

Date: 27.01.2021

To,

District Environment Engineer,
Tamil Nadu Pollution Control Board,
950/1 Poonamallee High Road,
Arumbakkam,
Chennai – 600 106.

Sub: Submission of form –IV annual report

Respected sir,

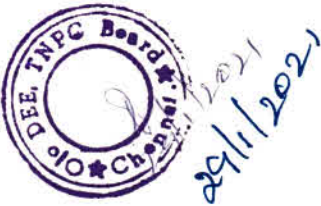
Please find enclosed the annual report in form IV for the period from January 2020 to December 2020.

Kindly the acknowledge the receipt of the same.

Thanking you,

For APOLLO SPECIALITY HOSPITAL,


B.MUTHUKUMARAN B. MUTHUKUMARAN
Sr. Manager-Engineering Sr. Manager-Engineering
Sr. Manager-Engineering.



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 authorised person (occupier or operator of facility) | : | SHEELA KETAN |
| | (ii) Name of HCF or CBMWTF | : | Apollo Specialty Hospital |
| | (iii) Address for Correspondence | : | No : 320, Anna Salai Chennai |
| | (iv) Address of Facility | : | No : 320, Anna Salai Chennai |
| | (v) Tel. No, Fax. No | : | 044-24329044 |
| | (vi) E-mail ID | : | muthukumaran_b@apollohospiatals.com |
| | (vii) URL of Website | : | www.apollohospitals.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude;13.033625 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No: 19BAC25804273 Date:05/08/2019 01/04/2019 valid up to 31/03/2024 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31/03/2020 |
| 2. | Type of Health Care Facility | : | Hospitals |
| | (i) Bedded Hospital | : | No. of Beds: 290 |
| | (ii) Non-bedded hospital | : | |
| | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | N/A |
| | (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 | : | 290 |

| | | | |
|----|--|---|------------------------------|
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | 384 Kg per day |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | 384 Kg/day |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 74,225 |
| | | | Red Category : 55,328 |
| | | | White : Nil |
| | | | Blue Category : 10,066 |
| | | | General Solid waste : 15,000 |

| | | | | | |
|---|---|--|--|---------|---|
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | |
| | (i) Details of the on-site storage | | Size :54 sft x 6 Rooms | | |
| | | | Capacity : | | |
| | | | Provision of on-site storage : (cold storage or any other provision) | | |
| | disposal facilities | | Type of treatment equipment | No of s | Cap acit y Kg/ day |
| | | | Incinerators - nil | | Quantity treatedo unit r disposed in kg per annum |
| | | | Plasma Pyrolysis - | | |
| | | | Autoclaves nil, | | |
| | | | Microwave –nil | | |
| | | | Hydroclave –nil | | |
| | | | Shredder-nil | | |
| | | | Needle tip cutter or Nil | | |
| | | | Destroyer-nil | | - |
| | | | Sharps : 946.4 KG | | |
| | | | encapsulation or-nil | | - |
| | | | concrete pit-nil | | |
| | | | Deep burial pits:-nil | | |
| | | | Chemical-nil | | - |
| | | | disinfection:-nil | | |
| | | | Any other treatment equipment:-nil | | |

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|---|---|---|--|----------------------------------|------------------------------|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | One vehicle | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Incineration Ash ETP Sludge | Quantity generated nil | Where disposed nil |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | G J Muticlave Pvt Ltd | | |
| | (vii) List of member HCF not handed over bio-medical waste. | | | | |
| 6 | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes, Bio medical waste management committee | | |
| 7 | Details trainings conducted on BMW | | | | |
| | (i) Number of trainings conducted on BMW Management. | | | | |
| | (ii) number of personnel trained | | 150 person | | |
| | (iii) number of personnel trained at the time of induction | | Ongoing process | | |
| | (iv) number of personnel not undergone any training so far | | Nil | | |
| | (v) whether standard manual for Training is available? | | Yes | | |
| | (vi) any other information) | | | | |
| 8 | Details of the accident occurred during the year | | Nil | | |
| | (i) Number of Accidents occurred | | Nil | | |
| | (ii) Number of the persons affected | | Nil | | |

| | | | |
|----|---|--|---|
| | (iii) Remedial Action taken (Please attach details if any) | | |
| | (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? | | N/A |
| | Details of Continuous online emission monitoring systems installed | | |
| 10 | Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a year? | | YES NIL |
| 11 | Is the disinfection method or Sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | |
| 12 | Any other relevant information | | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

January -2020 to December-2020

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Name and Signature of the Head of the Institution


SHEELA KETAN
 Chief Operating Officer
 Apollo Speciality Hospitals,
 Chennai - 600 035.

Date:

Place

APOLLO CANCER INSTITUTE

BIO-MEDICAL WASTE MANAGEMENT COMMITTEE

Date : 15-04-2020

Venue : VIP room

Members present:

Dr.Thilagavathy – AMS

Ms.Maria – GM, Operations

Ms.Mumtaz – Quality System Office

Ms.Lydia - Nursing Superintendent

Ms.Chandra – Infection Control

Ms.Kalpana – Housekeeping

Following points were discussed related to outbreak of COVID-19

| Points discussed | Action to be taken | Responsibility | EDC |
|---|--|---|------------------|
| Covid Biomedical Waste disposal | Double layer yellow cover to be used in Isolation Ward, OP sample collection area. Label for identification (COVID-19) is recommended as safety measures of handling the BMW for suspected /positive cases. | Housekeeping Supervisor, Bio-medical waste clearance staff | On-going process |
| Monitoring Biomedical waste of Covid suspects / patients in the inpatient areas | Clearing and transporting the BMW from floors to be done as per protocol with adequate PPE and monitoring by Supervisors. Random check to be done by IC Nurses. | Housekeeping Supervisor, Bio-medical waste clearance staff | On-going process |
| Covid positive patient – Handling of expired protocol | COVID Positive expired patient body packing protocol to be followed. | PCA staff | On-going process |
| Covid suspects / positive patients handling – | Training is being given to PCA staff on the protocol to be | HOD & HK | On going |

| | | | |
|---|---|------------|---------------------|
| training to the staff | followed before and after patient shifting | Supervisor | process |
| Covid suspects / positive patients – BMW Audit | Random checking is done by IC team | IC nurses | On going process |

