

To,

Date 24-06-2020


Regional Officer
UP Pollution Control Board
Sector-1, Noida.

Subject: Annual Report of bio Medical Waste for 2019.


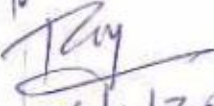
Respected Sir,

This is to inform you that, we have submitting annual report of BMW for 2019.

Regards,


Dr. Pratibha Dabas
Dy. C.O.O.
Apollo hospital
E-2, Sec-26, Noida





26/6/2020
देशीय कार्यालय
उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड,
ई-२/१, सेक्टर-१, नोएडा

Keep the records carefully and bring them along during your next visit to our hospital



For enquiry : 0120-4012060 / 2445353 OPD Appointments : 0120-4012026/30

Form - IV
(See rule 13)
ANNUALREPORT

[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 authorized person (occupier or operator of facility)	:	Dr. Pratibha Dabas												
	(ii) Name of HCF or CBMWTF	:	Apollo Hospital Noida												
	(iii) Address for Correspondence	:	E-2, Sect. 26, Noida												
	(iv) Address of Facility	:	E-2, Sect. 26, Noida												
	(v) Tel. No, Fax, No	:	0120-4012000												
	(vi) E-mail ID	:	eng-Noida@apollohospitals.com												
	(vii) URL of Website	:	www.apollohospitals-noida.com												
	(viii) GPS coordinates of HCF or CBMWTF	:													
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)												
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 1502/BMW/A-14/2019 Dt. 27/2/19,.....valid up to 31/12/2021												
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/12/2021												
2.	Type of Health Care Facility	:													
	(i) Bedded Hospital	:	No. of Beds:.....75												
	(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	:	31/12/2021												
3.	Details of CBMWTF	:	NA												
	(i) Number healthcare facilities covered by CBMWTF	:	NA												
	(ii) No of beds covered by CBMWTF	:	NA												
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day... NA												
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day...NA												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="0"> <tr> <td>Yellow Category :</td> <td>7251 kg</td> </tr> <tr> <td>Red Category :</td> <td>9728 kg</td> </tr> <tr> <td>White:</td> <td>1076 kg</td> </tr> <tr> <td>Blue Category :</td> <td>1700 kg</td> </tr> <tr> <td>C</td> <td></td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>	Yellow Category :	7251 kg	Red Category :	9728 kg	White:	1076 kg	Blue Category :	1700 kg	C		General Solid waste:	
Yellow Category :	7251 kg														
Red Category :	9728 kg														
White:	1076 kg														
Blue Category :	1700 kg														
C															
General Solid waste:															

7	Details trainings conducted on BMW/	
	(i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	N/A
	(i) Number of Accidents occurred	- dc
	(ii) Number of the persons affected	- dc.
	(iii) Remedial Action taken (Please attach details if any)	N/A
	(iv) Any Fatality occurred, details.	N/A
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA N/A
	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?	N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	N/A
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator): NA.

Documents Attached.

Certified that the above report is for the period from
 Annual Report from - Jan. 2019 TO Dec. - 2019 .

[Signature]
 Name and Signature of the Head of the Institution

Date: 24/6/2020
 Place Noida



Bio Medical waste Annual Report from Jan'19 to Dec'19

Sr. No	Month	Categories				Remark
		Yellow (Kg)	Blue(Kg)	Red(Kg)	white (Kg)	
1	January	686	140	992	89	
2	February	608	151	850	105	
3	March	739	116	822	105	
4	April	797	200	768	144	
5	May	626	115	640	101	
6	June	488	163	464	106	
7	July	576	105	745	105	
8	August	522	185	980	80	
9	September	597	148	880	72	
10	October	459	112	891	64	
11	November	535	167	817	50	
12	December	518	98	879	55	
	Total	7251	1700	9728	1076	



