

From -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 authorized person (occupier or operator of facility)	:	Dr.Santy N Sajan Chief Operating Officer – Apollo Main Hospital
	(ii) Name of HCF	:	Apollo Hospitals Enterprise Limited
	(iii) Address for Correspondence	:	21 & 24, Greams lane, Opp Greas road, Nungambakkam, Chennai -06
	(i) Address of Facility	:	21 & 24, Greams lane, Opp Greas road, Nungambakkam, Chennai -06
	(ii) Tel. No. Fax. No.	:	044 - 28296703
	(V) E-mail ID	:	Housekeeping@apollohospitals.com
	(i) URL of Website	:	https://www.apollohospitals.com/
	(ii) GPS coordinates of HCF	:	
	(iii) Ownership of HCF	:	Private
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Applied NO: 21576146, Dated 07.03.2019
	(v) Status of Consents under Water Act and Air Act.	:	Main Consent, No: 19081220000, Validity: 31/3/22 Sindoori Consent No: 1908126746111, Validity 31/3/21 (Payment remitted, Relevant documents submitted / Uploaded in online shortly)
2.	Type of Health Care Facility	:	Multi speciality Hospital
	(i) Bedded Hospital	:	Bedded Hospitals - 620
	(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.	:	Z.O.IX/ZHO-IX/0492/2021 03.03.2022
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	Refer with M/S G J Multiclave
	(ii) No. of beds covered by CBMWTF	:	Refer with M/S G J Multiclave
	(iii) Installed treatment and disposal capacity of CBMWTF	:	Thenmalaipakkam
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	Refer with M/S G J Multiclave
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Red – 227049 Kg/Annum Yellow – 132084.6 Kg/Annum Blue – 14960.2 Kg/Annum White- 5496.15Kg/Annum

SYEDA MAHMOODUNNISA
Deputy General Manager
Support Services



5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																							
	(i) Details of the on-site storage facility	:	Only storage Capacity: N/A Provision of on-site storage : (cold storage or any other provision)																																					
	(ii) 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 (Yellow)</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves (Red,Blue,White)</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep Burial pits: (Blue & White)</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Recyclable: (Red)</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>ETP</td> <td>25</td> <td>KLD</td> </tr> <tr> <td>Any other treatment equipment:STP</td> <td>450</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 (Yellow)	NA			Autoclaves (Red,Blue,White)	NA			Shredder				Sharps				Deep Burial pits: (Blue & White)	NA			Recyclable: (Red)	NA			Chemical disinfection:	ETP	25	KLD	Any other treatment equipment:STP	450			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers - after treatment in kg per annum.	:	N/A																																					
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	N/A																																					
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	:	N/A																																					
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ MULTICLAVE (INDIA) PVT LTD S.F.No. 245&247, THENMELPAKKAM village, Chengalpattu Taluk and Kancheepuram District.																																					
	(vii) List of member HCF not handed over bio-medical waste.	:	N/A																																					
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes (MOM attached)																																					
7.	Detail trainings conducted on BMW																																							
	(i) Number of training conducted on BMW Management.	:	11																																					
	(ii) Number of personnel trained	:	8																																					

SYEDA MAHMOODUNNISA
 Deputy General Manager
 Support Services

Syeda

	(iii) Number-of personnel trained at the time of induction	All new joinees were trained during induction
	(iv) Number of personnel not undergone any training so far.	All covered
	(v) Whether standard manual for training is available ?	Yes – Apollo Bio medical waste management SOP
	(vi) Any other information)	—
8.	Details of the accident occurred during the year	N/A
	(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?	N/A
	Details of Continuous online emission monitoring systems installed	No Online, However once in six month emission being monitored
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	Through STP .No Occasion
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Meeting the standards
12.	Any other relevant information	—

Certified that the above report is for the period from - Jan '20 to Dec '20

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Date: 07 CH. 2021
 Place: Chennai - 6.

