



Date: 19/01/2022



To,

The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
77-A South Avenue Road,
Ambattur Industrial Estate,
Ambattur Taluk, Chennai-600058.

Dear Sir,

Sub: Bio Medical Waste (BMW) Under Biomedical waste management and handling Rule 2016
Furnishing of Biomedical Annual returns for the period January 2021 to December 2021
Form IV Submission- Reg

Please find enclosed herewith the Form IV of Biomedical Annual returns for the period of January 2021 to December 2021.

Kindly acknowledge the receipt.

Thanking you,

Yours faithfully,



For Apollo Speciality Hospitals, Vanagaram
(UNIT OF APOLLO HOSPITALS ENTERPRISES LTD)

Dr. RAHUL RAGHAVAN MENON
Chief Operating Officer & Director Medical Services
Chennai Cluster - 2
Apollo Speciality Hospitals,
Vanagaram, Chennai - 600 095.

Apollo Speciality Hospitals, Vanagaram, No 64, Off P.H. Road, Vanagaram to Ambattur main Road,
Avanambakkam, Chennai - 600095. T : +91 44 2653 7777, +91 44 3020 7777, F : 91 44 2653 1021, 9710533444
E-mail : vanagaram@apollohospitals.com Web : www.apollohospitals.com
Registered Office : Apollo Hospitals Enterprise Limited, No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028, CIN-L85110TN1979PLC008035



FORM-I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to allocate the effects of the accident on human health and the environment : Nil
9. Steps taken to allocate the effects of accidents : Nil
10. Does your facility has an emergency control policy? Yes

Date: 28/01/2022



Signature:
Dr. RAHUL RAGHAVAN MENON
Chief Operating Officer & Director Medical Services
Chennai Cluster - 2
Apollo Speciality Hospitals,
Vanagaram, Chennai - 600 095.

Place: Apollo Hospital Vanagaram, Chennai-600095.

Designation:

(See rule 13) ANNUAL REPORT

bio-medical waste treatment facility (CBWTF)

bio-medical waste treatment facility (CBWTF)

Particulars																			
Particulars of the Occupier :	CEO of Apollo Specialty Hospitals - Vanagaram																		
(i) Name of the authorised person (occupier or operator of facility)	Apollo Specialty Hospitals-Vanagaram (A Unit of Apollo Hospitals Enterprises Ltd.)																		
(ii) Name of HCF or CBMWTF	No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095																		
(iii) Address for Correspondence :	No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095																		
(iv) Address of Facility	044-26537777																		
(v) Tel. No. Fax. No :																			
(vi) E-mail ID :																			
(vii) URL of Website	GPS coordinates not available																		
(viii) GPS coordinates of HCF or CBMWTF																			
(ix) Ownership of HCF or CBMWTF : (State Government or Private or Semi Govt. or any)	Health Care Establishment																		
(x). Status of Authorisation under the Bio-Medical	Authorization No 21BAZ36610523 Dated 07/06/2021 Valid up to 31/03/2023																		
(xi). Status of Consents under Water Act and Air Act	Consent Order No.2108136495989 dated 14/04/2021 Valid Up to 31/03/2023																		
2. Type of Health Care Facility :	277 beds																		
(i) Bedded Hospital : No. of Beds	Not Applicable																		
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 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 biomedical waste treated or disposed by CBMWTF																			
4	<table><tr><td>Quantity of waste generated or disposed in Kg per annum (on monthly average basis)</td><td>Covid</td><td>Non Covid</td></tr><tr><td></td><td>Yellow Category : 4205.7 kg</td><td>4028.3kg</td></tr><tr><td></td><td>Red Category : 1706.3kg</td><td>2517.8kg</td></tr><tr><td></td><td>White : 59.45kg</td><td>63.31 kg</td></tr><tr><td></td><td>Blue Category : 431.8 kg</td><td>127.6kg</td></tr><tr><td></td><td colspan="2">General Solid waste: General Garbage 400Kg / Day</td></tr></table>	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Covid	Non Covid		Yellow Category : 4205.7 kg	4028.3kg		Red Category : 1706.3kg	2517.8kg		White : 59.45kg	63.31 kg		Blue Category : 431.8 kg	127.6kg		General Solid waste: General Garbage 400Kg / Day	
Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Covid	Non Covid																	
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	Red Category : 1706.3kg	2517.8kg																	
	White : 59.45kg	63.31 kg																	
	Blue Category : 431.8 kg	127.6kg																	
	General Solid waste: General Garbage 400Kg / Day																		

