

Date :- 08/06/2024

To,

The Environment Engineer,

Regional Office,

Telangana State Pollution Control Board (TSPCB),

4th Floor, Hyderabad District Collector's Office Complex

Nampally, Hyderabad- Telangana -500 001.

Dear Sir,

Reg:- Submission of Annual Report for Biomedical waste Generation of M/S Care Hospital Malakpet
Telangana 500024

We are enclosing here with the Annual Report for Biomedical waste Generation, for the year of 2023

We trust the information furnishes is in line with the requirement

Kindly Acknowledge the Same

For Quality Care India limited

(Care Hospital, Malakpet)



Authorized Signatory



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)	:	Mr.Krishna Murthy G
	(ii) Name of HCF or CBMWTF	:	CARE HOSPITALS- MALAKPET (A Unit of Quality Care India Limited)
	(iii) Address for Correspondence	:	16-6-04 to 109, Old Kamal Theatre Complex,Chaderghat Road, Malakpet,Hyderabad-2024
	(iv) Address of Facility	:	Sy.No. 179 & 181, Edulapally (V). Nandigam Shad Nagar . Ranga Reddy
	(v) Tel. No, Fax. No	:	040 6810 6589
	(vi) E-mail ID	:	Krishna.murthy@carehospitals.com
	(vii) URL of Website	:	https://www.carehospitals.com/hospital-detail/care-hospitals-malakpet-hyderabad
	(viii) GPS coordinates of HCF or CBMWTF	:	CBMWTF
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:tspcb/bmwa/hyd-3940323/ho/2022-1181 valid up to : 28/02/2030
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 28.02.2030
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds : 180
	(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	:	07F-APMCE-1912, Valid Upto 25-03-2027
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																																																
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	<u>NA</u>																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 462.44 kg / Month Red Category : 424.36 kg/ Month White: 20.87 kg/ Month Blue Category : 31.21 kg / Month General Solid waste: 917.69 kg /Month																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : ---- Capacity : 0.3 cu. meter Provision of on-site storage : The biomedical waste is stored in color coded bins in air conditioned rooms for not more than 48 hours																																																
	disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:		-		Any other treatment equipment:			
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	(ii) 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	:	NA
	(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 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), nandigam Shad Nagar . Ranga Reddy , Telangana
	(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.		3
	(ii) number of personnel trained		45
	(iii) number of personnel trained at the time of induction		38
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		NIL
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)		Immediately staff shown to physician and viral markers was done and physician advice were followed.
	(iv) Any Fatality occurred, details.		-
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?		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 JANUARY 2023 TO DECEMBER 2023



Name and Signature of the Head of the Institution

Date:08/6/2024
Place : Hyderabad



FORM – I
[(See rule 4(o), 5(i) and

15 (2)]ACCIDENT

REPORTING

1. Date and time of accident : 20 Oct 2023, 8:00 AM
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident: Improper discard of the needle by nursing staff leads to needle stick injury while transporting the waste to central bio-waste area.
4. Has the Authority been informed immediately : Yes, Infection control officer informed immediately
5. The type of waste involved in accident : White category (Needle)
6. Assessment of the effects of the accidents on human health and the environment: Yes, No major effect.
7. Emergency measures taken : Yes, Immediately staff was taken to the physician and assessed for the injury. All the needle stick injury protocol followed.
8. Steps taken to alleviate the effects of accidents : Yes, Staff was reviewed and counseled by the physician, viral markers done which came negative, vaccination given
9. Steps taken to prevent the recurrence of such an accident : Yes, Training session conducted.
10. Does your facility have an Emergency Control policy? If yes give details: Yes, we have needle stick injury policy
11. Date :08/6/24.....

Signature



Place:Hyderabad.....

DesignationHCOO.....



MINUTES OF MEETING
HOSPITAL INFECTION CONTROL COMMITTEE (HICCC)

DATE: July 07, 2023

Time: 3:00 PM

VENUE: Conference Hall

CHAIRMAN: Dr. Md. Abdullah Saleem

MEMBERS ATTENDED: Dr. Md. Abdullah Saleem, Dr. Mustafa Aizal, Dr. Avinash Roy, Ms. Jyothi, Mr. Krishna Murthy, Dr. Alia Bridget Earl, Dr. Mustafa Ashraf, Dr. Vija, Dr. Seema Sunil P., Mr. Manav, Mr. Suresh Pantra, Dr. Ahmed, Dr. Kushal Wagda, Ms. Shobha, Mr. Khadri, Mr. K. Srinivas, Dr. Khalid, Mr. Mahesh, Mr. Prasad, Mr. Ravi, Mr. Tirupati, Mr. Nagendra Rao P.

