

Date: 12.02.2020

To:

The District Environmental Engineer,
Tamil Nadu Pollution Control Board
Kappalur
Madurai- 625 008.

Sir.



Sub: Annual Report for Bio Medical Waste Form IV – Reg

Ref: Your Lr: JCEE-M/MDZ/TNPCB/F.0865MDU/BWA/OL/MDU/2016 Dated 28.06.2019

With reference to the above we have furnish the **Annual Report for Bio Medical waste**
for the year of 2019 in **Form IV** as per BMW Rules.

Thanking you,

For APOLLO FIRST MED HOSPITALS – MADURAI

Dr. ROHINI SRIDHAR
Chief Operating Officer

Encl: 1. Form-IV

For Enquiries, Appointments & Consultations contact: **0452 - 2525811, 2526810, 2520153**

Apollo First Med Hospitals, 484-B, West First Street, Near District Court, K.K.Nagar, Madurai - 625 020. Tele fax : (0452) 2520154
Emergency : (0452-2525811, 2526810, Email : fmh_mdu@apollohospitals.com. Web : www.apollohospitals.com

Regd. Office: Apollo Hospitals Enterprise Limited, No. 19, Bishop Gardens, Raja Annamalaipuram,
Chennai - 600 028. Corporate Identity Number (CIN): L85110TN1979PLC008035

To book appointments or consult doctors online, visit www.askapollo.com

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).

	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	Dr. ROHINI SRIDHAR. Chief Operating Officer
	(ii) Name of HCF	Apollo First Med Hospitals, Madurai-20
	(iii) Address for Correspondence	484,B,West First Street K.K.Nagar Madurai- 625 020
	(iv) Address of Facility	484,B,West First Street K.K.Nagar Madurai- 625 020
	(v) Tel. No. Fax. No	0452- 2525811, 0452-2526810
	(vi) E-Mail ID	palanivel_p@apollohospitals.com
	(vii) URL of website	www.apollo hospitals.com
	(viii) GPS coordinates of HCF	-----
	(ix) Ownership of HCF of CBMWTF	M/s Ramky Energy and Environment Limited
	(x) Status of Authorization under the Bio- Medical waste (Management and Handling) Rules	Authorization:JCEEM/MDZ/TNPCB/F.0865MDU/BWA/OL/MDU/2016_Dated 28.06.2019 Valid Up to : 31/03/2021
	(xi) Status of Consents under Water Act and Air Act	Air- Consent Order No:F.0865MDU/OL/DEE/TNPCB/MDU/A/2019Dt:18.05.2019 Valid up to : 31.03.2021 Water- Consent Order No:F.0865MDU/OL/DEE/TNPCB/MDU/W/2019Dt:18.05.2019 Valid up to :31.03.2021
2	Type of Health Care Facility	Urology and Andrology
	(x) Bedded Hospital	20
	(xi) Non- bedded hospital(Clinic or Blood bank or Clinical Laboratory or Research Institute or	-----

	Veterinary Hospital or any other)	
	(xii) License number and its date of expiry	JCEE-M/MDZ/TNPCB/F.0865MDU/BWA/OL/MDU/2016_Dated 28.06.2019 Valid Up to : 31/03/2021
3	Details of CBMWTF	-----
	(xiii) Number healthcare facilities covered by CBMWTF	-----
	(xiv) No of beds covered by CBMWTF	-----
	(xv) Installed treatment and disposal capacity of CBMWTF	-----
	(xvi) Quantity of Bio-medical waste	-----
	Treated or disposed by CBMWTF	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Red – 4172.4 Kg/year. Yellow – 1862.5 Kg/year Sharp – 21.8 Kg/year. (puncture proof container) Blue - 158.8Kg/year. Black - NIL.
5	Details of the storage treatment transportation processing and Disposal Facility	
	(xxii) Details of the on-site storage facility	Available
	(xxiii) Disposal facilities	M/s Ramky Energy and Environment Limited
	(xxiv) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category 4172.4 Kg/ Annum
	(xxv) No of vehicles used for collection and	02 No's, M/s Ramky Energy and Environment Limited


	transportation of Bio- medical waste	
	(xxvi) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum	-----
	(xxvii) Name of the Common Bio-Medical Waste Treatment Facility	M/s Ramky Energy and Environment Limited
	Operator through which wastes are disposed of	
	(xxviii) 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 meeting s held during the reporting period.	Yes (MOM Attached)
7	Details trainings conducted on BMW	
	(xix) Number of trainings conducted on BMW Management.	03 No's conducted
	(xx) Number of personnel trained	06 persons
	(xxi) Number of personnel trained at the time of induction	09 Persons
	(xxii) Number of personnel not undergone any training so far	----