5 Details of the Storage, treatment, transportation, processing and Disposal Facility			
(i) Details of the on-site storage facility		Size : Dedicated storage room Size 10M X 2M Capacity : To store 500kg of waste Provision of on-site storage : (cold storage or any other provision) : No cold storage provision .	
(ii) Details of the treatment or disposal facilities		No of units	Capacity Kg/day Quantity Treated or disposed in kg per annum
Incinerators Plasma Pyrolysis Autoclaves Microwave Hydro clave Shredder		No on site disposal	
Needle tip cutter or destroyer			
Sharps encapsulation or concrete Pit		Not Applicable	
Deep burial pits:			
Chemical disinfection:		1	Companied ETP With hypo dosing system provided
Any other treatment equipment		Packed Type sodium Hypo Dosing system provided	
(iii) Quantity of recyclable wastes sold to authorize recyclers after Treatment in kg per annum. Red Category (like plastic, glass etc.)		Dose not arise	
(iv) No of vehicles used for collection and transportation of biomedical waste		Dose not arise as vehicle provided by CBMWFT	
v) Details of incineration ash and ETP sludge generated and disposed Quantity Generated during the treatment of wastes in Kg / annum		After Filter press cake using manure	Quantity Generated Where disposed
(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of		G J MULTICLAVE(INDIA)PRIVATE LIMITED	
(vii) List of member HCF not handed Over bio-medical waste.		Not Applicable	
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	Yes	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management	Four training per month	
	(ii) number of personnel trained	150 No's	
	(iii) number of personnel trained at the time of induction	All Staffs	

	(iv) number of personnel not undergone any training so far	Nil
	(v) Whether standard manual for training is available?	Yes
	(vi) any other information)	Nil
8	Details of the accident occurred during the year	No accident occurred
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
9	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	No
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Discharge standards have been achieved through the year as per consent condition
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)	Nil

Certified that the above report is for the period from January 2021 to December 2021.

Date : 28/01/2022

Place : VANAGARAM



Name and Signature of Head of Institution

DR. RAHUL RAGHAVAN MENON
 Chief Operating Officer & Director Medical Services
 Chennai Cluster - 2
 Apollo Speciality Hospitals,
 Vanagaram, Chennai - 600 095.



APOLLO SPECIALITY HOSPITALS -VANAGARAM
DEPARTMENT OF HOUSE KEEPING
BMWWM ANNUAL WEIGHT REPORT OF JAN-21 TO DEC-21

NON-COVID WEIGHT in kgs

S.NO	PARTICULARS	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL	AVG. WEIGHT Per annum	AVG. WEIGHT Per month
1	CLINICAL WASTE	1765.9	2242.9	2590.6	2284	1629.4	1729	2606	2693.2	3259.6	3187.4	3006.9	3219.2	30214.1	2517.841667	83.92805556
2	INFECTIOUS WASTE	2752.5	3715.7	4130	3673	2745.4	2939	4722	4549.2	4970.5	4947.7	4437.2	4757.9	48340.1	4028.341667	134.2780556
3	SHARP WASTE	76.2	60.1	80.1	68.2	63	49	79.6	50.6	67.8	58.9	61.9	44.4	759.8	63.31666667	2.110555556
4	BOTTLES	99	118.3	128.1	105.7	93.6	115.8	178.4	143.4	97	110.3	163.3	178.4	1531.3	127.6083333	4.253611111
	TOTAL	4693.6	6137	6928.8	6130.9	4531.4	4832.8	7586	7436.4	8394.9	8304.3	7669.3	8199.9	80845.3	6737.108333	224.5702778