Name and Signature of the Head of the Institution

DR. SANTY N SAJAN
 Chief Operating Officer

DR. SANTY N SAJAN
 Chief Operating Officer

SYEDA MAHMOODUNNISA
 Deputy General Manager
 Support Services

Syeda

Apollo - Main Hospital																
Bio Medical Waste - Annual Report (Jan'20 to Dec'20)																
MONTH	CLINICAL WASTE (Red)/Kg include covid waste			INFECTION WASTE (Yellow)/Kg include covid waste			BOTTLE WASTE (Blue)/Kg include covid waste			SHARP WASTE (White container)/Kg include covid waste			Total		G.Total	
	Normal	Covid	Total Red	Normal	Covid	Total Yellow	Normal	Covid	Total Blue	Normal	Covid	Total White	Normal	Covid		
Jan-20	23294.80	0.00	23294.80	11922.00	0.00	11922.00	1865.40	0.00	1865.40	742.70	0.00	742.70	37824.90	0.00	37824.90	
Feb-20	22305.00	0.00	22305.00	12157.40	0.00	12157.40	1865.80	0.00	1865.80	683.30	0.00	683.30	37011.50	0.00	37011.50	
Mar-20	19735.90	69.20	19805.10	11941.40	310.20	12251.60	1432.70	0.00	1432.70	547.70	0.00	547.70	33657.70	379.40	34037.10	
Apr-20	9547.20	546.10	10093.30	4934.20	900.90	5835.10	531.40	9.50	540.90	172.40	0.00	172.40	15185.20	1456.50	16641.70	
May-20	12182.00	388.20	12570.20	5809.00	743.90	6552.90	718.60	14.50	733.10	266.20	1.70	267.90	18975.80	1148.30	20124.10	
Jun-20	12130.00	3793.20	15923.20	5032.10	3769.80	8801.90	724.30	61.50	785.80	310.40	9.75	320.15	18196.80	7634.25	25831.05	
Jul-20	13246.00	4602.50	17848.50	6114.80	4301.40	10416.20	731.40	122.20	853.60	306.40	32.70	339.10	20398.60	9058.80	29457.40	
Aug-20	14903.00	3608.30	18511.30	7405.80	3677.20	11083.00	863.20	217.50	1080.70	388.90	55.90	444.80	23560.90	7558.90	31119.80	
Sep-20	17200.00	3333.60	20533.60	9901.70	3314.40	13216.10	1143.60	158.40	1302.00	385.20	58.30	443.50	28630.50	6864.70	35495.20	
Oct-20	18482.00	3511.90	21993.90	9466.80	3010.70	12477.50	1249.20	117.00	1366.20	427.00	34.60	461.60	29625.00	6674.20	36299.20	
Nov-20	17403.00	2180.80	19583.80	10121.00	2050.20	12171.20	1372.90	106.60	1479.50	489.90	9.30	499.20	29386.80	4346.90	33733.70	
Dec-20	22532.30	2054.30	24586.60	12723.00	2183.50	14906.50	1587.70	67.10	1654.80	551.70	22.10	573.80	37394.70	4327.00	41721.70	
Total	202961.20	24088.10	227049.30	107529.20	24262.20	131791.40	14086.20	874.30	14960.50	5271.80	224.35	5496.15	329848.40	49448.95	379297.35	
AVERAGE/Month	16913.43	2007.34	18920.78	8960.77	2021.85	10982.62	1173.85	72.86	1246.71	439.32	18.70	458.01	27487.37	4120.75	31608.11	
AVERAGE/Day	556.06	65.99	622.05	294.60	66.47	361.07	38.59	2.40	40.99	14.44	0.61	15.06	903.69	135.48	1039.17	

MEETING MINUTES

Committee Name:	HOSPITAL INFECTION CONTROL COMMITTEE		
Date of Meeting: (DD/MM/YYYY)	11.02.2020	Time: 12.00 to 1.00pm	
Location:	New Conference Hall 5 th floor	Start:	12.00pm
Minutes Prepared By:	Dr.V.R.Yamunadevi	End:	1.00pm
Presided by:	Dr.V.Rama Subramanian		


