

11- Form - Annual: Report  
Submitted  
15/1/18 to 31/3/19

FORM - 11

(See Rule - 10)

1. Particulars of Applicant

(i) Name of the authorized person (occupier/ operator) : Mr. Narendra kumar singh  
(ii) Name of the Institution / Hospital : Apollo Hospital  
Address : No 21 Greams lane off  
Greams road. Chennai-6  
Tele Ph.No : 044-28296703

2. Categories of waste generated and quantity on a monthly average basis: Please find the attachment

- 3. Brief details of the treatment facility : G.J Multi Clave [India] Pvt Ltd .Survey No 245 Thenmalpakkam Singaperumal Koil .Kancheepuram dist

In case of off - site facility :

(i) Name of the operator : . G.j Multi Clave [India] Pvt Ltd  
(ii) Name and address of the facility : survey No 245 Thenmalpakkam  
singaperumal koil .kancheepuram dist  
(iii) Tel No : 9840926971/9840936971

4. Category wise quantity of waste treated : Details enclosed

5. Mode of treatment with details : : Details enclosed

6. Any other information :

7. Certified that the above report is for the period from 1<sup>st</sup> April 2018 to 31 March 19

Date:

Signature:

NARENDRA KUMAR SINGH  
DEPUTY GENERAL MANAGER

Place: Chennai

Designation: Deputy General Manager

Unit Head HK Department. Apollo Hospital Chennai

27/6/19



# DEPARTMENT OF HOUSEKEEPING

## BIO MEDICAL WASTE GENERATION FOR THE YEAR APRIL 18 –MARCH 19

MONTH	CLINICAL WASTE	INFECTION WASTE	BOTTLE WASTE	SHARP WASTE	TOTAL
APRIL	19981.9/	8788.1/	1576.1/	801.2/	31151.3
MAY	21817 /	9293/	1365/	671/	33157
JUNE	19040 /	9503 /	1378/	532.8/	30662
JULY	22345 /	9900.3/	1592.3/	673.9/	34521.2
AUG	20781 /	9884 /	1551 /	805.5/	33009
SEP	21649 /	10868 /	1530 /	625 /	33918
OCT	20965 /	10258 /	1485.3/	740.2/	33471.3
NOV	21445 /	9632/	1761.3/	568.3/	33160.6
DEC	23882 /	10630/	1933.3/	637.7/	36789.7
JAN	21610 /	9348 /	1446 /	579/	32980
FEB	21299.2/	9329.5/	1325.9/	579/	32233.3
MARCH	22566	10193.5	1478.4	605	34851

**INFECTION CONTROL COMMITTEE MEETING****Date: 2/08/2018****Venue: 5310****Time: 2PM****Meeting Chaired By: Dr V Ramasubramanian****Presented by Dr V R Yamunadevi****Members Present:**

S.No	MEMBERS	DESIGNATION
1.	Dr SathyaBhama	Director of medical service
2.	Dr Venkatachalam	Joint Director of medical service
3.	Dr.Rama subramanian	Senior Infectious Disease Consultant
4.	Dr.Yamuna	MDCCU&ID Junior Consultant
5.	Dr Babu K Abraham	Sr Consultant, CCU & Pulmonology
6.	Dr Thirunarayanan	Sr Consultant, Microbiology
7.	Dr Senthurnambi	Infectious Disease Consultant
8.	Dr Nandini	Junior Consultant, Microbiology
9.	Dr Hemalatha Senthil	Medical Officer and QSO
10.	Dr Pradeep Kumar v	Clinical Pharmacologist
11.	Dr.Bhasker	Anesthetist
12.	Mr.Balaji V	QSO, Manager
13.	Mr. Dushyanth	OT Manager
14.	Mr.Narendra Singh	HK Deputy General Manager
15.	Sis Sunitha	Assistant Nursing Director
16.	Sis Emily	Chief infection control nurse
17.	Sis.Sonia Grant	Nursing Superintendent
18.	Sis Samundeeswari	Infection Control Nurse ICU
19.	Sis Jaya prasanna	Antibiotic and surveillance nurse
20.	SisAllin Niruba	Infection Control Nurse OT
21.	SisMaria Jean Ulanda	Infection Control Nurse Wards
22.	Mr.Xavier	HK Executive
23.	Mr.Kaniyappen	Senior HK Supervisor
24.	Ms.Maria Ali Raja	DGM Operations
25.	Sis Vinitha	Infection Control Nurse
26.	Mr.Asokan .S	Senior supervisor Engineering

