

Date: 08.02.2021

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 2020 in Form IV** as per BMW Rules.

Thanking you,

For APOLLO FIRST MED HOSPITALS - MADURAI


Dr. ROHINI SRIVIDHAR
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 : lmh_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 |
| | (i)Bedded Hospital | 20 |
| | (ii)Non- bedded hospital(Clinic or Blood bank or | ----- |

| | | |
|---|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| | Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | |
| | (iii) 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 | ----- |
| | (i) Number healthcare facilities covered by CBMWTF | ----- |
| | (ii) No of beds covered by CBMWTF | ----- |
| | (iii) Installed treatment and disposal capacity of CBMWTF | ----- |
| | (iv) 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 – 740.8 Kg/year. Yellow – 517.8 Kg/year Sharp – 6.8 Kg/year. (puncture proof container) Blue -41.8Kg/year. Black - NIL. |
| 5 | Details of the storage treatment transportation processing and Disposal Facility | |
| | (i) Details of the on-site storage facility | Available |
| | (ii) Disposal facilities | M/s Ramky Energy and Environment Limited |
| | (iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum. | Red Category 740.8 Kg/ Annum. Covid-19 Red category 1258 Kg / Annum |
| | (iv) No of vehicles used for collection and transportation of Bio- medical | 02 No's, M/s Ramky Energy and Environment Limited |

| | | |
|---|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | waste | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum | ----- |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility | M/s Ramky Energy and Environment Limited |
| | 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 meeting s held during the reporting period. | Yes (MOM Attached) |
| 7 | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 03 No's conducted |
| | (ii) Number of personnel trained | 06 persons (5 Persons) |
| | (iii) Number of personnel trained at the time of induction | 9 persons (7 Persons) |
| | (iv) Number of personnel not undergone any training so far | ---- |
| | (v) Whether standard manual for training is | Available |


| | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | available? | |
| | (vi) Any other information | -----` |
| 8 | Details of the accident occurred during the year | |
| | (i) Number of Accidents occurred | ----- |
| | (ii) Number of the persons affected | ----- |
| | (iii) Remedial Action taken (please attach details if any) | ----- |
| | (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? | ----- |
| | 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: 01.01.2020 to 31. 12. 2020

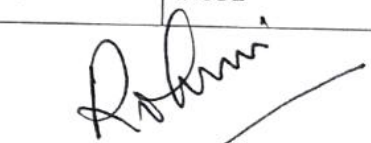
BIOMEDICAL WASTE – 2020 Yearly Statement

| MONTH | RED WGT in Kgs | YELLOW WGT in Kgs | SHARP WGT in Kgs | BLUE WGT in Kgs | TOTAL |
|--------------|-------------------|----------------------|---------------------|--------------------|--------|
| JANUARY | 310.1 | 187.8 | 2.3 | 13.9 | 514.1 |
| FEBRUARY | 261.2 | 175.4 | 1.7 | 13.4 | 451.7 |
| MARCH | 133.5 | 116.6 | 1.8 | 10.5 | 262.4 |
| APRIL | 0 | 0 | 0 | 0 | 0 |
| MAY | 0 | 0 | 0 | 0 | 0 |
| JUNE | 0 | 0 | 0 | 0 | 0 |
| JULY | 0 | 0 | 0 | 0 | 0 |
| AUGUST | 0 | 0 | 0 | 0 | 0 |
| SEPTEMBER | 0 | 0 | 0 | 0 | 0 |
| OCTOBER | 0 | 0 | 0 | 0 | 0 |
| NOVEMBER | 12 | 9 | 0 | 2 | 23 |
| DECEMBER | 24 | 29 | 1 | 2 | 56 |
| Total /Annam | 740.8 | 517.8 | 6.8 | 41.8 | 1307.2 |
| Total /Month | 61.733 | 43.15 | 0.567 | 3.48 | 108.93 |
| Total/Day | 2.05 | 1.43 | 0.019 | 0.116 | 3.631 |


Er M. Pandi
Jr Engineer
Engineering


Mr. G. Saranam iyyappa
Housekeeping officer


P. PALANIVEL
General Manager
Engineering


Dr. ROHINI SRIDHAR
Chief Operating Officer

Hospital name: Apollo Speciality Hospitals, Madurai

MEETING MINUTES

| | | | |
|-----------------------------|-----------------------------|---------------|------------|
| Committee Name: | Infection Control Committee | | |
| Date of Meeting: | 25.02.2020 | Time: | |
| Location: | Mini Conference Hall | Start: | 12.30 p.m. |
| Minutes Prepared By: | Ms.Emy /Ms.Suganthi | 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. Robin, Lab services |
| Dr. Usha Rani, Lab Services | Mr. Anand, Pharmacy |
| Mrs. Yamuna menon, Nursing Administrator | Ms. Emy, Sr. Infection Control |
| Dr. Ram Murugan, Microbiology | Ms. Suganthi, Infection Control |
| Dr. Jude vinoth, EMR | Ms. Krishnaveni, Lab Services |
| Dr. Harikrishnan, Pulmonology | |
| Dr. Meenatchi, Microbiology | |