	(xxiii) Whether standard manual for training is available?	Available
	(xxiv) Any other information	-----
8	Details of the accident occurred during the year	
	(xiii) Number of Accidents occurred	-----
	(xiv) Number of the persons affected	----
	(xv) Remedial Action taken (please attach details if any)	-----
	(xvi) 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?	-----
	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?	We have 17 KLD STP
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	-----

Certified that the above report is for the period from: 01.01.2019 to 31. 12. 2019

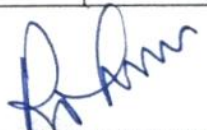
BIOMEDICAL WASTE – 2019 **Yearly Statement**

MONTH	RED WGT in Kgs	YELLOW WGT in Kgs	SHARP WGT in Kgs	BLUE WGT in Kgs	TOTAL
JANUARY	409.6	51.1	1.6	11.5	473.8
FEBRUARY	369.1	37.5	1.4	14.6	422.6
MARCH	381.8	65.4	1.1	12.2	460.5
APRIL	309.9	91.8	2.1	9	412.8
MAY	275.7	143.7	1.2	11.5	432.1
JUNE	297.5	146.2	2	10.3	456.0
JULY	379.1	187.4	2.4	14.2	583.1
AUGUST	394.7	246.4	1.7	11.8	654.6
SEPTEMBER	330	171.6	0.8	11	513.4
OCTOBER	286.5	180.8	1.2	7.7	476.2
NOVEMBER	343.3	249.4	2.6	24.7	620
DECEMBER	395.2	291.2	3.7	20.3	710.4
Total /Annam	4172.4	1862.5	21.8	158.8	6215.5
Total /Month	347.7	155.2	1.81	13.23	517.9
Total/Day	11.59	5.17	0.06	0.44	17.26


Er M. Pandi
Jr Engineer
Engineering


Mr. G. Saranam iyyappa
Housekeeping officer


P. PALANIVEL
General Manager
Engineering


Dr. ROHINI SRIDHAR
Chief Operating Officer

MINUTES OF THE MEETING

Topic : Infection Control Committee Meeting
Date : 20th February 2019
Time : 03:30 to 4:30 p.m.
Venue : Mini Conference Hall @ Apollo Speciality Hospitals, Madurai

1. Microbiology

Points	Discussion	EDC	Responsibility
Diagnosis of invasive Fungal Infections	Send tissue samples for histopathology, to look for tissue morphology & angio invasion		Consultants

2. Infection Control

Points	Discussion	EDC	Responsibility
Does any Special precautions is required for handling seropositive patients?	To follow standard precautions for all patients whether positive or not.	w.i.e.	Consultants Nursing
Needle cutter change	To continue using the same needle cutter with the tray		Nursing
Fogging	<ul style="list-style-type: none"> Currently Microgen D125 stock is not available. Hence bacillocid is being used. Materials dept to arrange an alternative solution which will be tested before purchase 		ICN Housekeeping
Strengthening of Infection control Bundle monitoring	<p>No device associated infections have been reported in the past 6 months.</p> <p>Bundles have to be more closely monitored to help pick up missed infections.</p> <p>ICN's to closely interact with ICU</p>	w.i.e.	Nursing supervisor In charges Staffs ICN's

	Consultants to follow up device associated infections		
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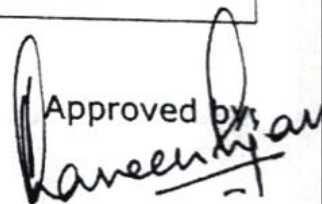
3. Pharmacy

