



Date : 23/01/2025

To,

The District Environmental Engineer,  
Tamil Nadu Pollution Control Board,  
Maraimalai Adigalar Street,  
Next to Municipal Office,  
Maraimalar Nagar, Chennai – 603209

Respected Sir/ Madam

**Sub:** Filling of Returns for Bio Medical Waste FORM – IV fully filled for the period from January 2024 to December 2024

Please find the enclosed Form – 4 of Bio Medical Annual Returns for the period of January 2024 to December 2024.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours Faithfully

For

Apollo Proton Cancer Centre,  
Apollo Hospitals Enterprises Ltd,  
Authorized Signatory,

Encl : Form – IV, BMW MOM, BMW Training attendance, NSI & RCA

KARAN PURI  
Chief Operating Officer  
Apollo Proton Cancer Centre



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

Apollo Proton Cancer Centre

Form - IV  
(See rule 13)  
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)                                                             | Mr. Karan Puri                                                                     |
|        | (ii) Name of HCF or CBMWTF                                                                                                       | APOLLO PROTON CANCER CENTRES                                                       |
|        | (iii) Address for Correspondence :                                                                                               | 4/661, VIKRAM SARABHAI INSTRONIC ESTATE,                                           |
|        | (iv) Address of Facility                                                                                                         | PHASE-II, TARANANI, CH-96.                                                         |
|        | (v) Tel. No, Fax. No                                                                                                             | 044-24548888                                                                       |
|        | (vi) E-mail ID                                                                                                                   | prashant_pati@apollohospital.com                                                   |
|        | (vii) URL of Website                                                                                                             | www.apollohospitals.com                                                            |
|        | (viii) GPS coordinates of HCF or CBMWTF                                                                                          | Latitude : 12.9802649 / Longitude : 80.250006                                      |
|        | (ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or any other)                                         | Private hospital                                                                   |
|        | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                                         | Authorisation No.: 24BAZ58863557<br>Dated : 03/04/2024<br>valid up to : 31/03/2025 |
|        | (xi). Status of Consents under Water Act and Air Act                                                                             | Valid up to : 31/03/2025                                                           |
| 2.     | Type of Health Care Facility                                                                                                     | Oncology Hospital                                                                  |
|        | (i) Bedded Hospital                                                                                                              | No. of Beds. 135                                                                   |
|        | (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                                                                                      | 23BAZ51339033 / 31-03-2028                                                         |
| 3.     | Details of CBMWTF                                                                                                                | GT MULTICLAVE (INDIA) PVT. LTD.                                                    |
|        | (i) Number healthcare facilities covered by CBMWTF                                                                               | Refer GT Multiclave                                                                |
|        | (ii) No of beds covered by CBMWTF                                                                                                | Refer GT Multiclave                                                                |
|        | (iii) Installed treatment and disposal capacity of                                                                               | Refer GT Multiclave                                                                |

|       |                                                                                    |                                                                                                                                                                                |             |                 |
|-------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|
|       | CBMWTF:                                                                            |                                                                                                                                                                                |             |                 |
|       | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                    | Refer GT Multiclave                                                                                                                                                            |             |                 |
| 4.    | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | Yellow Category : 25780 kg / Annum<br>Red Category : 22588 kg / Annum<br>White : 641 kg / Annum<br>Blue Category : 2730 kg / Annum<br>General Solid waste: 193884.2 kg / Annum |             |                 |
| 5     | (i) Details of the on-site storage facility                                        | Size : 602 Sq. Ft<br>Capacity : 500 kgs<br>Provision of on-site storage :<br>(cold storage or any other provision)                                                             |             |                 |
|       | disposal facilities                                                                | Type of treatment equipment                                                                                                                                                    | No of units | Capacity Kg/Day |
|       |                                                                                    | Incinerators                                                                                                                                                                   | —           | —               |
|       |                                                                                    | Plasma Pyrolysis                                                                                                                                                               | —           | —               |
|       |                                                                                    | Autoclaves                                                                                                                                                                     | 2           | 40 kgs          |
|       |                                                                                    | Microwave Hydroclave                                                                                                                                                           | —           | —               |
|       |                                                                                    | Shredder                                                                                                                                                                       | —           | —               |
|       |                                                                                    | Needle tip cutter or destroyer                                                                                                                                                 | 58          | —               |
|       |                                                                                    | Sharps encapsulation or concrete pit                                                                                                                                           | —           | —               |
|       |                                                                                    | Deep burial pits:                                                                                                                                                              | —           | —               |
|       |                                                                                    | Chemical disinfection:                                                                                                                                                         | —           | —               |
|       |                                                                                    | Any other treatment equipment:                                                                                                                                                 | —           | —               |
| (iii) | Quantity of recyclable wastes                                                      | Red Category (like plastic, glass etc.)                                                                                                                                        |             |                 |