APOLLO SPECIALITY HOSPITALS, CHENNAI

BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING - 2020

Date: 15-04-2020

Time: 10.30 am

Members attended:

| S.NO. | NAME | DEPARTMENT | SIGNATURE |
|-------|----------------|-------------------------------------|-------------------|
| 1 | M. Kalpana | Housekeeping | h/k |
| 2 | Lydia | MSG Dept | Lydia |
| 3 | Clondra | Charles Infection Control 103914 | Clondra 103914 |
| 4 | Maria Ali Raja | Operation | Maria Ali Raja |
| 5 | Dr. Thilaga | AMS | Thilaga |
| 6 | Mumtaz TSM | QSO | Mumtaz |
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| Annual Report for the period of January 2020 To December 2020 | | | | | | | |
|---|---|---|--|----------------|-----------------|---------------------------|-----------------|
| Month | InfectiousWaste(Yellow Cover)Category 1,3,6 | Clinical Waste (Red Cover) KgCategory 7 | Bottle Waste (Blue Cover) KgCategory 4 | Sharp Waste Kg | Total Waste kg | Approved Limit kg/Per day | Average Per Day |
| | Category 1,3,6 | Category 7 | Category 4 | | | | |
| Jan'20 | 5643.1 | 5836.4 | 1205.9 | 91.8 | 12777.2 | 820 | 412 |
| Feb'20 | 5855.0 | 5981.0 | 1236.9 | 97.8 | 13170.7 | 820 | 454 |
| Mar'20 | 5685.0 | 5736.7 | 1193.4 | 93.9 | 12709.0 | 820 | 410 |
| Apr,20 | 3534.9 | 3234.3 | 622.6 | 55.5 | 7447.3 | 820 | 248 |
| May'20 | 5097.3 | 3658.4 | 595.6 | 93.7 | 9445.0 | 820 | 305 |
| Jun'20 | 5700.8 | 3342.0 | 548.3 | 62.0 | 9653.1 | 820 | 322 |
| Jul'20 | 5791.5 | 3304.0 | 544.1 | 59.4 | 9699 | 820 | 313 |
| Aug'20 | 5781.9 | 3516.5 | 679.8 | 63.9 | 10042.1 | 820 | 324 |
| Sep'20 | 6966.9 | 4272.4 | 796.9 | 71.1 | 12107.3 | 820 | 404 |
| Oct'20 | 7955.8 | 5343.1 | 860.6 | 83.9 | 14243.4 | 820 | 459 |
| Nov'20 | 7881.7 | 5271.0 | 845.0 | 82.9 | 14080.6 | 820 | 469 |
| Dec'20 | 8331.9 | 5832.9 | 937.8 | 90.5 | 15193.1 | 820 | 490 |
| Total | 74225.80 | 55328.70 | 10066.90 | 946.40 | 140567.8 | | 4610.29 |

APOLLO CANCER INSTITUTE

BIO-MEDICAL WASTE MANAGEMENT COMMITTEE

Date : 01-12-2020

Venue : Telemedicine room

Members present:

Dr. Praveen - MS

Dr.Thilagavathy – AMS

Ms.Maria – GM, Operations

Ms.Mumtaz – Quality System Office

Ms. Muthuram - Nursing Superintendent

Ms.Chandra – Infection Control

Ms.Kalpana – Housekeeping

Mr.Parthasarathy – Housekeeping

Mr.Padikasu – Housekeeping

Mr.Vinothkumar - Housekeeping

Following points were discussed

| Points discussed | Action to be taken | Responsibility | EDC |
|--|--|----------------------------------|------------------|
| Re-orientation to HK staff on Covid -19 protocol | On-the job training to be done by the Supervisors | HK Supervisors | On-going process |
| Training on usage of the BMW covers | Monitoring of the BMW covers to be strengthened | Stores in charge, HK Supervisors | On-going process |
| Training on uploading of BMW covers into the transport vehicle | New staff orientation on uploading of covers to be given by the HK Supervisors | HK Supervisor | On-going process |

APOLLO SPECIALITY HOSPITALS, CHENNAI

BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING - 2020

Date: 01.12.2020

Time: 1.00 to 2.00 PM

Members attended:

| S.NO. | NAME | DEPARTMENT | SIGNATURE |
|-------|-----------------------|-------------------|-----------------------|
| 1 | MARIA ALI RAJA | OPERATIONS | Maria Ali Raja |
| 2 | K. Chandra | Infection control | K. Chandra |
| 3 | Dr. Thilaganathan | Medical Services | Dr. Thilaganathan |
| 4 | G. Muthuram | Nursing | G. Muthuram |
| 5 | Dr. B. Ramesh. Nalgar | Medical Services | Dr. B. Ramesh. Nalgar |
| 6 | M. Kalpana | House Keeping | M. Kalpana |
| 7 | PADIKESU | Housekeeping | PADIKESU |
| 8 | V. Parthasarathy | House Keeping | V. Parthasarathy |
| 9 | Vinith Kumar K | Housekeeping | Vinith Kumar K |
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| S.NO. | NAME | DEPARTMENT | SIGNATURE |
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