

To,

The Regional Commissioner

Madhya Pradesh Pollution Control Board

Indore Division

Indore, Madhya Pradesh

Subject – Submission of Annual Report for Biomedical Waste Generation of M/S Care CHL Hospitals, Indore.

Dear Sir

We are enclosing herewith the Annual Report for Biomedical Waste Generation for the year 2023.

We trust the information furnished is in line with the requirement.

Kindly acknowledge the same.

For Convenient Hospitals Limited

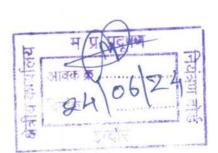
(Care CHL Hospital, Indore)

Authorized Signatory

Manish Gupta

HCOO, Care CHL Hospital

Indore (M.P)



CONVENIENT HOSPITALS LIMITED

CIN: U85110MP1993PLC007654

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#### 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 Januaryto December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

SI. No.	Particulars		
1 .	Particulars of the Occupier .	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	MR. MANISH GUPTA
	(ii) Name of HCF or CBMWTF	1	CARE CHL HOSPITAL(A Unit of Convenient Hospital Limited)
	(iii) Address for Correspondence	1	AB Road Near LIG Square, RSS Nagar, Indore, Madhya Pradesh 452008
	(iv) Address of Facility		AB Road Near LIG Square, RSS Nagar, Indore, Madhya Pradesh 452008
	(v)Tel. No, Fax. No	:	07314774444
	(vi) E-mail ID	1	manish.gupta@carehospitals.com
	(vii) URL of Website		https://www.carehospitals.com/Indore
	(viii) GPS coordinates of HCF or CBMWTF		22.733306711253938, 75.8891692386295
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization no-COW- 120669Dt.18.06.2024 Valid up to:31.05.2029
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:31.05.2029
2.	Type of Health Care Facility	1	Multispecialty
	(i) Bedded Hospital	1	No. of Beds:200
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		CCA No- AWB-60490

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3.	Details of CBMWTF			:			- A	HOSPIT	
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	CBMWTF	cover	ed by	1	NA				
	(ii) No of beds covered by CBMWTF			:	NA				
	(iii) Installed treatment and disposal CBMWTF:	capac	city of	:	NA				
	(iv) Quantity of biomedical waste treated by CBMWTF	ed or d	isposed	:	NA				
	Quantity of waste generated or dispos annum (on monthly average basis)	sed in	Kg per	:	month			kg avg per	
					Red Cat month.	Red Category :350 kg avg per			
					White:22.9 kg avg per month				
					Blue Ca				
					month.				
				,	General	TORROSS HISTORY ALV.	80 miles (100)		-
	Details of the Storage, treatment, transportation, proce		ssing	and Dispos	sal Facil	ity		-	
	(i) Details of the on-site storage		Size						
	facility		Capaci			40000000	7 1	4 04-00-00-00-00-00-00-00-00-00-00-00-00-0	
			The second secon		f on-site s ovision)	storage	: (col	d storage or	
	disposal facilities		Тур	e of tr	eatment	No	Cap	Quantity	
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,				—CHL—
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA	HOSPITALS
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA	
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Hoswin Incinerator Pvt. Ltd. Sector—F, Sanwer, Industrial	Area, M.P.
	(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	1
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		23	
	(ii) number of personnel trained		491	
	(iii) number of personnel trained at the time of induction		100	
	(iv) number of personnel not undergone any training so far		All BMW handlers are trained.	
	(v) whether standard manual for training is available?		Yes	
	(vi) any other information)		None	
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred		00	
	(ii) Number of the persons affected		00	
	(iii) Remedial Action taken (Please attach details if any)		NA	
	(iv) Any Fatality occurred, details.		No	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met		NA	
die von	the standards?	CONTRACTOR OF THE PARTY OF THE		

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	Details of Continuous online emission monitoring systems installed		NA	HOSPITA	
10	Liquid waste generated and treatment methods in place. How many timesyou have not met the standards in a year?		NA .		
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	:	NIL		

Certified that the above report is for the period from 01-01-2023 to 31-12-2023.

Date: 24th June 24

Place: Indore

Name and Signature of the Head of the Institution

HCOO, Care CHL Hospital, Indore



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### FORM – I [ (See rule 4(0), 5(i) and

#### 15 (2)]ACCIDENT

#### REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: NIL
- 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
- Emergency measures taken: --
- 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: 24 June 24

Place: CARE CHL Hospital AB Road, Near LIG Square, Indore. Signature 6

Designation HIC Managu





# HIC COMMITTEE MEETINGS MINUTES

DATE: 20.5.23

VENUE: AUDITORIUM TIME: 12:00 TO 01:00PM

S. N.	Committee Members	Role	Designation
•	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
•	Dr. Sonal Goyal	Vice - Chairperson	Clinical Microbiologist &Infection Control Officer
•	Sr. Teena Lalli	Convener	Chief Infection Control Nurse
•	Dr. Manish Porwal	Member	Chief Cardiac Surgeon
•	Dr Rajesh Kukreja	Member	OT Committee chairperson & CSSD Incharge
•	Dr. Archana Mahajan	Member	Chief Quality Officer
•	Dr. Govinda Ajmera	Member	Head -Pharmacy &Chief Clinical Pharmacist
•	Sr. Janet Das	Member	Infection Control Nurse
•	Sr Sheeba Abraham	Invite Member	CTVS Incharge
•	Sr Beena Gotre	Invite Member	ICCU Incharge

# LAST MEETING MINUTES REVIEW: PREVIOUS MEETING AGENDA

NSI - TRAINING DONE & CONTINUE HH - CONTINUOUS SURVEILLANCE OT SURVEILLANCE IN PROCESS

D-PAD & GREEN SHEET (CVP LINE) – It was discussed to promote usage of closed ports and gradually remove the use of D-PAD and GREEN SHEET. The costing will be discussed and further actions will be action.