2. Meeting Agenda

| |
|---------------------------------------------|
| Infection Control Quality Indicators Review |
| Microbiology Data Review |
| Antibiotics Data Review |

Hospital name: Apollo Speciality Hospitals, Madurai

| S.no | Key Issues Discussed | Agreed Action/ Decision | Assigned To/ Responsibility | Due Date | Follow up/ Status |
|------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------|-------------------|
| 1. | Antibiogram chart to be displayed in the emergency. | To create awareness among consultants | Mr.Anand | w.i.e | done |
| 2. | To strengthen the closed suction for all ventilator patients in critical care area. | To prevent infection | Critical incharge, ICN | w.i.e | implimented |
| 3. | In hand hygiene graphical presentation – To added in number of actions & Moments. | In view of the prevalence of carbapenem resistant in critical care unit ,to know the sample size | Ms.Emy /Ms.Suganthi ICU Incharge | | planned |
| 4. | In view of the decrease percentage in housekeeping staff | To strengthen the hand hygiene awareness for housekeeping staffs. | Ms.Emy / Ms.Suganthi, Mr.Saranam Aiypa | w.i.e | done |
| 5. | To indent additional laryngoscope in critical care area. | Steps taken to contain for carbapenam resistant organism 1.increased carbapenem resistant 2.clean of laryngoscope 3.Replace more laryngoscope | Infection control nurse, supervisors, critical care in charges | w.i.e | done |
| 6. | Sponging In critical care area bath to be given with wet vipers only. | Wet wipes to be used instead of sponging towels. | NA Mam, ANS Critical in charges & supervisor | w.i.e | implimented |

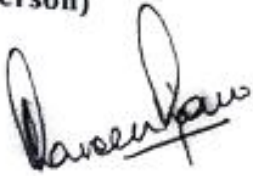
General comments (if any)

Nil

Hospital name: Apollo Speciality Hospitals, Madurai

Signed by:

(Chairperson)

A handwritten signature in black ink, appearing to read 'Ramesh Kumar', written over a horizontal line.

Hospital name: Apollo Speciality Hospitals, Madurai



MEETING MINUTES

| | | | |
|----------------------|-----------------------------|--------|------------|
| Committee Name: | Infection Control Committee | | |
| Date of Meeting: | 24.11.2020 | Time: | |
| Location: | ZOOM Meeting | Start: | 12.30 p.m. |
| Minutes Prepared By: | Ms.Emy /Ms.Suganthi | 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. Robin, Lab services |
| Dr. Usha Rani, Lab Services | Mr. Anand, Pharmacy |
| Mrs. Yamuna menon, Nursing Administrator | Ms. Emy, Sr. Infection Control |
| Dr. Ram Murugan, Microbiology | Ms. Suganthi, Infection Control |
| Dr. Jude vinoth, EMR | Ms. Krishnaveni, Lab Services |
| Dr. Hari Krishnan, Pulmonology | |
| Dr. Meenatchi, Microbiology | |

2. Meeting Agenda

| |
|---------------------------------------------|
| Infection Control Quality Indicators Review |
| Microbiology Data Review |
| Antibiotics Data Review |

Hospital name: Apollo Speciality Hospitals, Madurai

| S.no | Key Issues Discussed | Agreed Action/ Decision | Assigned To/ Responsibility | Due Date | Follow up/ Status |
|------|---------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|----------|-------------------|
| 1. | Infection Control Tracker in COVID ICU To collate data (ventilated, catheter, ICU days, etc.) on COVID patients | Mrs. Emy and Mrs. Suganthi | Ms. Emy /Ms. Suganthi | w.i.e | done |
| 2. | VRE RCA To conduct a root cause analysis on the 3 Vancomycin Resistant Enterococcus cases in August 2020 | Mrs. Emy and Mrs. Suganthi | Critical Incharge, ICN | w.i.e | implimented |
| 3. | Carbapenam Resistance To conduct RCA on the 3 carbapenam resistance in August 2020 | Mrs. Emy and Mrs. Suganthi | Ms. Emy /Ms. Suganthi ICU Incharge | | planned |
| 4. | Blood Cultures To strengthen the process of sample collection before empirically starting antibiotics | Dr. Meenatchi / Mr. Robin | All incharges | w.i.e | done |
| 5. | De-escalation To strengthen the de-escalation of antibiotics based on the culture reports | consultant | Clinical pharmacist | w.i.e | done |
| 6. | Central Line Culture To train staffs on taking central line cultures | Mrs. Emy and Mrs. Suganthi | NA Mam, ANS Critical in charges & supervisor | w.i.e | taken |
| | ET Culture Appropriate labelling of Samples taken from ET tube | Mrs. Emy and Mrs. Suganthi | Critical care incharges | w.i.e | done |

Hospital name: Apollo Speciality Hospitals, Madurai

| | | | | |
|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------|--------------|
| Bio Medical Segregation | Mrs. Emy and Mrs. Suganthi Mr.Saranam iyyapa | Mrs. Emy and Mrs. Suganthi Mr.Saranam iyyapa | w.l.e | implimentaed |
| To ensure proper disposal of masks in the Hospital | | | | |

General comments (if any)

Nil

Signed by:

(Chairperson)

