

17th Mar 2020

To
The District Environmental Engineer,
Tamilnadu Pollution Control Board,
Maraimalai Adigalar Street ,
Next to Municipal Office, Maraimalai Nagar,
Chennai - 603 209.



Respected Sir/Madam

Sub: Reg. Bio Medical Waste (BMW) – Under bio medical waste management and handling rules, 2016 – furnishing of biomedical annual returns period Mar 2019 to Dec 2019. Form No. 4 submission.

Please find the enclosed form – 4 of Bio Medical Annual returns for the period Mar 2019 to Dec 2019. Kindly acknowledge the receipt of the same.

Thanking You,

Yours Sincerely,

For

Apollo Proton Cancer Centre,
A Unit of Apollo Hospitals Enterprise Ltd.
No.296/1B, 296/3B, 297/1A, 297/5A & 300/1B,
Dr. Vikram Sarabai Instronic Estate,
Velachery to Taramani Road, Chennai -600 041.


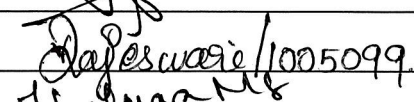
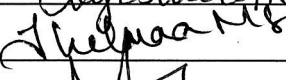





**Apollo Proton Cancer Centre
Biomedical Waste Management Committee Meeting**

Date: 5th June 2019

Venue: 2nd Floor Tumor Board Room

| Members of the Committee | Signature |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| Mr. Jaya Prakash, DGM Operations |  |
| Ms. Rajeshwari, Infection Control Nurse |  |
| Ms. Thelma, Quality Department |  |
| Mr. Narayanan Mohan Kumar, Asst. Manager Housekeeping |  |

Points Discussed:


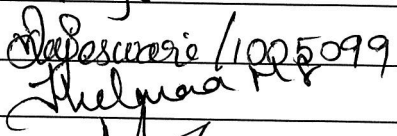
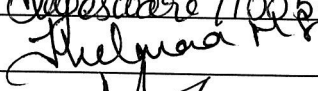

| S.No. | Agenda | Discussion | Responsible Person | EDC |
|-------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------|
| 1. | Handling of Biomedical waste | Dedicated staff to be assigned for clearing the biomedical waste from all the clinical areas. | Housekeeping In charge | 29 th June 2019 |
| 2. | Cyto toxic Waste | Separate area to be designated for storing the cyto toxic/Chemo waste in the waste segregation area | DGM Operations/ Housekeeping In Charge | 15 th July 2019 |
| 3. | Training on Biomedical Waste Disposal | Infection control nurse to train all the health care workers regarding proper disposal of waste as per the color coding of TNPCB BMW guidelines. | Infection Control Nurse/ Housekeeping In charge | 12 th June 2019 |



**Apollo Proton Cancer Centre
Biomedical Waste Management Committee Meeting**

Date: 18th December 2019

Venue: 2nd Floor Tumor Board Room

| Members of the Committee | Signature |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| Mr. Jaya Prakash, DGM Operations |  |
| Ms. Rajeshwari, Infection Control Nurse |  |
| Ms. Thelma, Quality Department |  |
| Mr. Narayanan Mohan Kumar, Asst. Manager Housekeeping |  |

Points Discussed:

Previous Meeting Minutes

| S.No. | Agenda | Discussion | Responsible Person | EDC | Status |
|-------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------|-----------|
| 1. | Handling of Biomedical waste | Dedicated staff to be assigned for clearing the biomedical waste from all the clinical areas. | Housekeeping In charge | 29 th June 2019 | Completed |
| 2. | Cyto toxic Waste | Separate area to be designated for storing the cyto toxic/Chemo waste in the waste segregation area | DGM Operations/ Housekeeping In Charge | 15 th July 2019 | Completed |
| 3. | Training on Biomedical Waste Disposal | Infection control nurse to train all the health care workers regarding proper disposal of waste as per the color coding of TNPCB BMW guidelines. | Infection Control Nurse/ Housekeeping In charge | 12 th June 2019 | Completed |