COVID -19 WEIGHT in kgs

S.NO	PARTICULARS	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL	AVG. WEIGHT Per annum	AVG. WEIGHT Per month
1	CLINICAL WASTE	1419.7	1154.9	1983.6	2443	4331.5	2483	799.4	1229.7	972.3	1171.3	934.2	1554.1	20476.7	1706.391667	56.87972222
2	INFECTIOUS WASTE	4144.2	3193.9	4137.2	4736	8197	6968	2694.9	3183.6	3125.5	3642.1	2975.5	3470.9	50468.8	4205.733333	140.1911111
3	SHARP WASTE	69.9	40.2	53.6	59.7	95.8	66.3	34.6	59.9	50.2	64.8	66.2	52.2	713.4	59.45	1.981666667
4	BOTTLES	267.6	403.1	408.3	590.9	641.9	588	304	477.5	384.1	421.7	332.7	354.4	5174.2	431.1833333	14.37277778
	TOTAL	5901.4	4792.1	6582.7	7829.6	13266.2	10105	3832.9	4950.7	4532.1	5299.9	4308.6	5431.6	76833.1	6402.758333	213.4252778

Apollo Speciality Hospitals - Vanagaram
Department of Housekeeping
Bio Medical Waste Management Committee

Date of meeting: 08.09.2021.

Venue: Mini Conference Hall

S.NO	Members of the committee	Signature
1	MR. RAMESH K.	
2	DR. J. SABEL PRINCE S.	
3	DR. RAJA T	
4	S. AKUMAR S.	
5	MR. KALYANI	
6		
7		
8		

Name of the Employees Participated

1. PRAKASH K
2. KALPANA S
3. SAMPATH KUMAR.

Agenda: List of content discussed in the meeting

1. Staffs are not aware of Bio medical waste management
2. Yellow colour dust bin to be increased outside areas & to be provided in all consultation rooms.
3. Brown staffs should wear full PPE while handling biomedical waste
4. Strong segregation in Emergency.
5. Signage board to be provided near yellow dust bin.
6. Discussed about staffs vaccination & health checkup.
7. Brown training class for all staffs.

Plan of action

1. Planned for Brown training class for staffs on floor wise.
2. To be conducted Brown audit ward wise to avoid wrong segregation.

Action taken

1. Yellow color dust bin placed in doctors consultation room (DCC)
2. Ward wise Brown audit checklist executed.

08.09.21


 Dr. J. Sabel Prince S.


 Mr. Ramesh K.

DEPARTMENT OF HOUSEKEEPING
BMWMI COMMITTEE – MINUTES OF THE MEETING

Date: 03.09.2021

Members Present:

1. Mr. Narasimhan
2. Mr. Sivakumar
3. Dr. Isabella Princess
4. Dr. Raja
5. Ms. Kalyani
6. Mr. Prakash
7. Mr. Sampath
8. Ms. Kaipana

Points Discussed About:

1. Discussed about previous meeting points
2. Staffs are not aware of bio medical waste management (Nursing, BMW staffs)
3. yellow colour dustbins to be increased or provided in doctors consultation room, and public areas due to covid
4. Signage boards to be provided near yellow dust bins
5. BMW staffs always should wear full PPE while handling bio medical wastes
6. Wrong segregation often happening in emergency ward
7. Water soluble bags not in use
8. Discussed about staffs vaccination and health check up details
9. BMWMI training class to be started on floor wise

Apollo Speciality Hospitals - Vanagaram
Department of Housekeeping
Bio Medical Waste Management Committee

Date of meeting: 02/ March /2021

Venue:	WOT Conf Hall	Signature:	
S. NO	Members of the committee		
1	Chairman		
2	Member Nandini		
3	Dr. CEZIA K		
4	Dr. SHARADA R. VESS		
5	P. K. RANI		
6	C. S. VALLABH		
7	X. JINER		
8	Prakash		
e of the Employees Participated		S. Lakshmi	
1. Sun Path Kumar -		K. Jini	

Agenda : List of content discussed in the meeting

1. Living Segregation in all the critical areas EME
2. Needle cutter handle misused by sisters for ambulets broken
3. Small dust bin to provide in dressing trays
4. Educate to nurses sharp containers to be replaced after 3/4 full
5. Reuse ward, Needles are spread over Broom compartment.
6. Stationary dry papers dispersing to separate bins.