Points	Discussion	EDC	Responsibility
Data on antibiotic consumption	<ul style="list-style-type: none"> To present year wise comparative data of consumption of HEA. To present drug specific comparative data for the past 3 years. To use actual monthly figures instead of averages. Share data with the consultants 		Dr.Vinoth Mr.Ananth
RCA	<ul style="list-style-type: none"> For the increase of HEA usage in November 2018 As to why cultures were not done for some patients. Why patients who were not supposed to be given antibiotics were prescribed them. 		ICN
De-escalation	<ul style="list-style-type: none"> To look for more opportunities for de-escalation 		Mr.Anandh
Carbapenam resistant Klebsiella	<ul style="list-style-type: none"> Genotyping to be attempted to isolate the strain causing infections. 		Microbiology

Prepared by,



Approved by,



Hospital name: Apollo Speciality Hospitals, Madurai

Bundle Compliance	Monitoring has to be strengthened.	Ms. Emy & Ms. Suganthi	w.i.e.
Diphtheria Vaccination	All staff in Critical Care areas including emergency, Paediatric & Neonatal OPD and Paediatric OPD have to be vaccinated for Diphtheria	Dr. Praveen Rajan	w.i.e.
OT Instruments	All instruments that can be autoclaved should not be dipped in cidex for sterilization.	Mr. Marisamy	w.i.e.

General comments (If any):

Nil


Signed by: _____

(Chairperson)

MINUTES OF THE MEETING

Topic : Infection Control Committee Meeting
Date : 31st May 2019
Time : 10.50 to 12.00 p.m.
Venue : Mini Conference Hall @ Apollo Speciality Hospitals, Madurai

1. Microbiology

Points	Discussion	EDC	Responsibility
	Fosfomycin to be included in the antibiotic media in cases with multi drug resistant , Ecoli, Klebsiella		Dr. Meenachi
	Urine isolates to be intimated to all clinicians		Ms. Emy Ms. Suganthi Dr. Praveen

2. Infection Control

Points	Discussion	EDC	Responsibility
HAI	Detail of the infected patient RCA to be included in the presentation	w.i.e.	ICN
BLOOD CULTURE	Need to mention the site in the culture bottle -peripheral & central line		Nursing
SCREEN POLICY	Needs to be redefined		ICN Housekeeping
HAND HYGIENE AUDIT	5 moments data to be separately mentioned Moments to be increased	w.i.e.	ICN QUALITY

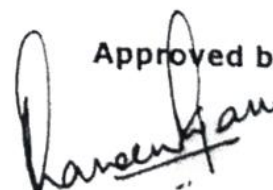
3. Pharmacy

Points	Discussion	EDC	Responsibility
Data on antibiotic consumption	Antibiotic sensitivity analysis pattern to be circulated to all consultants		Dr.Vinoth Mr.Ananth ✓

Prepared by,



Approved by,



MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	29.08.19	Time:	
Location:	Mini Conference Hall	Start:	12.30 p.m.
Minutes Prepared By:	Kevin William - Quality	End:	01.30 p.m.
Presided by:	Dr. Senthur Nambi		

1. Attendance at Meeting (add rows as necessary)

Dr. Senthur Nambi, Infectious Diseases	Dr. Vinothkumar, Pharmacy
Dr. K. Praveen Rajan, ADMS	Mr. Anand, Pharmacy
Dr. Usha Rani, Lab Services	Ms. Joy, Nursing
Dr. Bennet, General Surgery	Ms. Emy, Infection Control
Dr. Ram Murugan, Microbiology	Ms. Suganthi, Infection Control
Dr. Padma Prakash, ICU	Ms. Krishnaveni, Lab Services
Dr. Muthu, CCU	Mr. Saranam Iyyappa, Housekeeping
Dr. Harikrishnan, Pulmonology	Dr. Kevin, Quality
Dr. Meenatchi, Microbiology	

2. Meeting Agenda

Infection Control Quality Indicators Review
Microbiology Data Review
Antibiotics Data Review