**Closed Issue**

- ❖ Trends of all Health care associated infections and other quality monitors( NSI, Hand hygiene compliance) were discussed. There has been a rise in incidence of CAUTI in neurology patients.



- ❖ Root Cause Analysis and solution regarding CAUTI for neurological patients was discussed. Based on 2 months data on CAUTI it was decided to go ahead with Bactrigaurd (Silver & Platinum coated) Foley's catheter for patients who require long term catheterization. To decide after 6 days of catheterization.
- ❖ One surgical site infection post CABG due to Non tuberculous mycobacteria infection was discussed. Reemphasized the cardiothoracic consultants to use only sterile water for heater cooler machine.
- ❖ Single use device usage in CTOT was discussed and utilization of Octopus was increased to 8 times from 3 times to balance the cost incurred on the patient. Also reemphasized to main SUD register regularly. To ensure disinfection/ sterilization is optimal.
- ❖ Dialysis line has to be replaced in MDCCU and liver transplant unit which will be discussed with the intensivist based on occupancy rates.
- ❖ Anti-biometrics and choice of surgical antibiotic prophylaxis were discussed
- ❖ Effectiveness of Antimicrobial stewardship programme (AMSP) was discussed. Future trends will be looked into. Continuation of surgical prophylaxis by surgeons was discussed. Decided to discuss with the consultants individually.
- ❖ Resistance trends based on anti-biogram was discussed
- ❖ Cross hand hygiene audit was done across the hospital by nurses from different units after proper training in hand hygiene audit. This practice actually improved the number of health care workers observed for hand hygiene and also avoided the Hawthorne effect. Few wards like L, I, P, Tracheostomy unit & dialysis unit showed poor hand hygiene compliance among nurses and junior doctors. Bed side training was given to nurses. Junior doctors were also trained on hand hygiene practices using fluorescent gel technique.
- ❖ Tuberculosis notification form upgraded and process of reporting to public sector from outpatient and inpatient areas started.
- ❖ Apollo infection control news-letter formatted in word document will be circulated across hospital to all the stakeholders every quarterly through email.
- ❖ Policy on management of blood borne pathogens for health care workers included in infection control manual
- ❖ Biomedical waste (BMW) segregation practices were discussed. Infection control nurses audit BMW compliance on a daily basis in all areas of the hospital.
- ❖ During the discussion of NSI Biomedical waste segregation and compliance audit was also discussed. None of NSI happened due to improper segregation

### **Training**

- ❖ Training for radiological and laboratory services on infection control practices. This was followed by quiz competition
- ❖ Pre-AIDC 2018 Infection control workshop for nurses
- ❖ Training for Apollo home care service nurses on infection control practices
- ❖ Biomedical waste management classes conducted for heart-lung transplant units and MDCCU

S.no	Points of Discussion	Responsibility	Time Frame
1.	❖ Decision on abandoning Skin Test for antibiotic	Dr V Ramasubramanian Infectious Disease Senior Consultant	1 month
2.	❖ Pre-employment health assessment (HIV status)	Dr V Ramasubramanian Infectious Disease Senior Consultant(email to DMS) done. DMS forwarded the letter to HR team. Mr Kiran responsibility	1month
3.	❖ CSSD wet instruments to procure new wrapper material	Mr Dushyant & Purchase team	1month
4.	❖ HIV status of the patient reporting from MRD with postal address as it is concerned with the patient's confidentiality issue	Mr Balaji & Dr Yamuna	1 month



