



Apollo Hospital Enterprises Ltd

No:5/639, OMR, Perungudi, Sholinganallur Taluk, Kanchipuram District, Chennai – 96.

Date: 02/01/2021.

To

The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Maraimalai Nagar, Kanchipuram District.

Dear Sir,

Sub:- Filing of Returns for Bio Medical Waste FORM – IV duly filled for the period from (January 2020 to December 2020) Furnishing – Reg

Please find enclosed herewith the Bio Medical Waste Returns Form – IV duly filled for the period from January 2020 to December 2020.

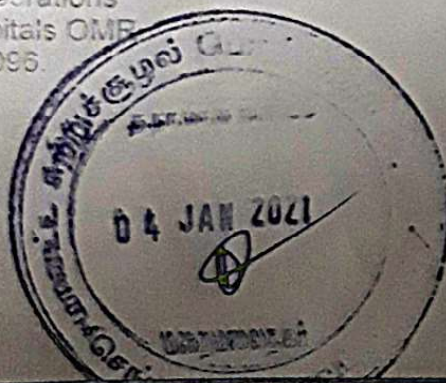
Kindly acknowledge the receipt of the same.

Thanking you,

Yours Faithfully,

For Apollo Hospitals Enterprises Ltd.

KAPANN PURI
General Manager-Operations
Apollo Speciality Hospitals OMR
Chennai - 600 096
Authorized Signatory
Encl: Form - IV



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) 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) | : | Apollo Speciality Hospitals |
| | (ii) Name of HCF or CBMWTF | : | Apollo Speciality Hospital's |
| | (iii) Address for Correspondence | : | 05/639, Perungudi, MR. ch - 96 |
| | (iv) Address of Facility | : | 05/639, Perungudi, MR. ch - 96 |
| | (v) Tel. No, Fax. No | : | 044 - 3322 1111, 3322 1999 |
| | (vi) E-mail ID | : | keeran - P@apollohospitals.com |
| | (vii) URL of Website | : | www.apollohospitals.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude - 12.96 and Longitude - 76.96 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: 17BAC6620956 Valid upto: 31/03/2021 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: 31/03/2021 |
| 2 | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 200 |
| | (ii) Non-bedded hospital | : | NA |
| | Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | 17BAC6620956 / 31.3.2021 |
| 3 | Details of CBMWTF | : | |
| | (i) Number of health care facilities covered by CBMWTF | : | NA |
| | (ii) No. of Beds covered by CBMWTF | : | NA |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | : | NA Kg / day |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | : | NA Kg / day |
| 4 | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | : | Yellow Category: 27986.8 Red Category: 99626.3 White: 721.4 Blue Category: 2511.4 General Solid Waste: 54000 |
| 5 | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility | : | |
| | (i) Details of the on-site storage | : | Size: NA |

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| facility | | Capacity: NA Provision of on-site storage : (Cold storage or any other provision) | | | |
|----------|---|---|---|--------------------|--|
| (ii) | Disposal facilities | | | | Quantity Treated or disposed in kg per annum |
| | | Type of treatment equipment | No of Units | Capacity Kg/day | |
| | | Incinerators | | | |
| | | Plasma Pyrolysis | | | |
| | | Autoclaves | | | |
| | | Microwave | | | |
| | | Hydroclave | | | |
| | | Shredder | | | |
| | | Needle tip cutter or destroyer | - | - | NA |
| | | Sharps | | | |
| | | Encapsulation or concrete pit | | | NA |
| | | Deep burial pits | | | |
| | | Chemical disinfection: | | | NA |
| | | Any other treatment equipment: | | | |
| (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category (like plastic, glass, etc.) NA | | |
| (iv) | No. of Vehicles used for collection and transportation of biomedical waste | : | NA | | |
| (v) | Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | NA | Quantity Generated | Where disposed |
| | | | Incineration | | |
| | | | Ash | | |
| | | | ETP Sludge | | |
| (vi) | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | | Gr. J. Multicare (India) Pvt. Ltd | | |
| (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 20/4/2020 31/10/2020 | | |

