

Date: 28<sup>th</sup> January, 2019

To,  
The Environment Engineer,  
Regional Office,  
Telengana State Pollution Control Board ( TSPCB),  
4<sup>th</sup> Floor, District collectors office complex  
Nampally, Hyderabad - 500001.

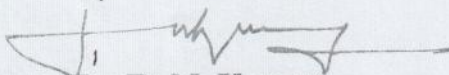
Respected sir,

Sub: Submission of form no IV ( Annual Report ) for the year of January 2018 to  
December 2018 – regarding.

We are here with enclosing form no IV ( Annual Report ) for the year of January 2018  
to December 2018 along with HICC minutes of the meeting.

Kindly received the same and acknowledge please.

For Quality Care India limited  
CARE Hospitals, Nampally  
Hyderabad.

  
Dr. D. N. Kumar

(Medical Director )  
CARE Hospital,  
Nampally, Hyderabad.

Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
HYDERABAD.

Enclosure - Form No. IV

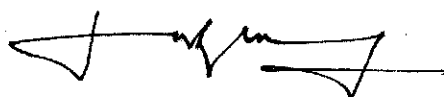
HICC minutes of the meeting.  
BMW Annual report (Form No.-II)



PART - II  
(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 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.	<b>Particulars of the Occupier</b>		
	(i) Name of the authorised person (occupier or : operator of facility)	:	DR. D.N. Kumar Medical Director
	(ii) Name of HCF or CBMWTF	:	Care Hospitals - Nampally Hyderabad - 500001
	(iii) Address for Correspondence	:	5-4-199 JN Road MJ market - Nampally - Hyd
	(iv) Address of Facility	:	- DO -
	(v) Tel. No, Fax. No	:	040 - 30417777 040 - 30417488
	(vi) E-mail ID	:	info@carehospitals.com
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	TSPCB/600/BMWM/ CBMWTF/755
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: TSPCB/BMWA/HYD/2017/ 1324 ..... valid up to 30.06.2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Every month ambient air quality and water analysis reports submitted
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 305
	(ii) Non-bedded hospital	:	



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MEDICAL DIRECTOR  
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HYDERABAD.


		Laborator											
(Clinic or Blood Bank or Clinical y Research Institute or Veterinary Hospital or any other)													
(iii) License number and its date of expiry		OFF-APMCE-0093 18.12.2019											
3.	Details of CBMWTF	:											
	(i) Number healthcare facilities covered by CBMWTF	:											
	(ii) No of beds covered by CBMWTF	:											
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day										
	(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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>: 1701.6</td> </tr> <tr> <td>Red Category :</td> <td>1923.4</td> </tr> <tr> <td>White:</td> <td>44.6</td> </tr> <tr> <td>Blue Category :</td> <td>123.4</td> </tr> <tr> <td>General Solid waste:</td> <td>72000 kgs</td> </tr> </table>	Yellow Category	: 1701.6	Red Category :	1923.4	White:	44.6	Blue Category :	123.4	General Solid waste:	72000 kgs
Yellow Category	: 1701.6												
Red Category :	1923.4												
White:	44.6												
Blue Category :	123.4												
General Solid waste:	72000 kgs												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>: 5x5-258 ft each room</td> </tr> <tr> <td>Capacity :</td> <td>200 Bags in each room</td> </tr> <tr> <td>Provision of on-site storage any other provision)</td> <td>: (cold storage or</td> </tr> </table>	Size	: 5x5-258 ft each room	Capacity :	200 Bags in each room	Provision of on-site storage any other provision)	: (cold storage or				
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Disposal facilities		Type of treatment equipment	No. of units	Capacity Kg/day	Quantity 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 GJ multi clave India PVT Ltd
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.)			
(iv) No of vehicles used for collection and transportation of biomedical waste				TWO	
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum.		Incineration Ash ETP Sludge	Quantity generated	Where disposed	
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of					
(vii) List of member HCF not handed over bio-medical waste.					
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				15 classes	
(ii) Number of trainings conducted on BMW Management.					Bed side teaching by the ICN to the house keeping staff

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 HYDERABAD.




	(ii) number of personnel trained	45 Numbers - HX
	(iii) number of personnel trained at the time of induction	100 in each class (Nursing staff) 15 <del>House</del> Keeping staff
	(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	NO
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	-
	(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 the standards?	-
	Details of Continuous online emission monitoring systems installed	-
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	STP in place
11	Is the disinfection method or sterilization meeting the log 4 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

Jan 2018 to Dec 2018

Name and Signature of the Head of the Institution:

Date:  
Place



Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
HYDERABAD.



## Hospital Infection Control Committee

Date:- 19/7/18

Infection control team conducted a meeting on implementations of new BMW rules with concerned departments on 19/7/18 at 3.30pm in Housekeeping Department.