Plan of action

1. conducting class on 1/week
2. Checklist made for audit

Action taken

1. After training 1 was evaluation to be done.
2. Execution to audit checklist on 4/week

(Signature)
 S. Lakshmi
 Operations

(Signature)
 HOD

Department of Housekeeping

BMWM committee meeting for the month of March -2021

Date: 25.03.2021

Committee Members:

Dr. Isabella

Mr. Narasimhan

Mr. Sivakumar

Ms. Joy kezia

Ms. Thelma Simon

Mr. Xavier

Ms. Kalyani

Mr. Prakash

Ms. Kalpana

Points Discussed About.

1. Wrong segregation by nurses in all the critical areas, especially often happening emergency ward.
2. Needle cum hub cutter handle often missed and mishandled by nurses. They are removed and using for broken ambles.
3. Discussed for removing needle cum hub cutter from all the wards, instead can be stored needles in sharp container.
4. Due to wrong segregated in emergency ward needle stick injury was happened for housekeeping staff while removing stationary waste cover.
5. Training class will be conducted for nurses on floor wise.
6. Requested to provide small yellow dust bin for all the wards to keep in their dressing trolleys.
7. To educate staff nurses only after having 3/4th of the sharp container to empty out from the wards.
8. Needles without cap with syringes are often keeping on BMWM compartment especially Neuro and N4 wards.
9. Stationary dry papers can be disposed from the wards to the designated areas for recycling purposes.

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)]

Particulars		CEO of Apollo Specialty Hospitals - Vanagaram																								
1	Particulars of the Occupier : (i) Name of the authorised person (occupier or operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence : (iv) Address of Facility (v) Tel. No, Fax, No : (vi) E-mail ID : (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF : (State Government or Private or Semi Govt. or any) (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi) Status of Consents under Water Act and Air Act	Apollo Specialty Hospitals-Vanagaram (A Unit of Apollo Hospitals Enterprises Ltd) No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095 No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095 044-26537777 GPS coordinates not available Health Care Establishment Authorization No. 21BAZ36610523 Dated 07/06/2021 Valid up to 31/03/2023 Consent Order No.2108136495989 dated 14/04/2021 Valid Up to 31/03/2023																								
	2. Type of Health Care Facility : (i) Bedded Hospital : No. of Beds (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	277 beds Not Applicable																								
	(iii) License number and its date of expiry																									
	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 biomedical waste treated or disposed by CBMWTF																									
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	<table border="1"> <tr> <td>Yellow Category</td> <td>: 4205.7 kg</td> <td>Covid</td> <td>Non Covid</td> </tr> <tr> <td>Red Category</td> <td>: 1706.3kg</td> <td></td> <td>4028.3kg</td> </tr> <tr> <td>White</td> <td>: 59.45Kg</td> <td></td> <td>2517.8kg</td> </tr> <tr> <td>Blue Category</td> <td>: 431.8 kg</td> <td></td> <td>63.31 kg</td> </tr> <tr> <td>General Solid waste:</td> <td>General Garbage</td> <td></td> <td>127.6kg</td> </tr> <tr> <td></td> <td>400kg / Day</td> <td></td> <td></td> </tr> </table>	Yellow Category	: 4205.7 kg	Covid	Non Covid	Red Category	: 1706.3kg		4028.3kg	White	: 59.45Kg		2517.8kg	Blue Category	: 431.8 kg		63.31 kg	General Solid waste:	General Garbage		127.6kg		400kg / Day		
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General Solid waste:	General Garbage		127.6kg																							
	400kg / Day																									