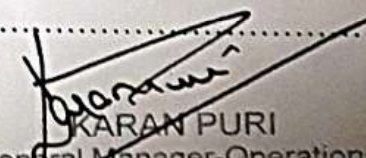
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| | | | |
|----|---|--|---|
| | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management | | 12 |
| | (ii) Number of personnel trained | | 400 |
| | (iii) Number of personnel trained at the time of induction | | All Staff |
| | (iv) Number of personnel not undergone any training so far | | — |
| | (v) Whether standard manual for training is available? | | Available |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | | 16 |
| | (ii) Number of persons affected | | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | | Available |
| | (iv) Any Fatality occurred, details | | Nil |
| | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | NA |
| | Details of Continuous online emission monitoring systems installed | | NA |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Treated ETP Plant |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | NA |
| 12 | Any other relevant information | | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

01/01/2020 To 31/12/2020


KARAN PURI
 General Manager-Operations
 Apollo Speciality Hospitals & Institute
 Chennai - 600 096.

Date:

Place:

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APOLLO SPECIALITY HOSPITALS - OMR , DEPARTMENT OF HOUSEKEEPING
BIOMEDICAL WASTE MONTHLY GENRATION REPORT FROM JANUARY 2020 TO DECEMBER 2020
AH-QF-HK-013

| S. NO. | MONTH | CLINICAL | INFECTIO US | SHARPS | BOTTLES | TOTAL |
|--------------|--------|----------------|----------------|--------------|---------------|----------------|
| 1 | Jan-20 | 1912.8 | 2151.3 | 60.4 | 241.2 | 4365.7 |
| 2 | Feb-20 | 1870.4 | 1992.4 | 68.2 | 210.7 | 4141.7 |
| 3 | Mar-20 | 1698.9 | 1582.8 | 52.4 | 176.7 | 3510.8 |
| 4 | Apr-20 | 1402.8 | 1495.4 | 40.8 | 106.4 | 3045.4 |
| 5 | May-20 | 2002.7 | 1818.3 | 45.2 | 147.3 | 4013.5 |
| 6 | Jun-20 | 2072 | 2018.5 | 48.6 | 135.6 | 4274.7 |
| 7 | Jul-20 | 2757.7 | 2531.3 | 54.1 | 165 | 5508.1 |
| 8 | Aug-20 | 3073.7 | 2882.2 | 58 | 278.3 | 6292.2 |
| 9 | Sep-20 | 3281.9 | 2900.1 | 75.5 | 277.8 | 6535.3 |
| 10 | Oct-20 | 3437.1 | 3154.8 | 80.6 | 257.3 | 6929.8 |
| 11 | Nov-20 | 2908 | 2559 | 65.4 | 236.1 | 5768.5 |
| 12 | Dec-20 | 3208.3 | 2900.7 | 72.2 | 279 | 6460.2 |
| TOTAL | | 29626.3 | 27986.8 | 721.4 | 2511.4 | 60845.9 |

AVERAGE / MONTH 2468.858333 2332.233 60.11667 209.2833 5070.492
AVERAGE / DAILY 82.29527778 77.74111 2.003889 6.976111 169.0164

Hospital name: ASH-OMR

MEETING MINUTES

| | | | |
|----------------------|--------------------------------|--------------|--------|
| Committee Name: | SAFETY & BMW COMMITTEE MINUTES | | |
| Date of Meeting: | (20/04/2020) | Time: 12-1PM | |
| Location: | CONFERENCE HALL | Start: | 12:5PM |
| Minutes Prepared By: | Mr. Suresh | End: | 1.10PM |
| Presided by: | Ms.Sangeetha | | |

1. Attendance at Meeting (add rows as necessary)

| | |
|-----------------------|----------------------------|
| MR. KARAN PURI | UNIT HEAD |
| DR.DEVACHANDRAN | CCU CONSULTANT |
| DR.SRIKANTH | CARDIOLOGIST |
| MR.GIRIDHAR | DGM OPERATIONS |
| DR.SREEVIDHYA | MICROBIOLOGIST/ICC OFFICER |
| MR.SURESH KUMAR | ENGINEERING HEAD |
| MR.MOHAN KRISHNAN | HOUSKEEPING HEAD |
| MS.MUTHURAM | NURSING HEAD |
| MS.SANGEETHA | QUALITY CELL |
| MR.SURESH | HUMAN RESOURCE |
| MR.RAJESH | BIO-MEDICAL |
| MR.GANESH | RSO |
| DR.SWETHA SINGARAVELU | LAB SAFETY OFFICER |
| | |