Members present:- Sr. Jayasree, Mrs. Ramani, Mrs. Padma, Mr. Naveed, Mr. Krishna, Mr. Rama Krishna

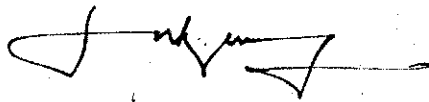
Observations	Action Plan	Responsibility	Status
Barcode system for Bio waste bags and containers not available.	Mrs. Ramani to make available of barcoded labels in coordination with the administration & Logistics.	Mrs. Ramani Mr. Surjeet Mr. Peddi raju	
Night duty housekeeping supervisors not making rounds to ensure for equipment cleaning in all critical care areas.	Housekeeping supervisor has to make daily rounds to all critical care areas and to sign in the log book after ensuring equipment cleaning done by the ayahs & ward boys.	All housekeeping supervisors	
Housekeeping staff delaying in taking vaccination pending doses even after giving the schedule.	Mrs. Ramani to make housekeeping supervisors responsible for sending the staff for vaccination as per schedule.	Mrs. Ramani	
Annual health check-up pending for housekeeping staff.	Health check up process to be start and reports to be handover to Infection control department.	Mrs. Ramani	
Cleaning schedule for water coolers to be prepared.	Mrs. Ramani to prepare schedule for water coolers cleaning and should make supervisor responsible for ensuring cleaning.	Mrs. Ramani	
Equipment cleaning protocol for wards to be planned.	Mrs. Ramani to prepared list of equipment in the wards and copy to be given to Infection control department so that cleaning schedule can be planned in the wards.	Mrs. Ramani Sr. Jayasree	

  
Sr. Jayasree

Infection control nurse Incharge

Copy to: All concerned

  
Dr. Mustafa Afzal  
Co chairperson HICC

  
Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
HYDERABAD.



FORM - II

(See rule 10)

ANNUAL REPORT FOR THE PERIOD OF

01-01-2018 TO 31-12-2018

1. Particulars of the applicant:

- (i) Name of the authorized person (occupier / operator): Dr.D.N.Kumar  
(ii) Name of the institution: CARE Hospitals (A unit of Quality Care India Limited)  
Address: D.N.No.5 - 4 - 199, J.N. Road, Nampally, Hyderabad - 500 001, Telangana  
Tel.No.040-30417777

2. Categories of waste generated and quantity on a monthly average basis

Category 1, 3 x 6 (Yellow Bags) : 1701.6 Kgs Category 4 (PPC): 44.6 Kgs  
Category 7 (Red Bags) : 1923.4 Kgs Category 8 & 10 (liquid waste): 350 liters

3. Brief details of the treatment facility: (in case of off-site facility)

- (i) Name of the operator : G.J. MULTICLAVE (INDIA) PVT LTD.  
(ii) Name and address of the facility: Sy. No.179 & 181, Edulapally Village, Kothur Mandal  
Mahaboobnagar Dist.  
040 - 23756925, Fax : 23756926

4. category-wise quantity of waste treated:

Category 1, 3 & 6 = 1701.6 kgs : Category 4: 44.6 kgs  
Category 7 = 1923.4 kgs : Category 8 & 10 : 580 ltrs.

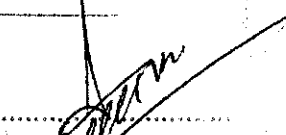
5. Mode of treatment with details : Details incineration, Autoclaving, Chemical  
Disinfection, Shredding, secured and filling and ETP.

6. Any other information : Nil

7. Certified that the above report is for the period from 01-01-2018 TO 31-12-2018  
to

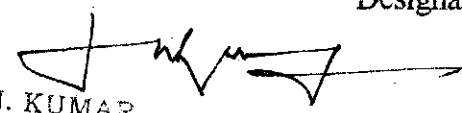
Date: ~~10/01/2019~~ 28.01.2019

Place: Nampally  
Hyderabad

Signature : 

Name : ~~KVS Sagar~~  
KVS SAGAR

Designation: Manager  
Hospitality Services

  
Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
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6. Any other information : Nil

7. Certified that the above report is for the period from

01-01-2018 TO 31-12-2018

Date: ~~06/01/2019~~ 28.01.2019

Place: Nampally  
Hyderabad

Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
HYDERABAD.



Signature :   
Name : ~~K.V.S. Sagar~~  
Designation: Manager  
Hospitality Services



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(See rule 10)

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Date: ~~01-01-2018~~ 28.01.2019

Place: Nampally  
Hyderabad

Dr. D.N. KUMAR  
MEDICAL DIRECTOR  
CARE HOSPITAL, NAMPALLY  
HYDERABAD.



Signature :   
Name : ~~K.V.S. Sagar~~  
Designation: Manager  
Hospitality Services