5 Details of the Storage, treatment, transportation, processing and Disposal Facility			
(i) Details of the on-site storage facility		Size : Dedicated storage room Size 10M X 2M	
		Capacity : To store 500kg of waste	
		Provision of on-site storage : (cold storage or any other provision) : No cold storage provision .	
(ii) Details of the treatment or disposal facilities		No of units	Capacity Kg/day Quantity Treated or disposed in kg per annum
Incinerators		No on site disposal	
Plasma Pyrolysis			
Autoclaves			
Microwave			
Hydro clave			
Shredder			
Needle tip cutter or destroyer		102	
Sharps encapsulation or concrete Pit		Not Applicable	
Deep burial pits:			
Chemical disinfection:		1	Companied ETP With hypo dosing system provided
Any other treatment equipment		Packed Type sodium Hypo Dosing system provided	
(iii) Quantity of recyclable wastes sold to authorize recyclers after Treatment in kg per annum. Red Category (like plastic, glass etc.)		Dose not arise	
(iv) No of vehicles used for collection and transportation of biomedical waste		Dose not arise as vehicle provided by CBMWFT	
v) Details of incineration ash and ETP sludge generated and disposed Quantity Generated during the treatment of wastes in Kg / annum		After Filter press cake using manure	Quantity Generated Where disposed
(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of		G J MULTICLAVE(INDIA)PRIVATE LIMITED	
(vii) List of member HCF not handed Over bio-medical waste.		Not Applicable	
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	Yes	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management	Four training per month	
	(ii) number of personnel trained	150 No's	
	(iii) number of personnel trained at the time of induction	All Staffs	

	(iv) number of personnel not undergone any training so far	Nil
	(v) Whether standard manual for training is available?	Yes
	(vi) any other information)	Nil
8	Details of the accident occurred during the year	No accident occurred
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
9	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	No
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Discharge standards have been achieved through the year as per consent condition
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)	Nil

Certified that the above report is for the period from January 2021 to December 2021.

Date : 28/01/2022

Place : VANAGARAM

Name and Signature of Head of Institution

Dr. RAHUL RAGHAVAN MENON
 Chief Operating Officer & Director Medical Services
 Chennai Cluster - 2
 Apollo Speciality Hospitals,
 Vanagaram, Chennai - 600 095.



APOLLO SPECIALITY HOSPITALS -VANAGARAM
DEPARTMENT OF HOUSE KEEPING
BMWWM ANNUAL WEIGHT REPORT OF JAN-21 TO DEC-21

NON-COVID WEIGHT in kgs

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2	INFECTIOUS WASTE	2752.5	3715.7	4130	3673	2745.4	2939	4722	4549.2	4970.5	4947.7	4437.2	4757.9	48340.1	4028.341667	134.2780556
3	SHARP WASTE	76.2	60.1	80.1	68.2	63	49	79.6	50.6	67.8	58.9	61.9	44.4	759.8	63.31666667	2.110555556
4	BOTTLES	99	118.3	128.1	105.7	93.6	115.8	178.4	143.4	97	110.3	163.3	178.4	1531.3	127.6083333	4.253611111
	TOTAL	4693.6	6137	6928.8	6130.9	4531.4	4832.8	7586	7436.4	8394.9	8304.3	7669.3	8199.9	80845.3	6737.108333	224.5702778

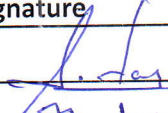
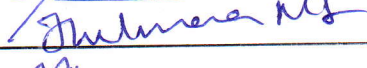

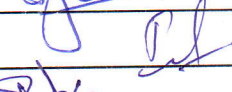


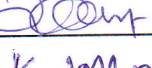
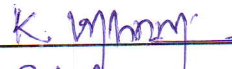
COVID -19 WEIGHT in kgs

S.NO	PARTICULARS	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL	AVG. WEIGHT Per annum	AVG. WEIGHT Per month
1	CLINICAL WASTE	1419.7	1154.9	1983.6	2443	4331.5	2483	799.4	1229.7	972.3	1171.3	934.2	1554.1	20476.7	1706.391667	56.87972222
2	INFECTIOUS WASTE	4144.2	3193.9	4137.2	4736	8197	6968	2694.9	3183.6	3125.5	3642.1	2975.5	3470.9	50468.8	4205.733333	140.1911111
3	SHARP WASTE	69.9	40.2	53.6	59.7	95.8	66.3	34.6	59.9	50.2	64.8	66.2	52.2	713.4	59.45	1.981666667
4	BOTTLES	267.6	403.1	408.3	590.9	641.9	588	304	477.5	384.1	421.7	332.7	354.4	5174.2	431.1833333	14.37277778
	TOTAL	5901.4	4792.1	6582.7	7829.6	13266.2	10105	3832.9	4950.7	4532.1	5299.9	4308.6	5431.6	76833.1	6402.758333	213.4252778

Apollo Speciality Hospitals - Vanagaram
Department of Housekeeping
Bio Medical Waste Management Committee

Date of meeting: 25 / MARCH / 2021

Venue: NWI Conf Hall.

