

Quality Care India Limited



NABH ACCREDITED HOSPITAL
CIN : U85110AP1992PLC014728



CARE
HOSPITALS

12th Jan 2019

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To,

The Environmental Engineer,
Regional Office
TSPCB Hyderabad

Subject: - Annual Report submission (Form -IV)

Dear sir

Please find the enclosed annual report of biomedical waste management at CARE Hospital, Road no. 1 Banjara Hills, Hyderabad for the period of January 2018 to Dec 2018 in form no. IV

Thank you

With regards

Dr. Riyaz Khan
Facility COO




6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500 034. Phones: 040-30418888, 23234444, Fax: 040-30418488
Care Out Patient Center, # 8-2-620/A-E, Road No. 10, Banjara Hills, Hyderabad - 500 034.
Phones: 040 - 3931 0444, Fax: 040 - 3931 0772.

Care Hospitals: # 5-4-199, Jawaharlal Nehru Road, Hyderabad - 500 001. Phones: 040-30417777, 24735465, Fax : 040-30417488
1-4-908/7/1, Bakaram, Musheerabad Main Road, Musheerabad, Hyderabad - 20. Ph.: 040-30219000, Fax: 040-30219288
Near Clock Tower, Market Street, Secunderabad - 500 003. Phones: 040-30486666, Fax: 040-27717738
Website: www.carehospitals.com, E-mail: info@carehospitals.com

TOLL FREE FOR APPOINTMENTS : 1800-108-6666 24 HOURS EMERGENCY CARE : PHONE 105711

Needle stick injury (Bio waste segregation and collection Related)

| <u>Sr.no.</u> | <u>Months</u> | <u>Needle stick Injury</u> |
|---------------|----------------------|----------------------------|
| <u>1.</u> | <u>January-18</u> | <u>0</u> |
| <u>2.</u> | <u>February-18</u> | <u>3</u> |
| <u>3.</u> | <u>March-18</u> | <u>0</u> |
| <u>4.</u> | <u>April-18</u> | <u>0</u> |
| <u>5.</u> | <u>May-18</u> | <u>0</u> |
| <u>6.</u> | <u>June-18</u> | <u>0</u> |
| <u>7.</u> | <u>July-18</u> | <u>0</u> |
| <u>8.</u> | <u>August-18-18</u> | <u>0</u> |
| <u>9.</u> | <u>September-18</u> | <u>0</u> |
| <u>10.</u> | <u>October-18</u> | <u>0</u> |
| <u>11.</u> | <u>November-18</u> | <u>1</u> |
| <u>12.</u> | <u>December-18</u> | <u>0</u> |
| | <u>Total-</u> | <u>04</u> |


Dr.Riyaz Khan
FCOO



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 authorised person (occupier or operator of facility) | : | M/S CARE Hospital (A unit of Quality care India ltd.) |
| | (ii) Name of HCF or CBMWTF | : | CARE HOSPITAL |
| | (iii) Address for Correspondence | : | H.NO. 6-3-248/2 Road no-1 Banjara Hills, Hyderabad 500034 |
| | (iv) Address of Facility | : | H.NO. 6-3-248/2 Road no-1 Banjara Hills, Hyderabad 500034 |
| | (v) Tel. No, Fax. No | : | Tel +91-40-30418888 Fax +91 -040-30418488 |
| | (vi) E-mail ID | : | info@carehospitals.com |
| | (vii) URL of Website | : | https://www.carehospitals.com/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude: 17.41321 Longitude: 78.450202 |
| | (ix) Ownership of HCF or CBMWTF | : | Private |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: TSPCB/BMWA/HYB-57/2016/113 valid up to 30/09/2019 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31.03.2019 |
| 2. | Type of Health Care Facility | : | Tertiary Health care facility |
| | (i) Bedded Hospital | : | No. of Beds: 414 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | Not Applicable |
| | (iii) License number and its date of expiry | : | Registration under clinical establishment act:- 07-APMCE-0025,03/05/2019 |
| 3. | Details of CBMWTF | : | Not Applicable |
| | (i) Number healthcare facilities covered by CBMWTF | : | Not Applicable |
| | (ii) No of beds covered by CBMWTF | : | Not Applicable |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Not Applicable |

| | | | | | | |
|----|---|----------------|--|--------------------|-----------------|--|
| | (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: 66777 kg/annum Red Category : 94236 kg.annum White: 10418 kg/annum Blue Category : 6683 kg/annum General Solid waste:160140 | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size : | | | |
| | | | Capacity : | | | |
| | | | Provision of on-site storage : (cold storage or any other provision) | | | |
| | (ii) Details of the treatment or disposal facilities | Not Applicable | 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: | | | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Not Applicable | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | Not Applicable | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | | | Quantity generated | Where disposed | |

| | | |
|----|---|---|
| | during the treatment of wastes in Kg per annum | Incineration Ash 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. Sy.no. 179&181,Edulapally(V), Nandigram Shad Nagar, Ranga Reddy,Telangana |
| | (vii) List of member HCF not handed over bio-medical waste. | Not Applicable |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | Bio waste related issues are discussed in Hospital Infection control committee meeting. |
| 7 | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 20 |
| | (ii) number of personnel trained | 821 |
| | (iii) number of personnel trained at the time of induction | 102 |
| | (iv) number of personnel not undergone any training so far | Nil |
| | (v) whether standard manual for training is available? | Yes |
| | (vi) any other information) | |
| 8 | Details of the accident occurred during the year | Needle stick injury during bio-waste collection and segregation (Attached) |
| | (i) Number of Accidents occurred | Nil |
| | (ii) Number of the persons affected | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | Nil |
| | (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? | Incinerator not available with our organization treatment of BMW is outsourced ,Yes we are meeting the standards every time under consent of Air act. |
| | Details of Continuous online emission monitoring systems installed | Not Applicable |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | Yes,we have STP &ETP for hospital waste water treatment within HCF and periodically we are getting tested and meeting standards every times. |
| 11 | Is the disinfection method or sterilization meeting the log 4 | Not Applicable |

| | | | |
|----|---|---|---|
| | standards? How many times you have not met the standards in a year? | | |
| 12 | Any other relevant information | : | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from **January 2018 to December 2018.**



Name and Signature of the Head of the Institution
Dr.Riyaz Khan
FCOO

Date: -
Place