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	RCA	CAPA	RESPONSIBILITY	TARGET DATE
1	Previous Meeting Points - STATUS	All the minutes of the meeting for the previous meeting were reviewed and the same were closed				NA
2	Patient admit with Bedside	Screening for MRSA to be done in the day of admission		Screening for MRSA will be included this information in pressure ulcer information form	Ms. Jyoti	Waiting for approval
3	Protocol for OT Scrublines	OT dress and chappal are wore outside of the premises		Space OT running in different floors	ICN/ICCO	Partially implemented
4	Improper Bio-waste	Improper bio-waste segregation was observed in surveillance		bio-waste emergency procedure the bio-waste was collected in single tray and dropped into waste bin at central area by staff	ICN/IKK Incharge	15 Jul 23

MINUTES OF MEETING
HOSPITAL INFECTION CONTROL COMMITTEE (HICCC)

DATE: Nov 27th 2023 Time: 3:00 PM

VENUE: Conference Hall

CHAIRED BY: Dr. Md. Abdullah Saleem

MEMBERS ATTENDED: Mr. Krishna Murthy, Dr. Alicia Bridget Earl, Dr. S. Fakiha Mehreen, Dr. N. Md. Athaulah, Dr. Arjumand Aleem, Dr. Nida Mehreen, Dr. M. Hashim, Dr. Mustafa Ashraf, Dr. Vijay, Dr. M. M. Khalid, Dr. Madhuri, Mr. Manav, Mr. Suresh Pantra, Ms. Jyothi, Dr. Ahmed, Dr. Kushal Nagda, Mr. K. Srinivas, Mr. Prasad Raju, Mr. Md. Abdul Quayum, Mr. C. T. Anil, Mr. Tirupati Rao

Status of Previous Meeting Points & Action Taken Report

S. NO	AGENDA POINT	DESCRIPTION OF DISCUSSED POINTS	ACTION TAKEN / PLAN	RESPONSIBILITY	STATUS	REMARK
1	Laboratory Staff Vaccination	Dr. Arjumand Aleem (laboratory) informed committee members that laboratory staff are vaccinated and they are aware about their vaccination status.	Ms. Jyothi has informed the committee members that the vaccination given to all laboratory staff and next dose will be given as per their vaccination schedule.	Dr. S. Fakiha Mehreen,	Closed	
2	Training on Bio Medical Waste Management	Training of newly joined staff.	Ms. Jyothi informed that all the new joined staff trained in BMW handling and discard.	Suresh, Ms. Jyothi, Mr. Saurareddy	Closed	
3	Surgical Prophylactic Antibiotic	Non compliance to the timing of the Surgical prophylactic antibiotic administration is noted.	Ms. Jyothi informed committee members that Consultant Microbiologist (ICU) & ICN started to meet with surgeons on deviation to the timing of prophylactic antibiotics.	Suresh, Ms. Jyothi	Closed	
4	Van's Markers	Initiation of van's markers for all the admissions by default in order to make sure	Ms. Jyothi informed to the committee that they took feedback from various	Alicia, Dr. Mehreen	Closed	

DETAILS OF INCIDENT

Incident Number	INC/2023/2,380
Incident date & time *	October 20, 2023 8:00 AM
Unit	CARE Malakpet
Location of the incident	NS-MICU
Classification	Adverse event
Category	Accidents
Sub-category	Needle stick injury
Incident Type	Clinical
Incident description	An house keeping staff had got exposed to NSI while trying to handle the biowaste .
Immediate action (if any)	Immediately shown to ER physician & Informed to ICO .
Probable reason for incident	Improper biowaste segregation
Attachments	
Device	Needle
Site exposed	Hand / finger
Depth of Injury	Superficial
Serostatus of patient	Unknown
Serostatus of employee	Unknown
Location	ID
Vaccination status of employee	Dose due
Problem	<input checked="" type="checkbox"/> Wrong handling <input checked="" type="checkbox"/> Wrong disposal <input type="checkbox"/> Lack of knowledge
Action taken	<input checked="" type="checkbox"/> Perform first aid <input checked="" type="checkbox"/> vaccination
Incident closed date	November 13, 2023 1:50 PM

DETAILS OF PERSON SUBMITTING THE INCIDENT

Username

jyotitadiboyana

Department

Nursing Administration

Last updated date and time

November 11, 2023 5:48 PM



PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name : **MRS.MAHESHWARI**

Age / Gender : 45 Years / Female

Ref.By : SELF

Req.No 
BIL3594375

TID/SID : PUP2106231/ 26249835

Registered on : 20-Oct-2023 / 14:24 PM

Collected on : 20-Oct-2023 / 14:48 PM

Reported on : 20-Oct-2023 / 17:25 PM

Reference : Care Hospitals - Malakpet

TEST REPORT

DEPARTMENT OF IMMUNOLOGY

Hepatitis B Surface Antibody Total (Anti Hbs), Serum

Investigation	Observed Value	Biological reference intervales
Hepatitis B surface Antibody Total(AntiHBs)	0.71 (Negative)	Negative: < 10 mIU/mL Positive: >= 10 mIU/mL

Method: CMIA

Interpretation:

Anti HBS assay used to monitor the success of Hepatitis B vaccination. The presence of AntiHBS has been shown to be important protection against Hepatitis B virus Infection.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad
51 Kinet Towers, Banjara Hills

--- End Of Report ---

Dr. Safaa Muneer Ahmed
Consultant Microbiologist

Vaccination Record

	ID No	Hep A	Hep 2nd	Hep B.D	TT	Name	Age
33	A. Laxmi	15/6/23	29/7/23	left	15/6/23	A. LAKSHMI	63)
34	G. Renuka	15/6/23	25/6/23	left	15/6/23	G. Renuka	64)
35	Raj. Kothanna	15/6/23	25/6/23	left	15/6/23	Raj. Kothanna	65)
36	O. Jyoti	16/6/23	17/7/23	left	16/6/23	O. Jyoti	66)
37	Saritha	16/6/23	8/10/23	left	16/6/23	Saritha	67)
38	Ardaya B.	17/6/23	left	left left	16/6/23	Ardaya B.	68)
39	Shekar	16/6/23	29/7/23	left	16/6/23	Shekar	69)
40	Syeda Nalida	24/8/23	15/10/23	left	24/8/23	Syeda Nalida	70)
41	Lavanya P.	29/8/23	25/9/23	left	29/8/23	P. Lavanya	71)
42	Seethamma	29/9/23	05/10/23	left	29/9/23	Seethamma	72)
42	Shabana Begum	29/9/23	10/9/23	left	29/9/23	Shabana Begum	73)
43	Laxmi B.	29/9/23	25/9/23	left	29/9/23	Laxmi B.	74)
44	Ramesh J.	23/9/23	7/10/23	left	23/9/23	Ramesh J.	75)
45	Lavanya	02/10/23	left	left left	02/10/23	Lavanya	76)
46	Sakshi	25/9/23	30/10/23	left	05/10/23	Sakshi	77)
47	J. Ramani	3/9/23	7/10/23	left	left	J. Ramani	78)
48	J. Bhavani	20/10/23	24/11/23	left	24/10/23	J. Bhavani	79)
49	Shobana	20/10/23	20/11/23	left	20/10/23	Shobana	80)
50	A. Yadagiri	15/6/23	20/7/23	left	15/6/23	A. Yadagiri	81)
51	Saritha	20/10/23	18/11/23	left	20/10/23	Saritha	82)
52	Jaffer	18/12/23	25/3/23	left	30/8/23	Jaffer	83)
53	S. Ramesh	25/10/23	20/11/23	left	25/10/23	S. Ramesh	84)
54	Yasmeen Begum	20/10/23	left	left left	25/10/23	Yasmeen Begum	85)
55	Yasmeen Khatun	15/10/23	left	left left	left	Yasmeen Khatun	86)
56	P. Shobana	2/11/23	3/12/23	left	left	P. Shobana	87)
57	M. Pushpa	2/11/23	left	left left	left	M. Pushpa	88)
58	Shekar Goud	15/10/23	left	left left	left	Shekar Goud	89)
59	Saritha	10/11/23	11/12/23	left	15/10/23	Saritha	90)
60	Suresh K.	7/11/23	11/12/23	left	10/11/23	Suresh K.	91)
61	Raju G.	25/11/23	5/12/2024	left	11/11/23	Raju G.	92)
62	Yashwanth	15/12/23	20/1/2024	left	25/11/23	Yashwanth	93)

TRAINING ATTENDANCE SHEET

Training Topic : <u>Prevention of NDI</u>		Training Type : <u>In-Service/ OJT/ Induction</u>	
Date : <u>21/10/2023</u>	Trainer Name : <u>Hk. Tyo Li Taaliboyane</u>		Venue : <u>CoA Area hall</u>
Start Time : <u>8am</u>	End Time : <u>8:30am</u>	Department : <u>Hk Team</u>	

Sl No.	Emp Code	Name	Department	Designation	Feedback						Signature	
					Training Content Relevant			Trainer Capability, Knowledge				
					Fair	Good	Excellent	Fair	Good	Excellent		
	2031	PUSHPA.K	HKT	Dayah								
	2035	Balamani.D	HKT	Dayah								
	8065	Ramesh.S	HKT	Dayah								
	7009	Gowthami	HKT	Dayah								
	7020	Renuka	HKT	Dayah								
	8061	A.Sunitha	HKT	Dayah								
	8020	Yadagiri	HKT	Dayah								
	2006	Farzana	HKT	Dayah								
	8064	Hoinuddin	HKT	Dayah								
	8058	Haherwari-J	HKT	Dayah								

Training Effectiveness (To be filled by Trainer)

Randomly ask Questions to the participants			Scoring: Correct Answer-1/Incorrect Answer-0		
Sl No.	Questions	Participant Name	Score		
1					
2					
3					
4					
5					
			Total Score		
Trainer Signature : <u>[Signature]</u>					

not in Circle