

Date: 05.02.2022

To:

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

Sir.

<Dial 18002668868> <Wear Masks, Stay Safe>

RT839627037IN IVR:8284839629037  
PL GANDHI NAGAR MA SD <625020>  
Counter No:1,17/02/2022,13:46  
To:THE D T E E, TN P C B  
PIN:625008, Kappalur IndIestate SO  
From:APOLLO HOSP, LAKE VIEW ROAD,  
Wt:54gms  
Amt:35.00(Cash)  
<Track on www.indiapost.gov.in>

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

Ref: Your Lr: JCEE-M/MDZ/TNPCB/F.0865MDU/BWA/OL/MDU/2021 Dated 02.12.2021

With reference to the above we have furnish the **Annual Report for Bio Medical waste for the year of 2021 in Form IV** as per BMW Rules.

Thanking you,

For APOLLO FIRST MED HOSPITALS – MADURAI

  
Dr. ROHINI SRIDHAR

Sr. Vice President-Medical Services

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](mailto:fmh_mdu@apollohospitals.com), Web : [www.apollohospitals.com](http://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](http://www.askapollo.com)

## Form-IV

(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)]

	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	Dr. ROHINI SRIDHAR. Sr. Vice President- Medical Services
	(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/2021 Dated 02.12.2021 Valid Up to : 31/03/2027
	(xi) Status of Consents under Water Act and Air Act	Air- Consent Order No:F.0865MDU/OL/DEE/TNPCB/MDU/A/2021Dt:17.05.2021 Valid up to : 31.03.2027 Water- Consent Order No:F.0865MDU/OL/DEE/TNPCB/MDU/W/2021Dt:17.05.2021 Valid up to :31.03.2027
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/2021 Dated 02.12.2021 Valid Up to : 31/03/2027

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 – 155 Kg/year. Yellow – 133 Kg/year Sharp – 6 Kg/year. (puncture proof container) Blue 13Kg/year.
5	Details of the storage treatment transportation processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: $4,3/4 * 6.00 = 28.5$ Size: $3,1/2 * 5.3/4 = 20.01$ Size: $4 * 5,3/4 = 23.0$ Capacity: 23.8sf * 3 Rooms
	(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 (Like. Plastic, glass etc.,)
	(iv) No of vehicles used for collection and transportation of Bio- medical 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
	(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.	05 No's conducted





	(ii) Number of personnel trained	08 persons ( 5 Persons)
	(iii) Number of personnel trained at the time of induction	11 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: 01.01.2021 to 31. 12. 2021


# **BIOMEDICAL WASTE – 2021** **Yearly Statement**

MONTH	RED WGT in Kgs	YELLOW WGT in Kgs	SHARP WGT in Kgs	BLUE WGT in Kgs	TOTAL
JANUARY	69	59	1	2	195
FEBRUARY	40	34	2	3	124
MARCH	17	13	1	2	54
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	36
DECEMBER	17	18	2	4	81
Total /Annam	155	133	6	13	490
Total /Month	12.916	11.083	0.5	1.083	40.833
Total/Day	0.424	0.364	0.016	0.036	1.342 ,

  
Er M. Pandi  
Jr Engineer  
Engineering

  
Mr. G. Saranam iyyappa  
Housekeeping officer

  
P. PALANIVEL  
General Manager  
Engineering

  
Dr. ROHINI SRIDHAR  
Sr. Vice President- Medical  
Services

Hospital name: Apollo Speciality Hospitals, Madurai



## MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	25.02.2021	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. Rohini Sridhar, COO  
● Senthur Nambi, Infectious Diseases  
Dr. K. Praveen Rajan, ADMS  
Dr. Usha Rani, Lab Services  
Dr. Bennet, General Surgery  
Dr. Ram Murugan, Microbiology  
Dr. Meenalatha, ICU  
Dr. Jude vinoth, Emergency consultant  
Dr. Harikrishnan, Pulmonology  
Dr. Meenatchi, Microbiology

Dr. Vinothkumar, Pharmacy  
Ms. Yamuna menon, Nursing Administrator  
Ms. Joy, Nursing  
Mr. Anand, Pharmacy  
Ms. Emy, Infection Control  
Ms. Suganthi, Infection Control  
Ms. Krishnaveni, Lab Services  
Ms. Selvi, Housekeeping  
Dr. Kevin, Quality  
Critical care & Emergency, MOT-Incharge

### 2. Meeting Agenda

Infection Control Quality Indicators Review  
Microbiology Data Review  
Antibiotics Data Review