1. Attendance at Meeting (add rows as necessary)

NO	Name of the person	Designation
1.	Dr.Santy Sajan	Chief Operating Officer
2.	Dr Venkatasalam	Director of Medical Services
3.	Dr.Sathyabhama	Director & Clinical Advisor
4.	Dr.Senthur Nambi	Infectious Disease Consultant
5.	Dr.Ramesh Venkatraman	Senior Consultant, MDCCU
6.	Dr.Hemalatha Senthil	Medical Officer & Quality System Office
7.	Dr. Arun Chander	Clinical Pharmacologist
8.	Dr.Nandhini	Junior Consultant, Microbiology
9.	Ms.Juliet Joji Varghese	Nursing Director
10	Sis.Sonia Grant	Nursing Superintendent
12.	Sis.Sheela.CV	Deputy Nursing Superintendent, MDCCU & ext
13.	Sis.Renuka MV	MDCCU Nursing Officer
14.	Mr V.Balaji	General Manager of Quality System, Southern Region
15.	MS.Lavanya	Deputy general manager House keeping
16.	Sis.MariaJean Ulanda	Infection Control Nurse Wards
17.	Sis.Samundeeswari	Infection Control Nurse CCU
18.	Sis.Vinitha	Infection Control Nurse
19.	Sis.Allin Niruba	Infection Control Nurse Operation Theater
20.	Ms Usha Rani	Infection control secretary

APOLOGIES:

S.NO	Name of the person	Designation
8.	Sis.Jaya prasanna	Antibiotic and surveillance nurse
9.	Ms.Jeevitha	Senior Nurse Educator
10.	Mr.Karthick	Deputy General Manager Food & Beverages
11.	Mr.Ravi Kumar	Deputy General Manager- Engineering
13.	Mr.Syed Khadar Mohideen	Information Technology Manager

2. Meeting Agenda

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- ❖ Trends of all Health care associated infections and other quality monitors(NSI, Hand hygiene compliance) were discussed. VAP rates are showing an increasing trend. Root cause analysis, corrective and preventive action was carried out for the same.
 - ❖ November month was taken up as Needle stick injury prevention month. Infection control nurses were selected as Ambassadors to spread the message of safe sharp handling and safe injection practices across the organization. New engineering controls for sharps safety were introduced in blood collection area and Emergency department. Few more engineering control measures for sharps safety have been requested from purchase department
 - ❖ Epidemic trends of communicable diseases were discussed. Dengue fever is on the rise. Necessary actions were discussed.
 - ❖ Antibiotic resistance trends based on anti-biogram (July- September 2019) were discussed. Rate of CRE and ESBL are static.
 - ❖ High end Antibiotic usage in wards and CCU were discussed. Also choice and continuation of surgical antibiotic prophylaxis were reviewed.
 - ❖ Trends of Tigecycline DDD are showing a decline after discussion with CCU consultants on combination therapy.
 - ❖ Effectiveness of Antimicrobial stewardship programme (AMSP) was reviewed.
 - ❖ Cross hand hygiene audit is being done across the hospital by nurses from different units after proper training.

Infection control activities:

- ACS NQIP risk calculator- To calculate preoperative risk for patients undergoing surgery

Products evaluated

- Sodium hypochlorite solution for surface cleaning existing product-Found to be satisfactory
- Zitritide- New product not satisfactory
- UV C Disinfection Mediland-Satisfactory
- Mobile go Hand hygiene automated machine-still under evaluation due to logistic issues

S. no Points of Discussion

1. Hospital staff nurses needs more training in hospital policies to prevent future hospital acquired infections
2. New 70% alcohol product has been tested in our lab. Needs evaluation from infection control aspect
3. Recently operated patient for renal transplant patient developed mycotic aneurysm