|    |                                                                                                                                   |                                                                                                                      |                    |                |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
|    | sold to authorized recyclers after Treatment in kg per annum.                                                                     | N/A                                                                                                                  |                    |                |
|    | (iv) No of vehicles used for collection and transportation of biomedical waste                                                    | 1                                                                                                                    |                    |                |
|    | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum              |                                                                                                                      | Quantity generated | Where disposed |
|    |                                                                                                                                   | Incineration                                                                                                         |                    |                |
|    |                                                                                                                                   | Ash                                                                                                                  |                    |                |
|    |                                                                                                                                   | ETP Sludge                                                                                                           | 1                  |                |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                        | GT MULTICLAVE (INDIA) PVT. LTD<br>S.F. NO: 245/247, Thennelpakkam village,<br>Chengalpattu Taluk, Kanchipuram, Dist. |                    |                |
|    | (vii) List of member HCF not handed Over bio-medical waste.                                                                       | N/A                                                                                                                  |                    |                |
| 6  | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period       | Yes (MON) attached                                                                                                   |                    |                |
| 7  | Details trainings conducted on BMW                                                                                                |                                                                                                                      |                    |                |
|    | (i) Number of trainings conducted on BMW Management.                                                                              | 49                                                                                                                   |                    |                |
|    | (ii) number of personnel trained                                                                                                  | 887                                                                                                                  |                    |                |
|    | (iii) number of personnel trained at the time of induction                                                                        | All the staffs                                                                                                       |                    |                |
|    | (iv) number of personnel not undergone any training so far                                                                        | Nil                                                                                                                  |                    |                |
|    | (v) whether standard manual for Training is available?                                                                            | Available                                                                                                            |                    |                |
|    | (vi) any other information)                                                                                                       | Nil                                                                                                                  |                    |                |
| 8  | Details of the accident occurred during the year                                                                                  |                                                                                                                      |                    |                |
|    | (i) Number of Accidents occurred                                                                                                  | 5                                                                                                                    |                    |                |
|    | (ii) Number of the persons affected                                                                                               | 5                                                                                                                    |                    |                |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                        | Action taken                                                                                                         |                    |                |
|    | (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?     | N/A                                                                                                                  |                    |                |
|    | Details of Continuous online emission monitoring systems installed                                                                | No online, However once in six months emission being monitored.                                                      |                    |                |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   | STP/ETP, No Occasion                                                                                                 |                    |                |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Yes we are meeting the standards                                                                                     |                    |                |
| 12 | Any other relevant information                                                                                                    | (Air Pollution Control Devices attached with the                                                                     |                    |                |

Incinerator) Nil

Certified that the above report is for the period from

01/01/2024 to 31/12/2024

Name and Signature of the Head of the Institution  
KARAN PURI  
Chief Operating Officer  
Apollo Proton Cancer Centre

Date 23/01/2025

Place Chennai



| TOTAL DISPOSAL FOR THE YEAR OF -2024 |               |                    |              |             |        |
|--------------------------------------|---------------|--------------------|--------------|-------------|--------|
| MONTH                                | RED(CLINICAL) | YELLOW(INFECTIOUS) | SHARP(WHITE) | GLASS(BLUE) | SUM    |
| Jan-24                               | 1827          | 2201.4             | 44.6         | 242.1       | 4315.1 |
| Feb-24                               | 1936.7        | 2462.2             | 51.4         | 230.3       | 4680.6 |
| Mar-24                               | 1872.1        | 2206.7             | 49.5         | 237.2       | 4365.5 |
| Apr-24                               | 1767.3        | 1945.6             | 40.1         | 232.2       | 3985.2 |
| May-24                               | 1840.7        | 2461.3             | 45.9         | 220.9       | 4568.8 |
| Jun-24                               | 1924.4        | 2270.8             | 55.9         | 208.6       | 4459.7 |
| Jul-24                               | 1895.1        | 2002.3             | 54.6         | 196.8       | 4148.8 |
| Aug-24                               | 1976.2        | 2233               | 55           | 247.9       | 4512.1 |
| Sep-24                               | 1911.5        | 2152.9             | 61.8         | 230.9       | 4357.1 |
| Oct-24                               | 2047.6        | 2300.8             | 63.2         | 246.9       | 4658.5 |
| Nov-24                               | 1751.6        | 1768.6             | 55.4         | 219.4       | 3795   |
| Dec-24                               | 1838.2        | 1774.2             | 63.3         | 216.5       | 3892.2 |
| AVERAGE                              | 1882          | 2148               | 53           | 227         | 4312   |
| TOTALS                               | 22588         | 25780              | 641          | 2730        | 51739  |