S.NO	Members of the committee	Signature
1	Narasimhan S	
2	Thelma Maria Simon	
3	JOY KEZIA R.	
4	DR. ISABELLA PRINCESS	
5	P. KALYANI	
6	S. Sivalcumar	
7	Xavier	
8	Prakash	

Name of the Employees Participated →

1. Sanjath Kumar -

K. Mohan
S. Kalpana
K. Anu

Agenda : List of content discussed in the meeting

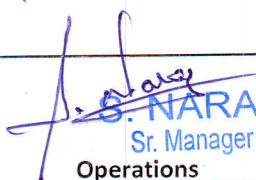
1. Wrong Segregation in all the critical areas / BMR
2. Needle cutter handle misused by sisters for ambules broken
3. Small dust bin to provide in dressing trolleys.
4. Educate to nurses Sharp container to be replaced after 3/4th level.
5. Newso ward, Needles are spread over BMW compartment.
6. Stationary dry papers disposing to separate bins.

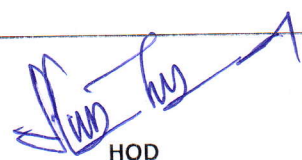
Plan of action

1. conducting class on floorwise.
2. Checklist made for audit

Action taken

1. After training class evaluation to be done.
2. Execution of audit checklist on floorwise.


S. NARASIMHAN
Sr. Manager (Operations)
Operations


HOD

Department of Housekeeping

BMWM committee meeting for the month of March -2021

Date: 25.03.2021

Committee Members:

Dr. Isabella

Mr. Narasimhan

Mr. Sivakumar

Ms. Joy kezia

Ms. Thelma Simon

Mr. Xavier

Ms. Kalyani

Mr. Prakash

Ms. Kalpana

Points Discussed About.

1. Wrong segregation by nurses in all the critical areas, especially often happening emergency ward.
2. Needle cum hub cutter handle often missed and mishandled by nurses. They are removed and using for broken ambles.
3. Discussed for removing needle cum hub cutter from all the wards, instead can be stored needles in sharp container.
4. Due to wrong segregated in emergency ward needle stick injury was happened for housekeeping staff while removing stationary waste cover.
5. Training class will be conducted for nurses on floor wise.
6. Requested to provide small yellow dust bin for all the wards to keep in their dressing trolleys.
7. To educate staff nurses only after having 3/4th of the sharp container to empty out from the wards.
8. Needles without cap with syringes are often keeping on BMWM compartment especially Neuro and N4 wards.
9. Stationary dry papers can be disposed from the wards to the designated areas for recycling purposes.

Hospital name: Apollo Speciality Hospitals, Vanagaram

MEETING MINUTES

Committee Name:	Bio Medical Waste Management Committee		
Date of Meeting: (DD/MM/YYYY)	25 March 2021	Time: 11.00 am - 12 pm	
Location:	Mini Conference Hall	Start:	11.00 am
Minutes Prepared By:	Mr. Sivakumar	End:	12.00 pm
Presided by:	Mr. Narasimhan		

Attendance at Meeting (add rows as necessary)

The meeting was conducted in T con with Core team members.

Mr. Narasimhan - Operations

Mr. Sivakumar - Manager - Housekeeping

Dr. Isabella Princess - Infection control officer /Microbiologist

Ms. Joy Kezia - CNO (Nursing)

Ms. Telma - Quality system office

Ms. Kalyani - Infection control Nurse

S. Xavier - Housekeeping

Mr. Prakash - Housekeeping

Ms. Kalpana - Housekeeping

Mr. Sampathkumar - BMW

2. Meeting Agenda

- Wrong segregation by nurses in all the critical areas
- Needle cum hub cutter handle often missing
- Needle stick injury
- To keep small dustbin on dressing trolleys
- Stationary dry papers to be disposed separate bins

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

Previous minutes discussed and no pending issue.

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
1. Conducting class on floor wise and evaluation to be done.					
2. Execution of BMW segregation audit checklist on floorwise.					

