



5th March 2020

To
The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Karur.

Dear Sir,

Sub: Annual Report for Bio medical waste - Reg

We here with furnish the Annual report for Bio medical waste for the year 2019 in Form IV as per BMW Rules-2016.

Thanking You

With warm regards,

For APOLLO LOGAHOSPITAL - KARUR

Dr. ROHINI SRIDHAR
Chief Operating officer



Apollo Hospitals

163 A 1, Alhaya Nagar, Koval Road, Karur - 639 002 / Phone : 04324 - 241900, 240800, 240809
E-mail : apollohospitalkarur@gmail.com

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 Medical Waste Treatment facility(CBMWTF)

1	Particulars	
	Name of the authorised person (owner or operator of facility)	Dr. ROHINI SRIDHAR , Chief Operating Officer
	Name of HCF or CBMWTF	Apollo Loga Hospital - Karur
	(i) Address for Correspondence	163,A-E Allwyn Nagar, Kovai Road, Karur
	(iv) Address of Facility	163,A-E Allwyn Nagar , Kovai Road, Karur
	(v) Tel. No. Fax. No	Tel : 98429-81211,Fax: 04565-232940
	(vi) E-mail ID	palanivel_p@apollohospitals.com
	(vii) URL of website	www.apollohospitals.com
	(viii) GPS coordinates of HCF	---
	(ix) Ownership of HCF	M/S Ramky Energy and Environment Ltd
	(x) Status of Authorisation under the Bio-Medical waste (Management and Handling) Rules	AuthorizationNo: JCEE- M/SMZ/TNPCB/F.0388KAR/BWA/OL/KAR/2016 dated 08/06/2019
	(xi) Status of Consents under Water Act and Air Act	Air consent order no : 1907225590447 Valid up to : 31.03.2021 Water consent order no : 1907125590447 Valid up to : 31.03.2021
2	Type of Health Care Facility	Hospital
	(i) Bedded Hospital	No.of Beds :60
	(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	Authorization No:JCEE- M/SMZ/TNPCB/F.0388KAR/BWA/OL/KAR/2016 dated 08/06/2019
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)	Red : 1711 Kg Yellow : 1894.5 Kg Sharp : 315.1 Kg Blue : 376.04 Kg			
5	Details of the storage, treatment, transportation, processing and Disposal Facility				
	(I) Details of the on-site storage facility	Size: 3520mm * 1660 mm Capacity : 64 Sqft * 3 Rooms			
	(ii) 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 burial pits: Chemical disinfection: Any other treatment equipment:	---	---	---
	(iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum.	---			
	(iv) No of vehicles used for collection and transportation of biomedical waste	---			
	(v) Details of incineration ash and ETP sludge generated and disposed	Description	Quantity Generated		Where Disposed

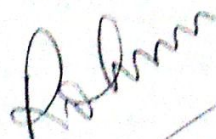
	during the treatment of wastes in Kg per annum	Incineration	--	
		Ash	--	
		ETP Sludge	--	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s.Ramky Energy and Environment Ltd		
	(vii) List of member HCF not handed Over bio-medical waste.			
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	Yes		
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	06		
	(ii) number of personnel trained	48		
	(iii) number of personnel trained at the time of induction	65		
	(iv) number of personnel not undergone any training so far	---		
	(v) whether standard manual for Training is available?	Available		
	(vi) any other information)			
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred	Nil		
	(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?	----		
	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?	Having 75 KLD - STP		
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

Certified that the above report is for the period from: 01.01.2019 to 31.12.2019

Date: 05.03.2020

Place: Karur

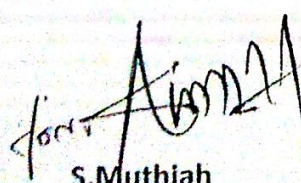
A handwritten signature in black ink, appearing to be 'Rohini', written over a horizontal line.