APOLOGIES:

| | |
|-----|--|
| NIL | |
|-----|--|

Hospital name: ASH-OMR

2. Meeting Agenda

1. Review of previous minutes
2. Facility rounds points discussion
3. Discussion of AIRS data
4. Review on mock drills
5. Safety preparedness on radiology and lab services
6. Biomedical waste disposal / segregation / adherence

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

1. Hospital South compound wall - safety requirement - Barbed fencing recommended.
2. Strengthening of staff training on Fire drills

ALL THREE ARE UNDER PROCESS LEVEL WILL BE COMPLETED BY JUNE END

4. Action Items/ Decision tracker

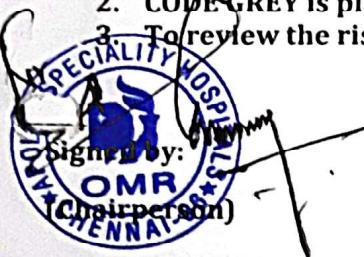
| Key Issues Discussed | Root Cause Identified | Agreed Action/ Decision | Assigned To/ Responsibility | Due Date | Follow up/ Status |
|---|--|--|---|-----------------|-------------------|
| Facility Rounds - <ol style="list-style-type: none"> 1. JAN - Basement done 2. FEB- Ground floor 3. MAR- First floor | Facility rounds minutes enclosed | All observation were closed | Mr.Suresh Mr.Suresh Mr.Suresh | NA | |
| Review of AIRS data from Jan - March '20 TOTAL INCIDENTS-10 1.Fall -3 (2-IP , 1 OP) 2.NSI -3 3.MEDICAL - 3 4.OPERATIONAL-1 | Lack of awareness and training Equipment safety awareness | Regular training and awareness session for the employees | Concern stakeholders | Ongoing process | |

Hospital name: ASH-OMR

| | | | | | |
|---|---|---|---------------------------|---------------------------------------|--|
| Review of Mock drill (Jan - March) Code Pink Code purple Code blue/MET Code Brown Code Orange | Observation points were closed immediately Emphasized on reinforcement of staff training | Staff training as the calendar by respective trainer | Concern stakeholders | Ongoing process | |
| Safety precautions on Radiology | Conducted Radiation safety Week for the employees | Safety stall, quiz competition, awareness session by Dr.Jayaraj, hand craft from wastes. | Paramedical Incharge /L&D | To be conducted every six months once | |
| Lab safety | Safety week for lab is planned in the month of April'19 | Various activities are planned on safety and awareness. Report on safety week to be submitted | Lab safety officer | To be conducted every six months once | |
| BMWS committee | As per norms | Discussed : NSI, BMWS, STAFF TRAINING AND AWARENESS AND VACCINATION | HR/ICN/SMO | To be conducted every six months once | |

General comments (if any):

1. CODE RED is planned for the month of APRIL 20
2. CODE GREY is planned for the month of APRIL'20
3. To review the risk mitigation plan in the next quarter and Disaster management plan.


 Signed by: _____
 OMR
 (Chairperson)

Hospital name:ASH-OMR

MEETING MINUTES

| | | | |
|----------------------|--------------------------------|--------------|------|
| Committee Name: | SAFETY & BMW COMMITTEE MINUTES | | |
| Date of Meeting: | 31/10/2020 | Time: 12-1PM | |
| Location: | CONFERENCE HALL | Start: | 12PM |
| Minutes Prepared By: | Mr.Suresh /Ms.Sangeetha | End: | 1PM |
| Presided by: | MR.KARAN PURI | | |