General comments (if any): Nil


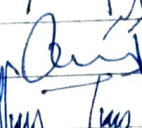
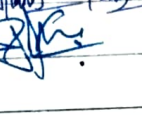

Next Meeting date: Jun 2021

Signed by:
(Chairperson)

Apollo Speciality Hospitals - Vanagaram
Department of Housekeeping
Bio Medical Waste Management Committee

Date of meeting: 03.09.2021.

Venue: Mini conference Hall

S.NO	Members of the committee	Signature
1	NARASIMHAN.S	
2	DR. ISABELLA PRINCESS	
3	DR. RAJA.T	
4	SIVAKUMAR.S	
5	MS. KALYANI	
6		
7		
8		

Name of the Employees Participated

1. PRAKASH.K
2. KALPANA.S
3. SAMPATH KUMAR.

Agenda : List of content discussed in the meeting

1. Staffs are not aware of Bio medical waste management.
2. Yellow colour dustbin to be increased outside areas & to be provided in all consultation rooms.
3. BMW staffs should wear full PPE while handling Biomedical waste.
4. Wrong segregation in Emergency.
5. Signage board to be provided near Yellow dustbins.
6. Discussed about staffs vaccination & Health Checkup.
7. BMW Training class for all staffs.

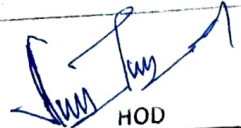
Plan of action

1. Planned for BMW training class for staffs on floor wise.
2. To be conducted BMW audit ward wise to avoid wrong segregation.

Action taken

1. Yellow color dust bin placed in doctors consultation room (ppd's) 04.09.21.
2. Ward wise BMW audit checklist executed.


NARASIMHAN
 Sr. Manager (Operations)


SIVAKUMAR.S
 Manager - HK

DEPARTMENT OF HOUSEKEEPING
BMWM COMMITTEE – MINITUES OF THE MEETING

Date: 03.09.2021

Members Present:

1. Mr. Narasimhan
2. Mr. Sivakumar
3. Dr. Isabella Princess
4. Dr. Raja
5. Ms. Kalyani
6. Mr. Prakash
7. Mr. Sampath
8. Ms. Kalpana

Points Discussed About:

1. Discussed about previous meeting points
2. Staffs are not aware of bio medical waste management (Nursing, BMW staffs)
3. Yellow colour dustbins to be increased or provided in doctors consultation rooms and public areas due to covid
4. Signage boards to be provided near yellow dust bins
5. BMW staffs always should wear full PPE while handling bio medical wastes
6. Wrong segregation often happening in emergency ward
7. Water soluble bags not in use
8. Discussed about staffs vaccination and health check up details
9. BMWM training class to be started on floor wise

Hospital name: Apollo Speciality Hospitals, Vanagaram

MEETING MINUTES

Committee Name:	Bio Medical Waste Management Committee		
Date of Meeting: (DD/MM/YYYY)	03 September 2021	Time: 11.00 am - 12 pm	
Location:	Mini Conference Hall	Start:	11 00 am
Minutes Prepared By:	Mr. Sivakumar	End:	12 00 pm
Presided by:	Mr. Narasimhan		

Attendance at Meeting (add rows as necessary)

The meeting was conducted in T con with Core team members.

Mr. Narasimhan - Operations

Mr. Sivakumar - Manager - Housekeeping

Dr. Isabella Princess - Infection control officer / Microbiologist

Dr. Raja - Senior Medical Officer

Ms. Kalyani - Infection control Nurse

Mr. Prakash - Housekeeping

Ms. Kalpana - Housekeeping

Mr. Sampathkumar - BMW

2. Meeting Agenda

- Staffs are not aware of bio medical waste management
- Yellow colour dust bin to be increased outside areas and to be provided into doctors consultation rooms
- BMW staffs always should wear full PPE while handling bio medical wastes
- Wrong segregation often happen in emergency ward
- Signage board to be provided near yellow dust bins
- Staffs vaccination and health check up

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

Previous minutes discussed and no pending issue

Hospital name: Apollo Speciality Hospitals Vanagaram

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
1 Yellow colour dust bin placed outside areas and doctors consultation rooms					
2 Ward wise BMW audit checklist executed					