Signature of the head (company/institution)

APOLLO LOGA HOSPITAL , KARUR
BIO MEDICAL WASTE MANAGEMENT REPORT - 2019
YEARLY STATEMENT

Month	Red	Yellow	Sharp(White)	Blue	Total
January	121	95	27	24	267
February	111	93	18.5	26	248.5
March	128	115	25.5	31.5	300
April	111.5	129.5	19	32	292
May	171	168	27.5	51.5	418
June	131	115	22.1	38	306.1
July	166	180	26	41	413
August	175.5	218	27.5	26.5	447.5
September	142	191	30	23.54	386.54
October	149	206	31	28	414
November	167	196	30	30	423
December	138	188	31	24	381

Total	1711	1894.5	315.1	376.04	4296.64
Avg/Month	142.583333	157.875	26.258333	31.336666	358.053333
Avg/Day	4.752777	5.2625	0.875277	1.044555	11.935111


S.Muthiah

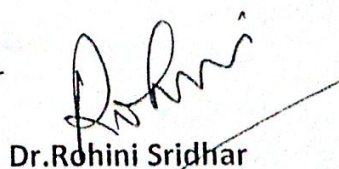
HK Dept


D.Karthick

Engg Dept


P.Palanichel

General Manager
Engineering


Dr.Rohini Sridhar

Chief Operating
Officer

Hospital name: Apollo Hospitals-Karur.

INFECTION CONTROL MEETING MINUTES

Committee Name:	Infection control committee Meeting		
Date of Meeting: (DD/MM/YYYY)	20.6.19	Time:	
Location:	Board Room	Start:	3.30pm
Minutes Prepared By:	I.Chitra	End:	4.30pm
Presided by:	Dr. Sridhar		

Attendance at Meeting (add rows as necessary)

Dr. Sridhar.M.S-(Unit Head)

Dr.Murugesan M.S. – Gen Lap -Surgeon

Dr.Vignesh- Quality

Mrs.Ambika-Nursing officer

Ms.Chitra-ICN

Mr.Sathupathy-House keeping In-Charge

Mr.Karthik-Engineering Department

Ms.Vaitha-Dietician

Mr.Yesuraja-OT In-charge

Mr.Palanikumar-Clinical Pharmacist

APOLOGIES:Nil

Hospital name: Apollo Hospitals-Karur.

2. Meeting Agenda

1. CSSD Department Issue
2. Isolation Policy
3. Fumigation Schedule
4. Training to all staff
5. Biomedical waste management
6. Antibiotics Prophylaxis
7. PPE

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

1. CSSD Department need adequate place and follow up to Strainless steel Cupboard
2. Need adequate place and food items storge containers -- F & B

Hospital name: Apollo Hospitals-Karur.

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
Need negative pressure room		Plan to discuss with COO			Included in renovation budget
Fumigation schedule	Fumigation schedule did not follow	As per the fumigation schedule to be followed by the concern department without any deviation	Mr.Muthiah	WIE	Fumigation timetable and checklist is maintained
Training to new staff	Plan to schedule the training class	To include new updates of infection control in the induction program PPT	Mr.Niketh	WIE	Training conducted as a part of induction programme
Biomedical	Need train to House keeping Department	Plan to arrange Training class to housekeeping department regarding Biomedical waste management	Mr.Muthiah	WIE	Training class taken by Mr. Muthiah
Antibiotic prophylaxis	To improve surgical Antibiotic prophylaxis time	Discuss with All Surgeons regarding Surgical Antibiotic prophylaxis time		WIE	
PPE		Education given to all staff to wear PPE Whenever Necessary	Ms.Ambika Ms.Chitra, Mr.Muthiah Mr.Prakash	WIE	PPE cupboard locations identified. Mock drill conducted and training given staff.

Hospital name: Apollo Hospitals-Karur.

General comments (if any):


Signed by:

(Chairperson)

Hospital name:

MEETING MINUTES

Committee Name:	Infection control committee		
Date of Meeting: (DD/MM/YYYY)	24/09/2019	Time: 1 Hour	
Location:	Board Room	Start: 10am	
Minutes Prepared By:	L.Chitra	End: 11am	
Presided by:	Dr. Sridhar		

Attendance at Meeting (add rows as necessary)

1. Dr.K.Sridhar Unit Head
2. Dr.K.Murugesan.M.S.Lap.sur.
3. Dr.S.Sundravadivel M.S(Ortho)
4. Dr.G.Revathy.DCP.DNB
5. Dr. A.Vignesh-Operation /Quality In-charge.
6. Mrs.S.Ambika-Nursing Officer
7. Ms.L.Chitra-ICN
8. Mr.S.Muthiah-Excecutive Housekeeping
9. Mr.D.Karthik-Enginerring Department
10. Ms.S.Vinitha-Dietician
11. Mr.C.Yesuraja-OT-Incharge
12. Mr.R.Palanikumar-Clinical Pharmacist.