| S.No. | Agenda | Discussion | Responsible Person | EDC |
|-------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| 4. | Misuse of Garbage cover | Green color covers should not be used other than Food and stationary waste | ALL | Immediately |
| 5. | Bin to be removed | Additional bins kept in Female general ward to be removed as the door between Male and female ward to be kept open | Housekeeping In charge | Immediately |
| 6. | Proper Disposal of mask and gloves in kitchen | Color coded bins to be kept in kitchen for disposing used mask and gloves | Housekeeping /Kitchen | Immediately |
| 7. | Recommended for change of Bin Capacity in OT | 120 Lts bins to be kept in OT ^{instead} inside of 60 Lts as the capacity is not enough | Housekeeping | December 30th |
| 8. | Additional Bin in ICU | 120 Lts capacity red and yellow bins is required during procedures in MDCCU | Housekeeping | December 30th |

**Form- IV
(Seerule13)
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 healthcare 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) | : | Mr. John Chandy Chief Operations Officer |
| | (ii) Name of HCF | : | Apollo Proton Cancer Centre |
| | (iii) Address for Correspondence | : | Apollo Proton Cancer Centre, A Unit of Apollo Hospitals Enterprise Limited. Dr Vikram Sarabai Instronic Estate, 7 th Street, Dr. Vasi Estate, Phase-II, Taramani, Chennai, Tamil Nadu 600096 |
| | (iv) Address of Facility | : | Apollo Proton Cancer Centre, A Unit of Apollo Hospitals Enterprise Limited. Dr Vikram Sarabai Instronic Estate 7 th Street, Dr. Vasi Estate, Phase-II, Taramani, Chennai, Tamil Nadu 600096 |
| | (v) Tel. No, Fax. No | : | 044-24548888 |
| | (vi) E-mail ID | : | jayaprakash_k@apollohospitals.com |
| | (vii) URL of Website | : | www.apollohospitals.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude: 12.9802649 Longitude: 80.2500606 |
| | (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 | : | Applied (Application No: 31280034) |
| | (xi) Status of Consents under Water Act and Air Act | : | Valid up to: 31/03/2020 |
| 2. | Type of Health Care Facility | : | Hospital |
| | (i) Bedded Hospital | : | 130 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NA |
| | (iii) License number and its date of expiry | : | Reg. no 352/2-14/19-20 |
| 3. | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by CBMWTF | : | |
| | (ii) No of beds covered by CBMWTF | : | 130 |
| | (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) | : | Yellow Category: 2767.525 Kgs |
| | | | Red Category : 2683.56 Kgs |
| | | | White: 56.12 Kgs |
| | | | Blue Category: 521.50 Kgs |
| | | | General Solid waste: 1500 Kgs |
| 5 | Detailsofthe Storage, treatment, transportation, processingand DisposalFacility | | |
| | (i) Details of theon-site storage facility | : | Size: 250 Sq Ft |
| | | | Capacity: 600 Kgs |
| | | | Provision of on-site storage : (cold storage or anyotherprovision) |

| | | | | | | |
|---|-----------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|----------------------------------------------|
| | disposal facilities | | Type of treatment equipment | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum |
| | | | Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or - concrete pit Deep burialpits: Chemical disinfection: Any other treatment equipment: | | | |
| | (iii) Quantity of recyclable wastes Sold to authorize recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) NIL | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | Once in a day | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Quantity generated Incineration Ash ETP Sludge | Where disposed | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | G.J Multiclave | | | |
| | (vii) List of member HCF not handed Over bio-medical waste. | | NA | | | |
| 6 | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period | | In Progress | | | |
| 7 | Details trainings conducted on BMW | | | | | |
| | (i) Number of trainings conducted on BMW Management. | | 15 | | | |

| | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|------|
| | (ii) number of personnel trained | 70 |
| | (iii) number of personnel trained at The time of induction | 70 |
| | (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 | --- |
| | (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 standard so far Pollution from the incinerator? How many times in last year could not meet the standards? | NA |
| | Details of Continuous online emission Monitoring systems installed | |
| 10. | Liquid waste generated and treatment methods in place. | Yes |
| | How many times you have not met the standards in a year? | NA |
| 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 | : NA |

Certified that the above report is for the period from March 2019 to Dec 2019

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Name and Signature of the Head of the Institution

JOHN CHANDY
 CHIEF OPERATIONS OFFICER

Date: 18/03/2020

Place CHENNAI.