

Date: 20.01.2025



Cancer
Centres

To,

District Environment Engineer,
Tamil Nadu Pollution Control Board,
950/1 Poonamallee High Road,
Arumbakkam, / *Velachery*
Chennai – 600 106.

Sub: Submission of form –IV BMW annual report

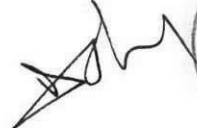
Respected sir,

Please find enclosed the Bio medical waste annual report in form IV for the period from January 2024 to December 2024.

Kindly the acknowledge the receipt of the same.

Thanking you,

For APOLLO SPECIALITY HOSPITAL,


D.SURESH KUMAR
DGM-Engineering.


D.SURESH KUMAR
DGM-Engineering

Enclosed:

5. Form –IV
6. BMW Annual Report January-2024 to December-2024
7. Bio Medical waste Management committee
8. Bio Medical waste Management committee meeting-2024



Apollo Cancer Centres

New No. 467, Old No. 320, Padma Complex, Anna Salai, Nandanam, Chennai – 600 035.

Phone : 044- 6115 1111 / 2433 1741 / 2433 6119 info_aci@apollohospitals.com | www.apollocancercentres.com

Registered Office: Apollo Hospitals Enterprises Limited, No. 40, Bishop Coaders, Rajiv Annamalaiyuram, Chennai - 600 028. CIN : L25110TN197091 C000025

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)	:	SHEELA KETAN
	(ii) Name of HCF or CBMWTF	:	Apollo Specialty Hospital
	(iii) Address for Correspondence	:	No : 320, Anna Salai Chennai
	(iv) Address of Facility	:	No : 320, Anna Salai Chennai
	(v) Tel. No, Fax. No	:	044-24329044
	(vi) E-mail ID	:	sureshkumar_d@apollohospitals.com
	(vii) URL of Website	:	www.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude;13.033625
	(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: 19BAC25804273 Date:05/08/2019 01/04/2019 valid up to 31/03/2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2025
2.	Type of Health Care Facility	:	Hospitals
	(i) Bedded Hospital	:	No. of Beds: 290
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	290

	(iii) Installed treatment and disposal capacity of CBMWTF:	:	459 Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	459 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 77,900 / Per M (6,491) Red Category : 78,918 / Per M (6,576) White : 1,314 / Per M (109) Blue Category : 12,712 / Per M (1,059) General Solid waste : 5,42,747/Per M (45,228)

5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage		Size :54 sft x 6 Rooms
			Capacity :
			Provision of on-site storage : (cold storage or any other provision)

disposal facilities	Type of treatment equipment	No of s	Cap acit y Kg/ day	Quantity treatedo unit r disposed in kg per annum
	Incinerators - nil			
	Plasma Pyrolysis -			
	Autoclaves nill,			
	Microwave –nill			
	Hydroclave –nil			
	Shredder-nil			
	Needle tip cutter or Nil			
	Destroyer-nil		-	
	Sharps : 1245 KG			
	encapsulation or-nil		-	
	concrete pit-nil			
	Deep burial pits:-nil			
	Chemical-nil		-	
	disinfection:-nil			
	Any other treatment equipment:-nil			

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One vehicle		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	Quantity generated nil	Where disposed nil
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	G J Muticlave Pvt 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, Bio medical waste management committee		
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.				
	(ii) number of personnel trained		150 person		
	(iii) number of personnel trained at the time of induction		Ongoing process		
	(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		Nil		
	(i) Number of Accidents occurred		Nil		
	(ii) Number of the persons affected		Nil		

	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		Nil
	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A
	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?	YES NIL	
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	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

January -2024 to December-2024

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Name and Signature of the Head of the Institution

D. Suresh Kumar
DGM-Engineering

Date:20.01.2025

Place: Chennai

Apollo Speciality Hospital								
No 320 Annasalai Teynampet chennai-600035								
BMW Annual Report for the period of January 2024 To December 2024								

