations	The committee reviewed the surveillance audit observations related to segregation, handling, and transportation of biomedical waste. Gaps identified during the audit were discussed for immediate closure and compliance improvement.	Implement corrective and preventive actions (CAPA) for all gaps identified during the audit and ensure compliance monitoring.Training to be strengthened through scheduled training programs	Respective Department In-charges& ICN / Infection Control Team	Within 7 days	Closed
2	Vaccination Status of Employees	The current vaccination status of employees was reviewed. The importance of ensuring vaccination compliance among all healthcare workers and support staff was emphasized.	Ensure all employees are vaccinated as per the approved vaccination schedule and maintain updated records.	ICN / Infection Control Team	As per schedule	Closed(It will continue as per the schedule)

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Bio-Medical Waste Management Committee meeting

3	Hand Hygiene Training for Housekeeping Staff	Existing hand hygiene practices among housekeeping staff were reviewed. The need for continuous reinforcement and monitoring of compliance was discussed.	Strengthen hand hygiene training sessions and conduct periodic awareness and competency assessments for housekeeping staff.	Infection Control Department	As per schedule	Closed(continue as per the schedule)
4	Spill Management Training	Current spill management procedures and staff awareness regarding spill handling were discussed. The committee emphasized the need for regular training and mock demonstrations.	Conduct spill management training sessions as per the approved schedule and maintain training attendance records.	Infection Control Department	As per schedule	Closed(continue as per the schedule)

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Bio-Medical Waste Management Committee meeting

5	Biomedical Waste PPE Compliance	Current PPE usage practices during biomedical waste handling and transportation were reviewed. Non-compliance risks and staff safety concerns were discussed.	Ensure all staff wear appropriate PPE while handling and transferring biomedical waste. Compliance monitoring to be strengthened.	Housekeeping Manager & Supervisors	Immediate effect	Closed
6	Incident Review and RCA/CAPA	Incidents related to biomedical waste management were reviewed along with root cause analysis findings and corrective/preventive action plans.	RCA/CAPA actions for reported incidents were reviewed and implemented in coordination with concerned HODs and teams.	Infection Control Department with Concerned HODs	Closed already	Closed

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Bio-Medical Waste Management Committee meeting

7	Implementation of Preventive Measures	Preventive measures to avoid recurrence of audit observations and incidents were discussed during the meeting. The importance of continuous monitoring and staff awareness was highlighted.	Implement all preventive measures discussed during the meeting and monitor effectiveness through periodic audits and reviews.	Infection Control Team	Within 14 days	Closed

Prepared By
Jobin
Quality Department

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Reviewed and approved by
Dr Mustafa Afzal
Committee Chairperson