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

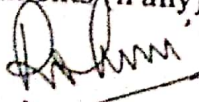


Hospital name: Apollo Speciality Hospitals, Madurai

**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
Drug resistant index to be issued to consultant	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		
Urine sample	To know the reason for Mixed growth	Training to the staff	Nurse Educator		
Surgical site Infection form incision time and antibiotic timing not mentioned	To follow the incision timing SSI	To track appropriately	ALL consultant & nurses		Done
Antibiotic drug chart and HEA Form to be followed circular to be given	To improve the analysis To strengthen AMS	Analysis of non-compliance moments Policy – to be followed for all patients	Ms. Emy & Ms. Suganthi Dr.praveen		Done
Unit specific anti biogram to be circulated	To know the specification				Done
Proper indication to be followed for central line insertion					
Antibiotic susceptibility pattern chart		To be circulated all the department	Mr.Ananth		

General comments (if any): nil

Signed by: 

(Chairperson)

Hospital name: Apollo Speciality Hospitals, Madurai

## MEETING MINUTES

Committee Name:	Infection Control Committee	Time:	
Date of Meeting:	22.06.2021	Start:	12.30 p.m.
Location:	Conference Hall	End:	01.30 p.m.
Minutes Prepared By:	Ramya - Quality		
Presided by:	Dr. Rohini sridhar		

### 1. Attendance at Meeting (add rows as necessary)

Dr. Rohini Sridhar, COO	Ms. Joy, Nursing
Dr. K. Praveen Rajan, ADMS	Mr. Anand, Pharmacy
Dr. Usha Rani, Lab Services	Ms. Emy, Infection Control
Dr. Ram Murugan, Microbiology	Ms. Suganthi, Infection Control
Dr. Sridhar, senior cardiothoracic surgeon,	Ms. Saranamiyyapa, Housekeeping
Dr. Rikesh, CT-Anesthetist	Mr. Marichamy, MOT-Incharge
Dr. Sannath, cardiothoracic surgeon	Ms. Dheepa, CTOT-Incharge
Dr. Murugan jeyaraman, paediatrics	
Dr. Harikrishnan, Pulmonology	
Dr. Meenatchi, Microbiology	
Dr. Vinodhkumar, Pharmacy	
Dr. Nikil thiwari	
Ms. Yamuna menon, Nursing Administrator	

### 2. Meeting Agenda

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

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



Hospital name: Apollo Speciality Hospitals, Madurai

24  
April

**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
Post operative patients education to be strengthened	To reduce the risk of SSI	Training to be given to post operative patient and attenders	Ms.Emy	w.i.e	
Strengthen the Bundle compliance	To reduce Blood stream infections	Training to be given to staff regarding central line management Do's& Don'ts	Ms.Emy	w.i.e	
To create awareness about Covid vaccination	To reduce the risk of covid 19		All concerned		
Correlate PCT and culture in ICU cases	To track all the patient in sepsis with PCT and culture reports		ICU Consultants	20.7.2021	

General comments (if any):nil

Signed by:

(Chairperson)

*[Signature]*

## 2. Previous Meeting Points

## 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
Bundle Compliance		Compliance and Deviation need to be specified for all the bundles.	Ms. Emy & Ms. Suganthi		
Drug pattern		Drug Sensitivity Pattern to microbes need to be Shared with the Consultants (mail/What app)	Mr. Ananth		
Covid status with regards to Employees (Post Infection/ Vaccination Status)		To include the data on staff vaccination and positive swab reported Staffs to Covid - 19 in the presentation.	Ms. Emy & Ms. Suganthi		

*K. Praveen Rajan*  
**Dr. K. PRAVEEN RAJAN**  
 M.B.B.S., PGDIP, FCD, JMA, PGDIP  
 Joint Director of Medical Services  
 Apollo Speciality Hospitals  
 Lake View Road, K.K. Nagar, MADURAI - 625 005

Hospital name: Apollo Speciality Hospitals, Madurai

## MINUTES OF THE MEETING

<b>Committee Name:</b>	Infection Control Committee	<b>Time:</b>	
<b>Date of Meeting:</b>	22.12.2021	<b>Start:</b>	12.00p.m.
<b>Location:</b>	Conference Hall	<b>End:</b>	01.30p.m.
<b>Minutes Prepared By:</b>	Ramya V. Quality Systems.		
<b>Presided by:</b>	Dr. Senthuramamo		