Month	InfectiousWaste(Yellow Cover)Category 1,3,6	Clinical Waste (Red Cover) KgCategory 7	Bottle Waste (Blue Cover) KgCategory 4	Sharp Waste (White Cover) Kg	Total Waste kg	Approved Limit kg/Per day	Treatment and disposal Average Per Day	General waste (Food & Stationary) kg
	Category 1,3,6	Category 7	Category 4					
Jan-24	6709.5	6306.9	1020.0	126.9	14163.3	820	457	39565.8
Feb-24	6387.0	6308.7	905.7	124.1	13725.5	820	443	41586.6
Mar-24	6528.5	6867.3	1587.4	131.8	15115.0	820	488	43124.3
Apr-24	6070.3	6425.0	998.8	114.3	13608.4	820	439	43358.6
May-24	6377.7	6559.3	942	115.9	13994.9	820	451	47650.3
Jun-24	6550.2	6558.6	869.8	116.7	14095.3	820	455	45433.2
Jul-24	6919.6	7264.1	1121.6	123.5	15428.8	820	498	48417.7
Aug-24	6718.55	7018.3	1181	2.8	14920.65	820	481	48042.1
Sep-24	6150	6348.95	1165.6	118.9	13783.45	820	445	48766.5
Oct-24	6793.9	6918.7	965.1	105.4	14783.1	820	477	47571.1
Nov-24	6466.6	6247.5	908.1	120.6	13742.8	820	443	46051.9
Dec-24	6228.35	6095.47	1047.67	113.19	13484.68	820	435	43179.06
Total	77900.20	78918.82	12712.77	1314.09	170845.88	9840.00	5511.16	542747.16

APOLLO CANCER CENTER, TEYNAMPET

MINUTES OF THE MEETING

Committee Name:	BIO MEDICAL WASTE COMMITTEE		
Date of Meeting: (DD/MM/YYYY)	22/06/2024	Time	
Location:	TELEMEDICINE ROOM	Start:	4:00 PM
Minutes Prepared By:	Subrata Das	End:	4:30 PM
Presided by:	Ms. Mumtaz TSM		

1. Attendance at Meeting *(add rows as necessary)*

- Ms. Maria Ali Raja (Sr. GM Operations), Ms. Mumtaz TSM (Quality), Ms. Ranjitham (CNS), Ms. A. Saraddha (Infection Control), Mr. Subrata Das (Housekeeping), Mr. Padikasu (Housekeeping) Ms. Latha Nursing

APOLOGIES:

- NIL

2. Meeting Agenda

- Needle Stick Injury
- Biomedical waste Proper Segregation.
- Biomedical Waste site visit
- Monitor the floor wise BMW closely

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

- NSI – with Nil incidents
- Bio Medical Waste segregation at source Floor analysis
- Plan for Biomedical waste vendor site visit in Feb 2024 (G J Multi Clave)
- Monthly Biomedical waste audit by IC team
- Biomedical waste separate chute installation
- Floor wise BMW waste to monitor

APOLLO CANCER CENTER, TEYNAMPET

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
NSI – with Nil incidents	Active Training to all the BMW handlers	- To continue with the training to all the BMW handlers. - Floor wise rounds to increase by supervisors - Closely monitor the BMW handlers	- HK Supervisors - IC		On going
Bio Medical Waste segregation at source Floor analysis	To understand the quantity of waste generated per floor.	- Floor wise collection of BMW was presented and it was informed that proper segregation to be done by the staff. And comparison to be done. Every month monitoring to be done - Frequent supervision to be carried on by the Housekeeping supervisor with the Infection Control Team. - In blue cat for Aug 23 and in Red Cat for Nov significantly there was an increase in weight	HK & IC Team		On-going process
Needle Stick Injury	Active Training to all the BMW handling and the ward staff	- Floor wise rounds to increase by supervisors and Executives - Closely monitor the BMW handlers and ward staff	HK & IC Team		On-going process
BMW Barrel washing area there should be enough space.	It is little difficulty to washing the barrel	Management will discuss and take the action.	HK & Egg		

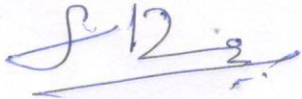
APOLLO CANCER CENTER, TEYNAMPET

• BMW store room need to be little bigger size	• It is little difficulty to little difficulty to BMW storage	• Management will discuss and take the action.	• HK & Egg		
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Signed by:

Subrata Das

Sr. Manager Housekeeping.