1. Attendance at Meeting (add rows as necessary)

| | |
|--------------------|------------------|
| MR.KARAN PURI | UNIT HEAD |
| DR. STEPHEN MATHEW | MEDICAL HEAD |
| MR.MOHANA KRISHNAN | HOUSKEEPING HEAD |
| MS.JAYARANI | NURSING HEAD |
| MS.SANGEETHA | QUALITY CELL |
| MR.SURESH | HUMAN RESOURCE |
| MR.RAJESH | BIO-MEDICAL |
| MR.GANESH | RSO |
| MR.SHANKAR | HAZMAT CHAMPION |
| MR.DURAI BABU | CRS INCHARGE |
| S.KAVITHA | ICN |
| MR.SURESH KUMAR | ENGINEERING HEAD |

APOLOGIES:

NIL

Hospital name:ASH-OMR

2. Meeting Agenda

1. Previous minutes of Safety meet
2. Facility rounds updates
3. License and returns updation
4. Biomedical waste disposal / segregation / adherence
5. Incidents
6. Mock drills and ATR
7. Hazmat
8. Lab safety
9. Radiation safety
10. FMS indicators
11. Points for discussion

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

nil

4. Action Items/ Decision tracker

| Key Issues Discussed | Root Cause Identified | Agreed Action/ Decision | Assigned To/ Responsibility | Due | Follow up/ Status |
|---|---|---|-----------------------------|---------|-------------------|
| Facility Rounds - (July -October 20) | 4 th floor - Female waiting room - water leakage in rest room wall | Water leakage due to hot water line joint leakage. To be replaced new joint coupling. | Engineering | 7 d | |
| Pending License and returns update | No pending licenses | All license have the validity period | Stakeholders | Ong pro | |

Hospital name:ASH-OMR

| | | | | | |
|---|--|--|--------------------------|-------------|---|
| Review of AIRS data from April- June 20 TOTAL INCIDENTS-42 1.Fall -4 2.NSI -3 3.MEDICAL -20 4.OPERATIONAL-15 | Lack of awareness and training Equipment safety awareness | Regular training and awareness session for the employees | L&D | On going | |
| Review of Mock drill (April- October) | Emphasized on reinforcement of staff training | Staff training as the calendar by respective trainer | L&D / Nursing | On going | |
| HAZMAT Nil incidence | NA | Staff training as the calendar by respective trainer | L&D/HK | On going | |
| Lab safety | NA | All points in the lab safety committee closed. Hazmat list finalized | Lab safety officer | | |
| Radiation safety | RENEWAL | No pending TLD badges and RSO level III to be renewed. | Radiation safety officer | | |
| FMS INDICATORS Discussed all parameters on FMS (July - October) | | HOT permit - 6 Cold Permit - 15 | Mr. Suresh | Implemented | e |

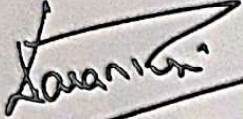
Hospital name:ASH-OMR

| | | | | |
|---------------------------------------|----------------------|---|------------------------------------|-----------------------------|
| Policy on BMWS as per GO | Pandemic requirement | <p>Separate flow process to be adhered for code green patient (COVID 19).</p> <p>Training for the staff to be done on the same.</p> <p>Chemical usage for cleaning the floors to be adhered as per GO</p> <p>BMW segregation protocol on double cover with proper labelling, usage of linens to be followed as per the Government guidelines.</p> | Mr.Mohanakrishnan/Ms.Kavitha (ICN) | Immunisation |
| Points for discussion: | | | | |
| Acrylic partition to be done in OPD 1 | Pandemic requirement | Partition will be provided on the consultant table with proper measurements | Engg | 15 d |
| HEPA filter requirement | Pandemic requirement | 3 HEPA filter to be purchased for Emergency, general ward, Transitional ward | Engg | 7 d |
| OT HEPA filter to be replaced | Yearly requirement | All four OTs Hepa filter to be changed as the protocol. | Engg | Will complete before sep 20 |
| Thermal scanner in the screening area | Pandemic requirement | 3 Thermal scanner required for the following areas, Main entrance, Fever clinic, staff entrance | Engg | 21d |
| Safety champions meet to be conducted | Ongoing process | Safety champions meet to be conducted every month as per the schedule. | Safety officer | On going |

Hospital name:ASH-OMR

General comments (If any):

Nil



Signed by:

(Chairperson)

KARAN PURI

General Manager-Operations
Apollo Speciality Hospitals OMR
Chennai - 600 096.