3. Previous meeting discussions/ follow ups (if any):

Curtains Policy

2. Previous meeting discussions / follow ups (if any):

4. Action Items/ Decision tracker *(add rows as necessary)*

Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
To scrap Widal Testing		To discuss with Physicians	Dr. Praveen Rajan		
De-escalation of Antibiotics		To test the samples for lower end antibiotics	Dr. Ram Murugan	w.i.e.	
Refrigeration of Urine Samples		All urine samples have to be refrigerated as soon as they have been collected. Any delay will lead to inappropriate results	Mr. Robin	w.i.e.	
Creatinine Clearance Monitoring		To try and widen the scope of dose adjustment based on creatinine clearance to include non antibiotics	Dr. Vinothkumar		
Culture and Sensitivity		The current data has to be incorporated into the Culture and Sensitivity pattern chart	Dr. Vinothkumar	w.i.e.	
Antibiotic Chart / Susceptibility Pattern		All antibiotic charts, susceptibility patterns to be made available on all desktops for easy viewing	Dr. Kevin	w.i.e.	
Change of curtains		All curtains in critical care areas including emergency have to be changed at least once weekly	Mr. Saranam Iyyappa	w.i.e.	
Hand Hygiene Monitoring		Monitoring has to be improved	Ms. Emy & Ms. Suganthi	w.i.e.	

Hospital name: Apollo Speciality Hospitals, Madurai



Bundle Compliance			
Diphtheria Vaccination	Monitoring has to be strengthened.	Ms. Emy & Ms. Suganthi	w.i.e.
	All staff in Critical Care areas including emergency, Paediatric & Neonatal OPD and Paediatric OPD have to be vaccinated for Diphtheria	Dr. Praveen Rajan	w.i.e.
OT Instruments	All instruments that can be autoclaved should not be dipped in cidex for sterilization.	Mr. Marisamy	w.i.e.

General comments (if any):

Nil

Signed by:

(Chairperson)

Hospital name: Apollo Speciality Hospitals, Madurai

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	26.11.19	Time:	
Location:	Conference Hall	Start:	12.30 p.m.
Minutes Prepared By:	Kevin William - Quality	End:	01.30 p.m.
Presided by:	Dr. Senthur Nambi		

1. Attendance at Meeting (add rows as necessary)

Dr. Senthur Nambi, Infectious Diseases	Dr. Vinothkumar, Pharmacy
Dr. K. Praveen Rajan, ADMS	Mr. Anand, Pharmacy
Dr. Usha Rani, Lab Services	Ms. Joy, Nursing
Dr. Bennet, General Surgery	Ms. Emy, Infection Control
Dr. Ram Murugan, Microbiology	Ms. Suganthi, Infection Control
Dr. Padma Prakash, ICU	Ms. Krishnaveni, Lab Services
Dr. Muthu, CCU	Mr. Saranam Iyyappa, Housekeeping
Dr. Harikrishnan, Pulmonology	Dr. Kevin, Quality
Dr. Meenatchi, Microbiology	

2. Meeting Agenda

Infection Control Quality Indicators Review
Microbiology Data Review
Antibiotics Data Review

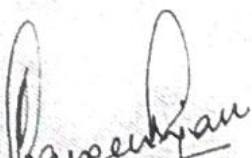
3. Previous meeting discussions/ follow ups (if any):

Curtains Policy

4. Action Items/ Decision tracker (add rows as necessary)

Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
Cumulative report of Antibiogram	To know by the consultant	To be circulated once in every 3 months to the consultants. To be displayed in OT, Emergency, ICU, DMO's room, common notice board	Mr. Ananth	Next quatar	
Culture and Sensitivity		to be circulated to the Consultants.	Dr. Vinothkumar	Jan 2020	
Surgical site Infection	To reduce SSI	Betterment to decrease the SSI. To check with the devices for infection	ALL consultant & nurses	Dec-2019	
Hand Hygiene Monitoring	To improve the analysis	Analysis of non-compliance moments	Ms. Emy & Ms. Suganthi	w.i.e.	
Closed suction	To prevent aspiration	Policy – to be followed for all patients(no incident after 48 hrs)	Ms. Emy & Ms. Suganthi Critical care & Emergency team	w.i.e	
Slide – To be more simplified.		. To pick the top 4 pathogenesis			

General comments (if any):

Nil


Signed by:

(Chairperson)