### 1.Attendance at Meeting(add rows as necessary)

1. Dr.K.Praveen Rajan, JD	Present
2. Dr. Nikhil Tiwari GM Ops	Present
3. Dr. Sridhar V Sr. Consultant CIVS	Present
4. Dr. Rikesh, Consultant Anesthesiology	Present
5. Dr. Ram Murugan Consultant Microbiology	Present
6. Ms.Joy, Assistant Nursing Superintendent	
7. Mr.Anand, Clinical Pharmacist	
8. Ms.Emy, Sr. Infection Control Nurse	
9. Ms. Suganthi, Infection Control Nurse	
10. Ms.SaranamAyyapa, Housekeeping	
11. Ms. Ramya V, Manager Quality	

### 2.MeetingAgenda

#### Infection Control Quality Indicators Review

- Hospital Acquired Infection
- Hand Hygiene
- Bundle Compliance
- Needle Stick Injury
- Covid -19 Data & Vaccination

#### Microbiology Data Review

- Surveillance data
- Susceptibility Pattern
- Notifiable Diseases

#### Antibiotics Data Review

- Sensitive Pattern
- Surgical Prophylaxis

#### Review of Policy & Manual



### 3. Previous Meeting Points

Nil

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

Key Issues Discussed	Root Cause Identified	Agreed Action/Decision	Assigned To/ Responsibility	Due Date	Followup/ Status
To reduce the risk of SSI	Post-Operative patient education.	To prepare Patient Education material in the form of a Pamphlet or a Short Video explaining about the Do's and Don't for such patients	Ms. Emy		
Urinary track infection	To reduce the UTI	To check the antibiotics used for the patients having UTI.	Ms. Emy & Ms. Suganthi		
VAP data	VAP data is nil from Jan to Aug 2021	To Revisit the COVID Patients (Culture & Antibiotic)	Ms. Emy & Ms. Suganthi		
Hand Hygiene compliance		To Analyze the data as follows : a) No. of Moments missed b) Compliance to each moment c) Area wise compliance d) Cadre wise compliance	Ms. Emy & Ms. Suganthi		
Bundle Compliance		To analyze the data as follows a) All the bundle compliance shall be analyzed separately b) Area wise	Ms. Emy & Ms. Suganthi		
Notifiable	Missed	To include the	Ms. Jincy		

Hospital name: Apollo Speciality Hospitals, Madurai



## MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	29.09.2021		
Location:	Conference Hall	Start:	12.00p.m.
Minutes Prepared By:	Ramya V - Quality Systems	End:	01.30p.m.
Presided by:	Dr. Senthur Nambi		

### 1. Attendance at Meeting (add rows as necessary)

- |  |   |
|--|---|
| 1. Dr. K. Praveen Rajan, JD                        | 10. Ms. Joy, Assistant Nursing Superintendent |
| 2. Dr. Nikhil Tiwari GM Ops                        | 11. Mr. Anand, Clinical Pharmacist            |
| 3. Dr. O R Kumaran Sr. Consultant General Medicine | 12. Ms. Emy, Sr. Infection Control Nurse      |
| 4. Dr. Padma Prakash, Consultant ICU               | 13. Ms. Suganthi, Infection Control Nurse     |
| 5. Dr. Bennett Rajmohan Consultant General Surgery | 14. Ms. Saranam Ayyappa, House keeping        |
| 6. Dr. Ravindran Consultant Anaesthesiology        | 15. Ms. Ramya V, Manager Quality              |
| 7. Dr. Harikrishnan, Pulmonology                   |   |
| 8. Dr. Meenatchi Asst Consultant Microbiology      |   |
| 9. Dr. Vinothkumar, Pharmacy                       |   |

### 2. Meeting Agenda

#### Infection Control Quality Indicators Review

- Hospital Acquired Infection
- Hand Hygiene
- Bundle Compliance
- Needle Stick Injury
- Covid -19 Data & Vaccination

#### Microbiology Data Review

- Surveillance data
- Susceptibility Pattern
- Notifiable Diseases

#### Antibiotics Data Review

- Sensitive Pattern
- Surgical Prophylaxis

#### Review of Policy & Manual

Hospital name: Apollo Speciality Hospitals, Madurai

disease	Mucormycosis In the list of notifiable disease	Mycor Mycosis in the Notifiable disease.	Thomas & Mr. Robin		
Infection Control Manual	NABH 5 <sup>th</sup> Edition	To update the manual as per the 5 <sup>th</sup> Edition of NABH Standards	Ms. Emy & Ms. Suganthi Ms. Ramya		
ECG Gel	Culture Growth is seen in Gel used for ECG & USG.	Brand has been changed for GEL (Arrow).	Mr. Anand Ms. Emy & Ms. Suganthi		

*Handwritten signature*