# **CURRENT MEETING AGENDA:**

A. HAI INDICATORS APRIL-2022 TO MARCH -2023

B. BIO-MEDICAL WASTE HOSPITAL WIDE WEEKLY

C. HOUSEKEEPING SURVEILLANCE OBSERVATION

D. H.K. VACCINATION IN PROCESS

E. HAND HYGIENE COMPLIANCE

#### A. HAI INDICATORS APRIL-2022 TO MARCH -2023

Total HAI incidence were 23. Out of which
SSI- 7
CAUTI- 6
CLABSI- 3
VAP- 2

#### B. BIO-MEDICAL WASTE HOSPITAL WIDE WEEKLY

### C. HOUSEKEEPING SURVEILLANCE OBSERVATION

It was observed the bags given for disposal are small.

The waste is not being seggregated as per the protocol.

The staff is not using gloves for disposal.

### D. H. K. VACCINATION IN PROCESS

The second dose has been completed.

E. Hand Hygiene Compliance Hospital Wide -89.11% This month is higher than previous month overall, still it can be further improved.

The HIC team is continuously increasing its hand hygiene compliance activities, specifically targeting nurses and the newer staff.

The Chairperson thanked all	members for their presence and concluded the meeting a
Minutes Prepared by:	Sign & date: Teen a Lalli Walli Sign & date: June
Minutes Reviewed by:	Sign & date:
Minutes Approved by:	Sign & date:

CARE CHL Hospitals Indore									
Comi	Meeting Agenda & Attendance  Committee:   ☐ CARE COMMITTEE  C								
Venue: AUDITORIUM									
Date:	20/05/2023 Time:	12 pm							
Age	Agenda :								
1.	MAI Indicataus April								
2.	2. BIO-Medical waste hospital wide weekly								
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Atter	ndees :								
S.No	Name	Designation	Signature						
	Dr. Sconel Goyal	Microsof et & HIC	o Sous						
2.	Lescy Varghere	NS	Traighui						
3)	Vishm S Naes	Manager-H/KDX	2 Party						
4	Dr. Archana Mahaja	coi (	7						
5)	Jared Khan,	Unit/manges DU	Javen						
65	Lakesh Rojera	,	They's						
7,	Tenit Des	ICN	Aus.						
8.	RICHARD THOMAS	AGM	Richard						
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# HIC COMMITTEE MEETINGS MINUTES

DATE: 09.11.23

VENUE : BOARD ROOM TIME: 12:00 TO 1:00PM

S. N.	Committee Members	Role	Designation
•	Dr. Nikhilesh Jain	Chairperson	Chief Intensivist
•	Dr. Sonal Goyal	Vice - Chairperson	Clinical Microbiologist &Infection Control Officer
•	Dr. Amitabh Pateriya	Member	Medical Superintendant
•	Sr. Teena Lalli	Convener	Chief Infection Control Nurse
•	Dr. Manish Porwal	Member	Chief Cardiac Surgeon
•	Dr Rajesh Kukreja	Member	OT Committee chairperson & CSSD Incharge
•	Dr. Archana Mahajan	Member	Chief Quality Officer
•	Mr Richard Thomas	Invite Member	Operation Head
•	Sr.Jenit Das	Member	Infection Control Nurse
•	Sr Beena Gotre	Invite Member	ICCU Incharge
•	Sr Sheeba .K. Abraham	Invite Member	CCU Incharge
•	Mr. Satish Chandra Yadav	Invite Member	H.K.Manager

# LAST MEETING MINUTES REVIEW:

THE LAST MEETING MINUTES WERE REVIEWED BY ALL THE COMMITTEE MEMBERS AND WERE FOUND TO BE SATISFACTORILY CLOSE.

# **CURRENT MEETING AGENDA:**

A. THE HAI INDICATORS FOR THE MONTH OF OCTOBER 2023 WERE DISCUSSED WITH THE COMMITTEE MEMBERS IN THIS MEETING.

B. THE OCCURENCE OF THE FOLLOWING HAI INDICATORS WERE DECIDED :-

- INFECTION CONTROL PRACTICES
- HAND HYGIENE COMPLIANCE

#### INFECTION CONTROL PRACTICES

#### **BIO-MEDICAL WASTE-**

It was discussed Bio medical waste not segregated properly by nursing staff and also housekeeping staff was not wearing PPE and dustbins were not covered properly.

CORRECTIVE ACTION – the training regarding the same was taken.

## Hand Hygiene Compliance Hospital Wide – 95.95%

This month is higher than previous month overall, still it can be further improved.

The HIC team is continuously increasing its hand hygiene compliance activities, specifically targeting nurses and the newer staff.

The Chairperson thanked all members for their presence and concluded the meeting at

Minutes Prepared by:

Sign & date:

Minutes Reviewed by:

Sign & date:

Minutes Approved by:

Sign & date:

Care CHL Hospitals Indore Meeting Agenda & Attendance						
Comn	nittee: MICC					
Venue						
Date:	09 11 2023 Time:	12pm to 1pm				
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3.	Mand Hygiene					
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	ndees :	Designation	Signature			
S.No	Name	Designation	1.71.71			
1.	Dr Nikhilesh Jain	Intensivist:	Un Market			
2.	Dr. Archane Tlabajon	HOD- Quality	the state of the s			
3.	Satish Chandra Yadar	Manager H.K.	Lodiel			
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5	Dr. Sonal Goyal	Microbolonill	Sonel.			
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8	Syan-K. Sira	ANS	25			
9.	Tenit les	ICN	Jan.			