



Apollo Hospital Enterprises Ltd

No:5/639, OMR, Perungudi, Sholinganallur Taluk, Kanchipuram District, Chennai – 96.

Date: 16/03/2020.

To

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

Dear Sir,

Sub:- Filing of Returns for Bio Medical Waste FORM – IV dully filled for the period from (January 2019 to December 2019) Furnishing – Reg

Please find enclosed herewith the Bio Medical Waste Returns Form – IV duly filled for the period from January 2019 to December 2019.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours Faithfully,

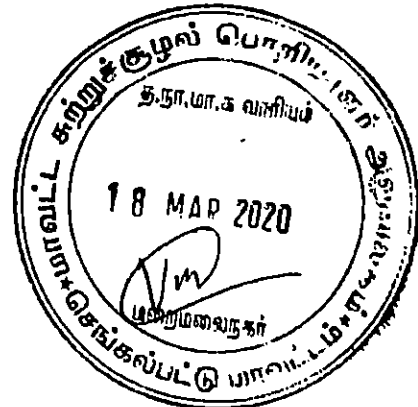
For Apollo Hospitals Enterprises Ltd.

KARAN PURI

General Manager-Operations
Apollo Speciality Hospitals OMR
Chennai - 600 096.

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	:	25/639, Perungudi, OMR, Ch-96
	(iv) Address of Facility	:	25/639, Perungudi, OMR, Ch-96
	(v) Tel. No, Fax. No	:	244-3322, 444-3322, 1999
	(vi) E-mail ID	:	namr.p@apollohospitals.com
	(vii) URL of Website	:	www.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude - 12.96 and Longitude - 76.75
	(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.: 17BAC6620956valid up to 31/03/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2021
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	:	17BAC6620956 31.3.2021
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

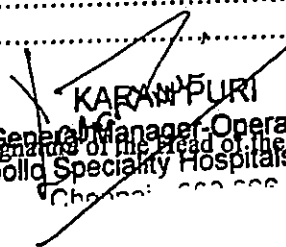
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		N/A Kg/day		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category	6617.2	
			Red Category	9812.2	
			White:	312.7	
			Blue Category	2313.0	
			General Solid waste	2622.0	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	Size	N/A		
		Capacity	N/A		
		Provision of on-site storage (cold storage or any other provision)			
	(ii) Details of the treatment or disposal facilities	Type of treatment equipment	No of unit	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			N/A
		Sharps encapsulation or concrete pit			N/A
		Deep burial pits			
		Chemical disinfection			N/A
		Any other treatment equipment			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc.)	N/A		
	(iv) No of vehicles used for collection and transportation of biomedical waste		N/A		
	(v) Details of sterilization unit and ETP sludge generated and disposed	N/A	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	:	G.J. 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		150
	(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		0
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Available
	(iv) Any Fatality occurred, details.		Nil
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

01/01/2019 to 31/12/2019


KARAN PURI
 General Manager Operations
 Apollo Specialty Hospitals OMR
 Chennai - 600 006

Date:

Place

Hospital name: ASH-OMR

MEETING MINUTES

Committee Name:	SAFETY & BMW COMMITTEE MINUTES		
Date of Meeting:	(30/04/2019)	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.


GIRIDHAR .T
General Manager-Operations

(Chairperson)

Hospital name: ASH-OMR

MEETING MINUTES

Committee Name:	SAFETY & BMW COMMITTEE MINUTES		
Date of Meeting:	30/10/2019	Time: 4-5PM	
Location:	CONFERENCE HALL	Start:	4PM
Minutes Prepared By:	Mr. Suresh /Ms.Sangeetha	End:	5.15PM
Presided by:	Ms.Kamakshi		

1. Attendance at Meeting (add rows as necessary)

MS.KAMAKSHI	UNIT HEAD
DR.ANURADHA	MS
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.PREETHI	STAFF MEDICAL OFFICER
MR.SHANKAR	HAZMAT CHAMPION
MS.LIZA	L&D
MR.DURAI BABU	CRS INCHARGE
MR.VIGNESH	ENGINEER
MR.VENKATACHALAM	SECURITY OFFICER
MS.KAVITHA	ICN

APOLOGIES:

NIL	
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Hospital name: ASH-OMR

2. Meeting Agenda

1. Previous minutes of Safety meet
2. Facility rounds updates
3. License and returns updation
4. Incidents
5. Mock drills and ATR
6. Hazmat
7. Lab safety
8. Radiation safety
9. Biomedical waste management
10. FMS indicators
11. Points for discussion

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

1. MRI Extinguisher
2. Antiskid tiles in the Trauma ward rest room
3. NARCOTIC LICENSE pending,

4. Action Items/ Decision tracker

Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
Facility Rounds - <ul style="list-style-type: none"> • JULY- BASEMENT • AUG- GROUND FLOOR • SEP- I FLOOR 	Facility rounds minutes enclosed	<p>CSSD – ETO door gaps to be completed</p> <p>All consultant suite to taken for Preventive maintenance as per calendar</p> <p>Frequent call bell system complains</p>	<p>Mr. Suresh</p> <p>Mr. Suresh</p> <p>Mr. Suresh</p>	15 th NOV	

Hospital name: ASH-OMR

Pending License and returns update NARCOTIC LICENSES – applied on March 19	Pending from Government office	All required documents submitted no pending of any documents	MR.SHANKAR	31 st august	
Review of AIRS data from JULY – SEP'19 TOTAL INCIDENTS-47 1.Fall -3 2.NSI -0 3.MEDICAL - 35 4.OPERATIONAL-12	Lack of awareness and training Equipment safety awareness	Regular training and awareness session for the employees	L&D	Ongoing process	
Review of Mock drill (JULY– SEP) Code purple Code blue/MET Code Red Code Orange Code Grey	Observation points were closed immediately Emphasized on reinforcement of staff training Code red: 1.pagging system not adequate 2.usage of PPE's	Staff training as the calendar by respective trainer PA coupler to be replaced Staff training as the calendar by respective trainer	L&D / Nursing Mr. Suresh L&D/Security	Ongoing process Ongoing process	
HAZMAT Nil incidence	NA	Staff training as the calendar by respective trainer All hazmat cupboards to be numbered floor wise	L&D/Security Mr.Mohanakrishanan	Ongoing process 10 th nov	

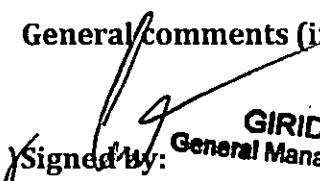
Hospital name: ASH-OMR

Lab safety Safety week for lab conducted in the month of August'19	NA	Report on lab safety submitted, Code orange training required. Checklist on lab safety introduced	Lab safety officer Mr.Mohanakrishanan	To be conducted every six months once Ongoing process
Radiation safety TLD BADGE	RENEWAL	Total 42 TLD BADGES renewal applied Mammogram license soft copy received, hard copy yet to receive	Radiation safety officer	DEC 5 TH
BMWS committee		Discussed on the NSI with CAPA, and vaccination status of the employee to be closely monitored by HR/ICN	HR/ICN	Ongoing process
FMS INDICATORS Discussed all parameters on FMS (July- Sep)	Work permit needs to be more specific for compliance monitoring	Engineering will start documenting all the hot and cold permits for their compliance	Mr. Suresh	Immediate effect
Points for discussion:				
Lift break down details	No data available	All three lifts break down details with the time duration to be maintained		
Solid waste recycling	Mandatory as per Corporation requirement	Vendor to be identified and process will be done.	Mr. Suresh/Mr.Mohanakrishanan	

Hospital name: ASH-OMR

365 degree audit preparation		All HODS to be prepared on the following 1.NABH STANDARDS 2.AOP 3.SERVICE EXCELLENCE 4.SS	ALL HODS/STAKEHOLDERS		
Patient counselling room in 2 nd floor	No evidence of counselling shown only document available	Engineering to identify area for Audio- video counselling	Mr. Suresh	15 th nov	
Water seepage in 4 th floor	Roof defective	Temporary solution taken Need to take permanent solution	Mr. Suresh	March 31 st	
Pressure test for FIRE Extinguishers	5 years completed	All fire extinguishers need to checked by the company person	Mr.Venkatachal am	Nov 30 th	
E-waste disposal (scrap)		Protocol followed and record maintained	Mr.Durai Babu	Ongoing process	

General comments (if any):

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