**MEETING MINUTES**

|                             |                                          |               |          |
|-----------------------------|------------------------------------------|---------------|----------|
| <b>Committee Name:</b>      | Safety Committee Meeting                 |               |          |
| <b>Date of Meeting:</b>     | 13.03.2024                               | <b>Time:</b>  |          |
| <b>Location:</b>            | Tumour Board – 2 <sup>nd</sup> Floor     | <b>Start:</b> | 15:00Hrs |
| <b>Minutes Prepared By:</b> | Mr. Vinod–Safety Officer                 | <b>End:</b>   | 15:45Hrs |
| <b>Presided by:</b>         | Mr. Karan Puri – Chief Operating Officer |               |          |

| 1. Attendance at Meeting  |                                                    | PRESENT / ABSENT |
|---------------------------|----------------------------------------------------|------------------|
| Mr. Prashant Pati         | DGM Operations                                     | Present          |
| Dr. Shanthi Radhakrishnan | Medical Superintendent                             | Present          |
| Ms. Vidya Mani            | Quality                                            | Present          |
| Dr. Mahamood Suhail       | Radiation Physicist                                | Present          |
| Dr. Aishwarya             | Microbiology                                       | Present          |
| Mr. Padmanabhan           | ITD – In charge                                    | Present          |
| Mr. Vinod. K. P           | Safety Officer / Security – Chief Security Officer | Present          |
| Mr. Shiva                 | F&B -In charge                                     | Present          |
| Mr. Desigan               | Stores -In charge                                  | Present          |
| Mr. Vidyashankar          | Engineering - In charge                            | Present          |
| Mr. Alwyn                 | House Keeping -In charge                           | Present          |
| Ms. Susan Mathew          | Chief Nursing Officer & Patient Safety Officer     | Present          |
| Ms. Rajeshwari            | Infection Control- Nursing Officer                 | Present          |
| Ms. Poornima              | Bio Medical Engineer                               | Present          |
| Mr. Shankar               | Pharmacy-In charge                                 | Present          |
| Ms. Chitra                | Nursing Officer                                    | Present          |
| Ms. Rekha                 | Nursing Officer                                    | Present          |
| Mr. Amjad                 | Hazmat Co-ordinator                                | Present          |
| Mr. Magesh                | Nursing Officer                                    | Present          |

**2. Meeting Agenda**

1. Previous minutes of Safety Committee Meeting
2. FMS Indicators - Review
3. Review on Code Red Plan
4. Review all safety related incidents, data
5. Review EOC (Environment of Care) Rounds reports
6. Review AIRS data- Apollo Incident Report System
7. Major Equipment uptime details & laser safety
8. Biomedical waste generation data
9. Radiation Safety & Compliance data required
10. Vaccination matrix, staff vaccine status, medication error
11. Legal Compliance + Goal portal

### 3. Action items/ Decision Tracker:

| Key Issues /Appreciation Discussed                                                 | Root Cause Identified                                    | Agreed Action/ Decision                                                                                                                                    | Assigned To/ Responsibility                                                                 | Due Date         |
|------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------|
| Previous meeting minutes follow up should include responsibility & closure status. | Minutes from previous meeting were presented by Mr Vinod | Status of the action taken points presented.                                                                                                               | -                                                                                           | -                |
| FMS Indicators                                                                     | Committee Requirements                                   | Mr. Vidyashankar, In charge presented the FMS indicators to the Committee members for the period of Mar to May'24.                                         | -                                                                                           | -                |
| Review on Code Pink & Code Grey Drill Held                                         | Details presented by the Infection Control Team          | Discussed with the committee about the observations of the Code Grey and Code Pink .                                                                       | Respective stakeholders were informed of the observation post mock drill in the debriefing. | -                |
| Medication Error                                                                   | Patient Safety Issues                                    | It was observed that the prescription errors were found to be more. New joined RMOs were being sensitized by MS on the appropriate prescription practices. | Dr Shanthi                                                                                  | Immediate effect |