APOLOGIES:NIL

Hospital name:

2. Meeting Agenda

1. F & B Audit
2. CSSD Department
3. Isolation policy
4. Operation Theater
5. Fumigation schedule
6. Training
7. Housekeeping Issues


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

1. CSSD Cupboard indent Pending.
2. OT Dress and OT Slippers Pending.

Hospital name:

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.F and B		All new staffs Vaccination to be given Immediately	Ms.Chitra Ms.Vinitha	WIE	Vaccination record updated
2.CSSD Department		construction work	To be discuss with Mr.Palanivel		Included in renovation budget. Planned to complete before NABH
3.Isolation		Isolation policy to be followed.	Ms.Chitra/ ICU Incharge. Mr.Muthiah		Isolation room identified. Standards followed
4.Operation Theater		Rusted Items to be Painting	Mr.Karthik/ Mr.Raja	WIE	Completed
5.Fumigation Schedule		To be followed as per the schedule	Mr.Muthiah	WIE	Schedule maintained
6.Training		Training to be planned for all new staff's	Ms.Ambika/ Ms.Chitra.	WIE	Induction completed
7.Cleaning process		Environment cleaning to be improve	Mr.Muthiah.		

General comments (if any):

Signed by: 
(Chairperson)

Hospital name: Apollo Hospitals-Karim.

INFECTION CONTROL MEETING MINUTES

Committee Name:	Infection control committee Meeting ,		
Date of Meeting: (DD/MM/YYYY)	12.12.19	Time:	
Location:	Board Room	Start:	3.30pm
Minutes Prepared By:	I.Chitra	End:	4.30pm
Presided by:	Dr.Vignesh		

Attendance at Meeting (add rows as necessary)

Dr.Sridhar.M.S-(Unit Head)

Dr.Murugesan M.S. - Gen Lap -Surgeon

Dr.Vignesh- Quality

Mrs.Sugasini-Nursing Supervisor

Ms.Chitra-ICN

Mr.Sathupathy-House keeping In-Charge

Mr.Karthik-Engineering Department

Ms.Vinitha-Dietician

Mr.Yesu raja-OT In-charge

Mr.Palanikumar-Clinical Pharmacist

APOLOGIES:NH

Hospital name: Apollo Hospitals-Karur.

4. Meeting Agenda

1. CSSD Department Issue
2. Isolation Policy
3. Training to all staff
4. Biomedical waste management
5. Construction Work
6. PPE
7. F and B
8. Medication storage Refrigerator

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

1. CSSD Department need Strainless steel Cupboard
2. Need adequate place and food items storage containers – F & B

Hospital name: Apollo Hospitals-Karur.

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
Need negative pressure room		Plan to discuss with			
Ramkey visit		Plan to visit	Mr.Sethupathi Dr.Vignesh	15.1.20	
Training to new staff	Plan to schedule the training class	To be included new updates of infection control in the induction program PPT	Mrs.Karthika	15.1.20	
Biomedical	1.Need training to House keeping Department 2.Bio medical waste disposable Training to be strengthening	Plan to arrange Training class to housekeeping department regarding Biomedical waste management	Mr.Sethupathi	WIE	
Construction work		If any modification to any critical care area to be discuss with infection control committee members.	Mr.Karthik	WIE	
PPE		Education given to all staff to wear PPE Whenever Necessary	Ms.Ambika Ms.Chitra, Mr.Muthiah Mr.Prakash	WIE	
Refrigerator		Weekly defrost schedule to be follow	Mr.Karthik		

Hospital name: Apollo Hospitals Eru.

Washing area	Plan to visit	Mr.Sethupathi Dr.Vignesh
I and B	Need Proper grooming /with separate Slippers	Ms.Vinitha Mr.Selvam

General comments (if any):

Signed by:

(Chairperson)