Responsibility

Nurse educator and infection control team

Infection control team

Nephrology, urology and Infection control team

Closed

Done

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
New staff nurses needs more training in hospital policies to prevent future hospital acquired infections	NA	Agreed	Nurse educator and infection control team	30.03.20	
Meeting with surgeons	NA	Agreed	DMS office	25.03.20	
SOPs for different areas about COVID and their protection	NA	Agreed	Infection control team	16.04.20	

General comments (if any):

Signed by:

(Chairperson)

MEETING MINUTES

Committee Name:	HOSPITAL INFECTION CONTROL COMMITTEE		
Date of Meeting: (DD/MM/YYYY)	11.11.2020	Time: 12.00 to 1.00pm	
Location:	Old Conference Hall 5 th floor	Start:	12.00pm
Minutes Prepared By:	Dr. V. R. Yamunadevi	End:	1.00pm
Presided by:	Dr. V. Rama Subramanian		

1. Attendance at Meeting (add rows as necessary)

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23.	Ms.Asha	Manager (House keeping)
24.	Mr.Syed Khadar Mohideen	Information Technology Manager
25.	Mr.Ravi Kumar	Deputy General Manager- Engineering

2. Meeting Agenda

Apollo
HOSPITALS
SPECIALTY CENTRES

Hospital

- ❖ Trends of all Health care associated infections and other quality monitors(NSI, Hand hygiene compliance) were discussed. CLABSI and VAP rates are showing a decreasing trend. Nurses were given hands on training on CLABSI and VAP prevention bundle care. VAP bundle care reminder cards were put across all ventilators
- ❖ Infection Control practices to be adhered to strictly in COVID and Non COVID CCU's
- ❖ Skill full nursing training was carried out.
- ❖ Antibiotic resistance trends based on anti-biogram (July – September 2020) were discussed. Rate of CRE showing a declining trend
- ❖ High end Antibiotic usage in wards and CCU were discussed. Also choice and continuation of surgical antibiotic prophylaxis were reviewed.
- ❖ Effectiveness of Antimicrobial stewardship programme (AMSP) was reviewed with antibiotic utilization and defined daily doses
- ❖ Needle stick injury showed a rising trend in the month of August 2020 probably due to new staff recruited in different areas or change of areas for the existing staff. PPE use also limited mobility and vision which probably contributed to NSI.
- ❖ **CAPA:** Based on that Pre-assessment questionnaire on NSI prevention through Microsoft link was done. Class on safe injection practices was conducted a video on safe injection practices was shared. Display of the mechanism of engineering control devices was conducted. Availability of devices in pharmacy was ensured. Post-assessment questionnaire on NSI prevention was circulated. Individual audit at the work site was also conducted.

Infection control activities:

- ❖ Hands on training workshop for nurses on VAP and CLABSI prevention bundle care
- ❖ Class on safe injection practices along with display of safe devices with engineering controls

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

Key Issues Discussed Hospital	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
❖ Sale of N95 mask with exhaust valves should be stopped immediately from pharmacy stores.	NA	Yes	Dr Arun Chander & Pharmacy stores	22.8.20	Closed
❖ Decision on change of brands of alcohol based hand rubs should be discussed with infection control team	NA	Yes	Stores, purchase	22.8.20	It was unanimously agreed by DTC that hospital would go ahead with the existing hand rub products in their current areas. New replacements will not be accepted by the user end
❖ Increase in the utilization of single used device in CTOT	NA	Yes	To organize meeting with infection control team and Quality office	22.8.20	Closed
❖ Nursing manpower Allocation in ICU	NA	Yes	HR & Nursing Director	22.09.20	Closed

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
High end antibiotic form should be reviewed by the clinical pharmacist before dispensing high end antibiotic after 72 hrs from the day of prescription	NA	Agreed	Pharmacy	10.12.20	
Regular Training of Nurses	NA	Agreed	Nurse Educator & Infection Control team	26.11.20	

General comments (if any):

Signed by:

(Chairperson)