ATTENDANCE SHEET

TRAINING PROGRAM

: BIO-MEDICAL WASTE MANAGEMENT

TRAINER

: R/N SUBY

DATE

: 11/2/2019

TIME/DURATION

: 11:30 AM - 1:15 PM

VENUE

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	8606	R/N SINGH K. B	DIALYSIS	[Signature]
2	4643	Ranjana Parbhar	Paediatrics	[Signature]
3	1125803	R/N DUBEY	DIALYSIS	[Signature]
4	10015	1	H.K	[Signature]
5	004445	Rajesh	Dialysis	[Signature]
6	111462	R/N DEBN	1st floor	[Signature]
7	10008	Sonia	C.DA	[Signature]
8	10012	[Signature]	C.DA	[Signature]
9	1109781	Rajesh	EMR	[Signature]
10	110048	[Signature]	EMR	[Signature]
11		[Signature]	H.K	[Signature]
12	026496	Sonika	IB	[Signature]
13	1032165	130477	IB	[Signature]
14	10085	USHA	H.K	[Signature]
15		[Signature]	H.A	[Signature]
16	03486	[Signature]	Lab Tech.	[Signature]
17	10089	[Signature]	H.K	[Signature]
18		[Signature]	H.K	[Signature]
19	111374	R/N JENSEN	TSP FOSL	[Signature]
20	1082096	[Signature]	QND FLOOR	[Signature]
21	10017	[Signature]	H.A	[Signature]

ATTENDANCE SHEET

TRAINING PROGRAM

: ITC - MEDICAL WASTE MANAGEMENT

TRAINER

: R/n. Suby

DATE

: 11/3/2019

TIME/DURATION

: 1-30 PM - 2 PM

VENUE

: CAFE

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1092081	R/n. PIRANISH	ICU	<i>[Signature]</i>
2	1115311	R/n. PIRANISH	ICU	<i>[Signature]</i>
3	1119303	R/n. PRINCE	ICU	<i>[Signature]</i>
4	1097385	R/n. PRINCE	ICU	<i>[Signature]</i>
5	1118433	R/n. PRINCE	ICU	<i>[Signature]</i>
6	03051	R/n. PRINCE	ICU	<i>[Signature]</i>
7	1086714	R/n. PRINCE	ICU	<i>[Signature]</i>
8	0250.4	R/n. PRINCE	ICU	<i>[Signature]</i>
9	077350	R/n. PRINCE	ICU	<i>[Signature]</i>
10	0762	R/n. PRINCE	ICU	<i>[Signature]</i>
11	1087000	R/n. PRINCE	ICU	<i>[Signature]</i>
12	1117452	R/n. PRINCE	ICU	<i>[Signature]</i>
13	8009	R/n. PRINCE	ICU	<i>[Signature]</i>
14	0063101	R/n. PRINCE	ICU	<i>[Signature]</i>
15	1070135	R/n. PRINCE	ICU	<i>[Signature]</i>
16	1088000	R/n. PRINCE	ICU	<i>[Signature]</i>
17	0000	R/n. PRINCE	ICU	<i>[Signature]</i>
18	0-035	R/n. PRINCE	ICU	<i>[Signature]</i>
19				
20				
21				

ATTENDANCE

Module :
 Topic : Bio-Medical Waste Management
 Speaker : Beena Wilson
 Date & Time : 10/9/2019 Sat - 11:30 to 2:30 pm

S.N	CLOCK NUMBER	NAME OF THE STAFF [IN CAPITALS]	UNIT	SIGNATURE	MARKS
01	1089806	R/N P... ..	Recon	[Signature]	
02	1124838	R/N BLOPHV ANNNO	Nile	[Signature]	
03	1109723	R/N	EMR	[Signature]	
04	1082081	R/N	Nile	[Signature]	
05	1071201	R/N	Nile	[Signature]	
06	1122655	R/N	1st floor	[Signature]	
07	1070511	R/N	TRN	[Signature]	
08	1073351	R/N	TRN	[Signature]	
09	1097327	R/N	TRN	[Signature]	
10	1073503	R/N	TRN	[Signature]	
11	1110001	R/N	TRN	[Signature]	
12	025617	R/N	TRN	[Signature]	
13	1101297	R/N	OPD	[Signature]	
14	1122140	R/N	CPT	[Signature]	
15	1089085	R/N	TRN	[Signature]	
16	9360	R/N	2nd floor	[Signature]	
17	112268	R/N	1st floor	[Signature]	
18	112374	R/N	1st floor	[Signature]	
19	1079500	R/N	LD	[Signature]	
20	7231	R/N	TRN	[Signature]	
21	04113	R/N	TRN	[Signature]	

SIGNATURE OF THE TRAINER:



RESEARCH OFFICE
NATIONAL BUREAU OF STANDARDS
NCIB

1001 DuPont Circle, N.W., Washington, D.C. 20036

Reference:

1. **Material:**
 2. **Section:**
 3. **Section:**

4. **Material:**

1. File number of the specimen
2. Material name
3. Material number

Activity	Frequency
Generation of specimens	
Collection	
Storage	
Handling	
Disposal	
Transportation	
Documentation	
Reporting	
Review	
Change	
Approval	

