

Apollo Hospital Enterprises Ltd



No: 05/639, OMR, Perungudi, Shollinganallur Taluk, Kanchipuram District, Chennai - 96

Date: 11 / 04 / 2019

To

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

Dear Sir,

Sub:- Filling of Returns for Hazardous Waste FORM - IV duly filled for the period from (April 2018 To March 2019) Furnishing - Reg

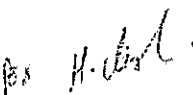
Please find enclosed herewith the Bio Medical Waste returns Form - IV duly filled for the period from (April 2018 to March 2019)

Kindly acknowledge the receipt of the same.

Thanking You

Yours faithfully,

For Apollo Hospital Enterprises Ltd.


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 authorised person (occupier or operator of facility)	:	Apollo Speciality Hospitals
	(ii) Name of HCF or CBMWTF	:	Apollo Speciality Hospitals
	(iii) Address for Correspondence	:	05/639, Peddunagudi, om8, chn-96
	(iv) Address of Facility	:	05/639, Peddunagudi, om8, chn-96
	(v) Tel. No, Fax. No.	:	044-33221111, 33221999
	(vi) E-mail ID	:	sureshkumar.d@apollohospitals.com
	(vii) URL of Website	:	www.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude -12.96, Longitude-76.98
	(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.: 17.BAC6620.956valid up to 31/03/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2018 & Applied for Renewal.
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200
	(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	:	Reg. No - 19/2-14/18
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day

	(iv) Quantity of biomedical 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 : 12000 Red Category : 7200 White: 600 Blue Category : 2400 General Solid waste: 100kg/day																																																		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility :	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision)																																																		
	(ii) Details of the treatment or disposal facilities :	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>-</td> <td>NA</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>-</td> <td>NA</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>-</td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			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		-	NA	Sharps encapsulation or concrete pit		-	NA	Deep burial pits:				Chemical disinfection:		-	NA	Any other treatment equipment:			
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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.) NA																																																		
	(iv) No of vehicles used for collection and transportation of biomedical waste :	covered lorry.																																																		
	(v) Details of incineration ash and ETP sludge generated and disposed :	NA	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	:	Ch-I. multiclave (India) Pvt. Ltd.
	(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		Yes
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		24
	(ii) number of personnel trained		400 / 450
	(iii) number of personnel trained at the time of induction		All staffs
	(iv) number of personnel not undergone any training so far		-
	(v) whether standard manual for training is available?		Available
	(vi) any other information		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		4 X
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Available
	(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?		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

..... 01-01-2018 to 31-03-2019

Name and Signature of the Head of the Institution

Date: 28/02/2019
Place Chennai-96.

D. SURESH KUMAR
S. Manager - Engineering



SAFETY & BMW COMMITTEE MEET

MINUTES

SEPTEMBER 28, 2018

3-4PM

CONFERENCE ROOM

MEETING CALLED BY	Patient Safety Officer
TYPE OF MEETING	Safety and BMW committee Meet
FACILITATOR	Mr. Suresh Kumar- HOD Engineering
NOTE TAKER	Mr.Vignesh- Junior Engineer
ATTENDEES	Ms.Kamakshi -GM-Operations Mr.Vignesh – HR Mr. Giridhar – DGM, Operations Dr.Manju-Staff Medical Officer Mr.Ganesh-Radiation Safety officer Dr.Sonali -Patient Safety Officer Ms.Muthuram - Patient Safety Officer Dr.Suresh -Lab Safety Officer & HAZMAT In charge Dr.Sreevidhya -Infection Control officer Mr. Baskar -Safety Consultant Mr. Rajesh -In charge - Biomedical Mr.Durai Babu ,HOD - Stores Mr. Mohanakrishnan, HOD - Housekeeping Mr. Suresh ,HOD - Engineering Mr. Rosario -Security Officer Dr.Sonali -Duty doctor Ms.Sangeetha -Quality System Office
NEXT MEETING DUE	March 2019

AGENDA:

1. Previous Meeting Minutes
2. Previous facility rounds
3. License details update
4. Patient Safety
5. Employee safety
6. Lab - MSDS Report

7. Radiation Safety
8. Infection control
9. Safety Training status
10. Hazmat incidents if any
11. Statutory complaints if any
12. BMWM

Topic	Action Plan	Responsibility	EDC
Discussion on Patient & staff related Safety issues,	False alarm should be noted with reason - Location and reason	Mr. Suresh	30/10/2018
	Patient cot with cylinder stand provision		
	Humidifier to be replaced with 3/8th nit nipple in Oxygen regulator		
	Spiral stair case net provision to be adjust and check		
	Patients room window to be closed with screws to avoid patient jump out		
Discussion on General Safety measures	Dump lift facility for infection wastes removal	Mr. Suresh	30/10/2018
	Lab safety officer identification (Mr.Shankar - Sr .Chemist)		
	Lab safety rounds		
	Trap door in all areas to be closed		
	MRI fire extinguisher		
Radiation Safety	TLD (Thermo Luminescent Dosimeter) badge requirement for new staffs.	Mr. Suresh	30/10/2018
	Radiation QA testing to be done at October 2018		
BMWS	As per the TNPC norms the process is followed, Needle stick injure reporting, staff vaccination, awareness program for all staff.	Mr. Mohan	Ongoing process


GIRIDHAR .T
 General Manager-Operations

Hospital name: ASH-OMR

MEETING MINUTES

Committee Name:	SAFETY & BMW COMMITTEE MINUTES		
Date of Meeting:	(20/04/2018)	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)	
DR.ANURADHA	MEDICAL HEAD
MS.KAMAKSHI	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. Fire ball extinguisher - Automatic - To be provided at UPS battery room
2. Hospital South compound wall - safety requirement - Barbed fencing recommended
3. MRI Extinguisher - Al. Body to be provided

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

4. Action Items/ Decision tracker

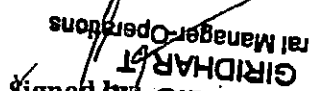
Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
Facility Rounds – <ol style="list-style-type: none"> 1. JAN – Basement done 2. FEB- Ground floor 3. MAR- First floor 	Facility rounds minutes enclosed	All observation were closed	Mr.Suresh Mr.Suresh Mr.Suresh	NA	
Review of AIRS data from Jan – March '19 TOTAL INCIDENTS-20 1.Fall -3 (2-IP , 1 OP) 2.NSI -3 3.MEDICAL - 13 4.OPERATIONAL-7	Lack of awareness and training Equipment safety awareness	Regular training and awareness session for the employees	L&D	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	L&D / Nursing	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'19
2. CODE GREY is planned for the month of APRIL'19
3. To review the risk mitigation plan in the next quarter and Disaster management plan.


Signed by: **GIRIDHAR .T**
General Manager-Operations
(Chairperson)