Time: 3:00 pm to 3:30 pm

[illegible]

Hospital name: APOLLO CANCER CENTER, TEYNAMPET

MEETING OF MINUTES

Committee Name:	BIO MEDICAL WASTE COMMITTEE		
Date of Meeting: (DD/MM/YYYY)	06/12/2024	Time: 3:00 PM	
Location:	TELEMEDICINE ROOM	Start:	3:00 PM
Minutes Prepared By:	Mr.Chinnapparaj	End:	4:00 PM
Presided by:	Ms. Maria Ali Raja		

1. Attendance at Meeting (add rows as necessary)

- Dr. Annapoorani - HOD Hispathology
- Dr. Sushila Medical superintendent
- Ms. Mumtaz TSM –HOD Quality System
- Ms. Ranjitham- Chief Nursing Officer
- Mr. Suresh kumar HOD Engineering.
- Mr. Balamurugan- HOD Medical Record,
- Mr. Praveen - OT Manager
- Ms. Lochana - Radiology & Lab Services
- Mr. Chinnapparaj – HOD Housekeeping
- Mr. Padikasu - Housekeeping Manager
- Mr. Xavier - Housekeeping Executive
- Ms. Sharlin -Infection Control Nurse

2. Meeting Agenda

- Needle Stick Injury Details
- Biomedical waste Site Visit Plan
- BMW Audit by IC team .
- BMW yearly portal update details.
- Concerns

Hospital name: APOLLO CANCER CENTER, TEYNAMPET

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

- Biomedical waste site visits to G J Multiclave.
- Bmw store room needs to be little bigger size
- Monitor the floor wise BMW closely
- BMW barrel washing area there should be enough space
- Needle stick injury.

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
Needle Stick and Cut injuries for the housekeeping staffs	Wrong Segregation	- There were 1 injury in OT instrument washing area while the staff was clearing the drain area a sharp blade was lying in the drain area while caused cut in the index finger. It was suggested that frequent training to be conducted for the staff handling BMW. - Nursing team was highlighted and training for all the staffs to be carried out.	Housekeeping and Infection Control	-	Ongoing Past 6 months only 1 Needle sticks injury. (June 2024 to Nov 2024)
Several times we received staff scrubs from critical area with needle	Nursing team not following the Bmw proper segregation process.	- Floor wise nursing team to be briefed for not discarding the needles on time and keeping the used needles in their scrub pockets. Floor in charges to brief on the same. - Nursing team was highlighted and training for all the staffs to be carried out.	Nursing & IC Team	-	On-going process

5. Other Points Discussed / Highlighted

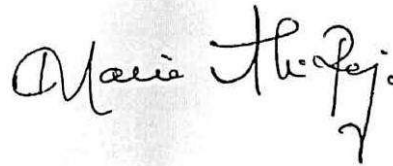
- Plan for Biomedical waste site visit (G J Multiclave)
- BMW bins should be away from the washbasin area.
- Washbasin area signage should be put (not for patient/attendant use)
- Next meeting BMW agreement to be added.
- Individual area should be mentioned for BMW weight collection.
- BMW all the staff training of each month to be mentioned in the slide, along with total strength.
- Infection control training taken must also to be added in the next committee meeting.

Signed by:



Mr. Chinnapparaj

HOD, Housekeeping.



APOLLO SPECIALITY HOSPITALS - TEYMAMPET.

BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING 2024

Date: 06.12.2024

Time: 3:30 PM

S.N	NAME	DEPARTMENT	SIGNATURE
1	Dr N Sachin	Medical Services	[Signature]
2	Elhanna Sathya A.	I (N)	[Signature]
3			
4	A Xami Jinish	HR	[Signature]
5	C LUCHANA	Operations	[Signature]
6	MUMTAZ TEM	Quality Systems	[Signature]
7	D. Sureshkumar	Engineering	[Signature]
8	Chinnappavay	HR	[Signature]
9	Pachikar	HR	[Signature]
10	Dr Anurag...	Lab	[Signature]
11			
12			
13			
14			
15			