5. **Material:**

Item	Description	Frequency
1	Material - Section	
2	Material - Section	
3	Material - Section	
4	Material - Section	
5	Material - Section	
Type of Material		
1	Material	
2	Material	
3	Material	
4	Material	

6. **Material:**

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	11 March 2020	Time:	
Location:	Video Conference	Start:	12:30
Minutes Prepared By:	Dr Neha Minocha	End:	13:10
Presided by:	Dr Pratibha Dabas		

1. Attendance at Meeting (add rows as necessary)

Dr Pratibha	
Sis Beena Valson	
R/N Inderpreet	
Dr Deepali Jain	
R/N Suby	
Dr Rahul Gupta	

APOLOGIES:

2. Meeting Agenda

1. Infection control guidelines for Covid
2. Training on Hand hygiene

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

1. Discussion on Infection rates
2. Continuing 300 days of Infection free ICU
3. Changes in Data Presentation
4. Discussion on Infection rates
5. Previous meeting point discussion
6. Discussion on Infection rates
7. Antibiotic prophylaxis compliance

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	08 May 2019	Time:	
Location:	AHC Cafeteria, 3 rd Floor	Start:	15:00
Minutes Prepared By:	Dr Neha Minocha	End:	16:00
Presided by:	Dr Pratibha Dabas		

Dr Pratibha Dabas	Mr Jagbir (CSSD)
R/N Suby (ICN)	Sis Beena Vaidan
R/N Selvina	Ms Indipreet (ICN)
Mr Bhupendra Bisht (HR)	Sis Shalika (OPD)
R/N Sreemol (ER)	Sis Karuna (OPD)
Dr Krutali	Dr Gurpreet Kaur
Dr Jasmine (Gen Surgery)	Ms Bibha (Pharmacy)
R/N Anusha (RICU)	R/N Saini
R/N Deena (OT)	Mr Shovanath (F & B)
R/N Simi (Dialysis)	
Mr Ramia (Dialysis)	
Dr Saurabh Gupta	
Dr Neha Minocha	

APOLOGIES:

- Dr Arvind Garg
- Dr S P Sankar
- Dr Rahul Gupta
- Dr Sanchita Duba

1. Issue with training of contractual staff
2. Cleaning of ICU
3. Slippers in OT
4. Handrub with stand at each bed
5. JMS training on hand hygiene

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	12 June 2019	Time:	
Location:	AIC Cafeteria, 3 rd Floor	Start:	15:00
Minutes Prepared By:	Dr Neha Minocha	End:	16:00
Presided by:	Dr Pratibha Dabas		

Dr D Sharma	Sis Srujatha (OPD)
Dr Pratibha Dabas	Ms Bicha (Pharmacy)
Sis Beena Valsan	Dr Gurpreet Kaur
R/N Selvina	Mr Shovanath (F & B)
R/N Sreemol (ER)	Mr Kallash
R/N Salini	Mr Hemant
Dr Jasmine (Gen Surgery)	
R/N Anusha (RICU)	
R/N Deena (OT)	
Ms Inderpreet (ICN)	
Mr Ramlal (Dialysis)	
Dr Saurabh Gupta	
Dr Neha Minocha	

APOLOGIES:

Mr Bhupinder (HR)
Dr Krutali

Meeting Agenda
1. Previous meeting point discussion
2. Discussion on SSI

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	11 December 2019	Time:	
Location:	AHC Cafeteria, 3 rd Floor	Start:	15:00
Minutes Prepared By:	Dr Neha Minocha	End:	15:45
Presided by:	Dr Pratibha Dabas		

1. Attendance at Meeting <i>(add rows as necessary)</i>	
Dr Pratibha	Sis Ashwathy
Sis Beena	Sis Nazia
Sis Rinki	Sis Sreemol
Dr Sukriti	Dr Deepali
Dr Sushmita	
Dr Akhilesh	
Dr Sarkar	
Surbhi (Dietician)	
Dr Neha	
Sis Inderpreet	
Sis Sonia	
Sis Nisha	
Sis Sini	

APOLOGIES:

2. Meeting Agenda
<ol style="list-style-type: none"> 1. Previous meeting point discussion 2. Discussion on Infection rates 3. Discussion on improvements for next year 4. Continuing 300 days of Infection free ICU

3. Previous meeting discussions/ follow ups (if any):
<ol style="list-style-type: none"> 1. Emphasis on Hand hygiene 2. Improvement steps in NICU