

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	:	Apollo Heart Centre
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Subashini Venkatesh Unit Head – Apollo Heart Centre
	(ii) Name of HCF	:	Apollo Heart Centre
	(iii) Address for Correspondence	:	156. Greems Road, Thousand light, Chennai – 600006.
	(i) Address of Facility	:	156. Greems Road, Thousand light, Chennai – 600006.
	(ii) Tel. No. Fax. No.	:	044 - 28296943
	(V) E-mail ID	:	Maintenanceahc_cni@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.	:	Authorisation No: 17BAZ8947534 Valid up to: One time
	(v) Status of Consents under Water Act and Air Act.	:	Heart Centre consent No: 2108238169381, 2108138169381 Validity: March / 2023
2.	Type of Health Care Facility	:	OP Block
	(i) Bedded Hospital	:	Nil
	(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.	:	-----
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	Refer with M/S GJ Multiclave
	(ii) No. of beds covered by CBMWTF	:	Refer with M/S GJ Multiclave
	(iii) Installed treatment and disposal	:	Thenmalaipakkam,



Received
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	capacity of CBMWTF																																						
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	Refer with M/S GJ Multiclave																																				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Red – 1309 Kgs / Annum																																				
			Yellow -109.8 Kgs / Annum																																				
	Annexure 1 attached		Blue – 649 Kgs / Annum																																				
			Sharp – 59.6 kgs / Annum																																				
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																						
	(i) Details of the on-site storage facility	:	: Nil																																				
			Capacity: Nil																																				
			Provision of on-site storage : (cold storage or any other provision)																																				
	(ii) Disposal Facilities	:	<table> <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> <tr> <td>Incinerators (Yellow)</td><td>Nil</td><td></td><td></td></tr> <tr> <td>Autoclaves (Red, Blue, White)</td><td>Nil</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>Nil</td><td></td><td></td></tr> <tr> <td>Recyclable: (Red)</td><td>Nil</td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td>Nil</td><td></td><td></td></tr> <tr> <td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators (Yellow)	Nil			Autoclaves (Red, Blue, White)	Nil			Shredder				Sharps				Deep Burial pits: (Blue & White)	Nil			Recyclable: (Red)	Nil			Chemical disinfection:	Nil			Any other treatment equipment:			
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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	:	N/A																																				

12/04/2011

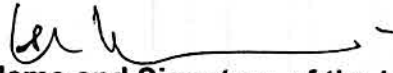
	per annum)		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ MULTICLAVE (INDIA) PVT LTD S.F.No. 245&247, THENMALAIPAKKAM village, Chengalpattu Taluk and Kancheepuram District.
	(vii) List of member HCF not handed over bio-medical waste.	:	N/A
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Attached with Main Hospital, Greems road Committee
7.	Detail trainings conducted on BMW		Refer Main Hospital, Greems road.
	(i) Number of training conducted on BMW Management.		Training calendar
	(ii) Number of personnel trained		Do
	(iii) Number of personnel trained at the time of induction		Do
	(iv) Number of personnel not undergone any training so far.		No
	(v) Whether standard manual for training is available ?		Yes – Apollo Bio medical waste management
	(vi) Any other information)		
8.	Details of the accident occurred during the year		Nil
	(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		N/A
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		N/A
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a		N/A

	year?		
12.	Any other relevant information		N/A

Certified that the above report is for the period from - Jan 21 to Dec 21

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Date: 28/04/2022
Place: Chennai -


Name and Signature of the Head of the Institution

Dr. Subashini Venkatesh
MBBS, MRCP (Lon), DCH (Lon), Dip. Dem (UK), CCT (UK),
Medical Director - Preventive Health
Apollo Hospitals Group

THE APOLLO HEART CENTRE

BIO MEDICAL WASTEMANAGEMENT DETAIL FOR THE YEAR OF 2021

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
CAL WASTE	90	94	111	94	84	99	115.5	116.7	137	126.5	109.2	132.1	1309
IOUS WASTE	6.4	1	0.5	3	0	2	1	0	8.3	12.5	26.7	48.4	109.8
RP WASTE	3.8	4	7.5	3	5.3	2.5	2.5	5.5	8	6	4	7.5	59.6
OTTLES	37.1	3.5	60.8	47	28.5	45	69	78.5	75.7	68	68.2	67.7	649
TOTAL	137.3	102.5	179.8	147	117.8	148.5	188	200.7	229	213	208.1	255.7	2127.4

Neelam

*Apollon Medical Centre
Doctors
Internal*

THE APOLLO HEART CENTRE

MEETING MINUTES

Committee Name: SAFETY&BMWM COMMITTEE MINUTES			
Date of Meeting:	24-12-2021	Time : 4-5 pm	
Location:	DMS, PHC ROOM (Third Floor)	Start:	4:00 PM
Minutes prepared BY:	Ms.Naima	End:	5:00 PM
Presided by:	Dr.Subashini Venkatesh		

1. Attendance At Meeting (Add Rows As Necessary)

Dr.Subashini Venkatesh	DMS, PHC
Ms.Naima	Manager-Operation
Ms.Tamilselvi	Executive
Ms.Thilagavathi	Nursing Officer
Mr.Sasikumar	Maintenance Supervisor
Mr.Sudarsan kumar	House Keeping Supervisor