## INFECTION CONTROL COMMITTEE MEETING

**Date:** 21/02/19

**Venue:** DMS and Clinical advisor office

**Time:** 2PM

**Meeting Chaired By:** Dr V Ramasubramanian

**Presented by** Dr V R Yamunadevi

**Members Present:**

S.No	MEMBERS	DESIGNATION
1.	DrSathyaBhama	Director of medical service, Southern Region
2.	Dr Venkatachalam	Director of medical service
3.	DrSenthilkumar	Sr Consultant, MDCCU
4.	DrThirunarayanan	Sr Consultant, Microbiology
5.	DrSenthurNambi	Infectious Disease Consultant
6.	DrHemalathaSenthil	Medical officer and Quality System office
7.	Dr. ArunChander	Pharmacologist
8.	Dr.Nandhini	Junior Consultant, Microbiology
9.	Ms.Sonia Grant	Nursing Superintendent
10.	MrV.Balaji	General Manager of Quality System, Southern Region
11.	Ms.Vinitha	Infection Control Nurse
12.	Ms.Renuka	MDCCU Nursing Officer
13.	Ms.MariaJeanUlanda	Infection Control Nurse Wards
14.	Ms.Samundeeswari	Infection Control NurseCCU
15.	Ms.AllinNiruba	Infection Control Nurse OT
16.	Ms.Jayaprasanna	Antibiotic and surveillance nurse
17.	Ms Usha	Infection control secretary

### Closed Issue:

- ❖ Trends of all Health care associated infections and other quality monitors( NSI, Hand hygiene compliance) were discussed.
- ❖ Last month SSI (Surgical site infection) in a post spine stabilization case was discussed. Patient maintained poor personal hygiene postoperatively and was not ambulant post-surgery which probably resulted in poor healing as stated by the surgeons. Specific discharge advice on special cases (Orthopedics, Vascular, Plastic surgery etc) should be initiated by the specialty to avoid such post procedural infections.
- ❖ Epidemic trends of H1N1 and dengue was discussed. Declining trend but still we receive patients from Nellore and Thirupathi who are H1N1 Positive
- ❖ Anti-biometrics and choice of surgical antibiotic prophylaxis were discussed
- ❖ Effectiveness of Antimicrobial stewardship programme (AMSP) over one year period(2018-2019) was discussed
- ❖ Resistance trends based on anti-bio gram (Oct-December 2018) was discussed. Microbiology laboratory generated area specific anti-bio gram (ICU, Wards and

cumulative anti biogram) separately. CRE (Carbapenem resistant Enterobacteriaceae) rates of Klebsiellasp are increasing.

- ❖ Biomedical waste (BMW) segregation practices were discussed. Infection control nurses audit BMW compliance on a daily basis in all areas of the hospital.
- ❖ Define daily dose for high end antibiotics were discussed
- ❖ Cross hand hygiene audit is being done across the hospital by nurses from different units after proper training with case scenarios conducted on 18/2/19. This practice actually improved the results of hand hygiene and also avoided the Hawthorne effect
- ❖ Decision on abandoning Skin Test for antibiotics- DrVenkatasalam had organized a committee to decide on a protocol-committee decision awaited
- ❖ Safe injection training for staff nurses on pen insulin injectors was conducted
- ❖ Trial run with a new disinfectant in place of Bacillol 25 (doesn't contain 70% alcohol) to be done. Analysis of the new product will begin from the month of March 2019

#### Training

- ❖ UV lamp training on hand hygiene for all areas across our hospital is being conducted
- ❖ Biomedical waste management classes conducted for heart-lung transplant units and MDCCU

#### New initiatives

- ❖ HR support for best HH ward/ other specific area awards mooted
- ❖ AMSP workshop planning on 6<sup>th</sup> April 2019

S.no	Points of Discussion	Responsibility	Time frame
1.	❖ RO water connection in OT wash area	Engineering team and OT manager	1 month
2.	<ul style="list-style-type: none"> <li>❖ Request for reminder posters about hand hygiene across our hospital(Common corridors, in high risk settings)</li> <li>❖ Supportive videos on HH by our leadership team to be played in the common corridors</li> </ul>	<p>QSO and Infection control team</p> <p>QSO and Infection control team</p>	1 month