2.Meeting Agenda

- 1.Previous Minutes of Safety Meet
- 2.Facility Rounds Updates
- 3.Bmwm Safety
- 4.Hazmat
- 5.Needle Stick Injury
- 6.Staff Awareness on covid-19 precautions

3. Previous Meeting Discussions / Follow Ups(if Any):

4.Action Items/Decision Tracker

Key Issues Discussed	Root Cause Identified	Agreed Action/Decision	Assigned To/Responsibility	Due Date	Follow-Up/Status
Facility Rounds	1.All floor escape layout updated.	On Processing	Engineering Dept.& House keeping Dept	20 days	On-going Process
	2.Old fire extinguisher to be changed				
	3.Bmwm segregation placards to be provided for the new one				
Facility Rounds	4.Bmwm storage area cupboard will be placed	On Processing	Engineering Dept.& House keeping Dept	20 days	On-going Process
	5.Ground floor old transtorm area H.T electrical cable trarch work to be				

Facility Rounds	6. ground floor M.V Panel area all old glass items and scrap items should be removed	On Processing	Engineering Dept. & House keeping Dept	20 days	On-going Process
Universal masking policy	NA	Agreed	DMS, PHC	-	On-going Process
Hostel and cafeteria were more staff crowd together were addressed	NA	Agreed	Executive	-	On-going Process
Sick room concept in all hostels	NA	Agreed	Manager-Operation	-	On-going Process
New staff nurses needs more training in policies to prevent future hospital acquired infections	NA	Agreed	Nurse team	-	On-going Process
Hazmat Nil Incidence	NA	Staff training as the calendar by respective trainer	HK	-	On-going Process
BMWM	Pandemic management	separate flow process adhered for code green patient (COVID-19) Training for the staff to be done on the same	HK	-	On-going Process
BMWM	Pandemic management	Chemical usage the floors to be adhered as per GO BMWM Segregation Protocol on double cover with proper labelling usage of linens to be followed as per the government guidelines	HK	-	On-going Process
Needle stick Injury	NA	NA	NA	NA	NA

General Comments (if any)

Signed by: **Ms. Naima**
Manager-Operations
Apollo Heart Centre, Chennai

(Chairperson)

THE APOLLO HEART CENTRE			
MEETING MINUTES			
Committee Name: SAFETY & BMWV COMMITTEE MINUTES			
Date of Meeting:	25-06-2022	Time: 3.00 to 4.00pm	
Location:	DMS,PHC ROOM(Third Floor)	Start:	3.00Pm
Minutes Prepared By:	Ms.Naima	End:	4.00Pm
Presided By:	Dr.Subashini Venkatesh		

1.Attendance At Meeting (Add Rows As Necessary)	
Dr.Subashini Venkatesh	DMS,PHC
Ms.Naima	Manager-Operation
Ms.Tamilselvi	Executive
Ms.Thilagavathi	Nursing Officer
Mr.Hari Prasad	Guest Relations
Mr.Sasi Kumar	Maintenance Supervisor
Mr.Sudarsan Kumar	House Keeping Supervisor

2.Meeting Agenda
1.Previous Minutes of Safety Meet
2.Facility Rounds Updates
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4.Hazmat
5.Needle Stick Injury
6.Staff Awareness On Covid-19 precautions

3.Previous Meeting Discussions/Follow Ups (if Any):

4.Action items/Decision Tracker					
Key Issues Discussed	Root Cause Identified	Agreed Action/Decision	Assigned To/Responsibility	Due DATE	Follow-Up/Stats
Facility rounds	1.Old Fire extinguisher to be changed	On Processing	Engineering Dept.& House Keeping Dept	20 Days	On-Going process
Facility rounds	2.Bmwv segregation placards to be Provided for the new one				
Facility rounds	3.Bmwv Storage area cupboard will be placed	On Processing	Engineering Dept.& House Keeping Dept	20 Days	On-Going process

Universal Masking Policy	NA	Agreed	DMS,PHC	-	On-Going process
Hostel and Cafeteria were More Staff Crowd Together Were Addressed	NA	Agreed	Executive	-	On-Going process
Sick room Concept in all hostels	NA	Agreed	Manager-Operation	-	On-Going process
New Staff Nurses Needs More Training in Policies to Prevent Future Hospital Acquired Infections	NA	Agreed	Nurse Team	-	On-Going process
Hazmat Nil Incidence	NA	Staff Traning As The Calender By Respective Trainer	HK	-	On-Going process
BMWM	Pandemic Management	Separate flow process adhered for code green patient(covid-19)training for the staff to be done on the same. Chemical usage the floors to be adhered as per GO.	HK	-	On-Going process
BMWM	Pandemic Management	BMWM Sagregating protocol on double cover with proper labelling usage of linens to be followed as per the government	HK	-	On-Going process

Needle Stick Injury	NA	NA	NA	NA	NA
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General Comments(if any)

Signed by:


(Chairperson)

Ms. Naima
Manager-Operations
Apollo Heart Centre, Chennai