**Hospital name: Apollo Proton Cancer Centre, Taramani**

|                                                  |                                                       |                                                                                                                              |                                                                                                                                            |                                    |
|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Environment of Care rounds (EOC) report analysis | Pending points for closure was presented by Mr Vinod. | Updates on the EOC points were presented by the Engineering and Housekeeping team.                                           | Closure and updated report by the next month                                                                                               | June'24                            |
| Infection Control                                | NSI Vaccination status updated                        | Needle stick injury related action taken reports were presented by Ms Rajeswari.                                             | Details of RCA was presented. Briefing on Quality Improvement project related to Needle Stick Injury Prevention was presented.             | QIP to be completed for Quarter 1. |
|                                                  |                                                       | Ms Rajeswari highlighted on the non-availability of the Inj.Hepatitis B vaccine.                                             | The information from Serum Institute of India Pvt. Ltd. Was highlighted.                                                                   | NA                                 |
| E-waste                                          | Compliance report presented                           | -                                                                                                                            | -                                                                                                                                          | -                                  |
| AIRS (Apollo Incident Reporting System) data     | To know safety related data                           | Ms. Vidya Mani presented patient safety, facility safety & staff related incidents.                                          | Incidents closures pending and delay in closure highlighted. HODs were requested for timely closure of the incidents raised in the portal. | Immediate Effect                   |
| Laser Safety                                     | To provide safe environment in OT                     | Ms. Poornima new laser safety officer presented training conducted for OT staff and there was no adverse event due to laser. | No Non-compliance                                                                                                                          | -                                  |
| Bio-medical waste generation                     | Compliance                                            | Presented the details by Mr.Allwyn. Details of renewal of license for BMW authorization highlighted.                         | -                                                                                                                                          | -                                  |
| Radiation safety training                        | JCI requirement                                       | Radiation Safety training for the month of Jan, Feb were presented.                                                          | Mr. Suhail Presented the details.                                                                                                          | -                                  |

|                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |  |
|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| Laboratory Safety | Laboratory Safety | <p>Dr Sushma had raised few points:</p> <ul style="list-style-type: none"> <li>• Movement of many persons across the laboratory corridor was highlighted. Mr Prasshant Pati suggested that the access can be controlled by changing the access entry number and keeping the door closed. Engineering team to follow-up.</li> <li>• Request for two to three chairs for the waiting area outside the laboratory – appropriate location for placement of the same to be discussed, Housekeeping to follow-up.</li> <li>• The option of printing certain reports (Eg: electrophoresis and molecular genetics) at APCC to be looked into in order to avoid the movement of patients to other units to avoid any delays. IT Team to look into the same for access to printing the reports at our unit once it is ready.</li> </ul> | <p>MrVidyashankar</p> <p>MrAllwyn</p> <p>Mr Padmanabhan</p> |  |
|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|

| Other Discussion Points            |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |         |
|------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------|
| GJ Multiclave& Storm Laundry Visit | Outsourced Visit                                                             | Mr Allwyn informed that the GJ Multiclave Site Visit is completed and the Laundry visit is planned in the coming few weeks.                                                                                                                                                                                                                                                                    | Housekeeping, Infection Control & Quality             | July'24 |
| TLD Badges                         | Timely information and follow-up to Radiation Safety Team for TLD Provision. | Mr Suhail informed that the Newly Joined OT Nurse TLD Application Submission Pending, and requested follow-up from OT Team.                                                                                                                                                                                                                                                                    | Mr Samson, MsPandeewari to co-ordinate with Mr Suhail | June'24 |
| Statutory Compliance Update        | Update related to the following licenses was given in the committee          | <ul style="list-style-type: none"> <li>• TN Fire NOC – Applied</li> <li>• TNPCB Air &amp; Water Consent – Applied</li> <li>• Blood Storage Centre License – Applied</li> <li>• Corporation Registration Certificate – Renewal work in progress (expired on 4<sup>th</sup> Jan, 2024)</li> <li>• Clinical Establishment Act – Renewal work in progress (expiring in September, 2024)</li> </ul> | Follow-up by respective stakeholders                  | -       |

**General comments:**


KARAN PURI  
Chief Operating Officer  
Apollo Proton Cancer Centre

Signature of Chairperson

## MEETING MINUTES

|                             |                                          |               |          |
|-----------------------------|------------------------------------------|---------------|----------|
| <b>Committee Name:</b>      | Safety Committee Meeting                 |               |          |
| <b>Date of Meeting:</b>     | 12.09.2024                               | <b>Time:</b>  |          |
| <b>Location:</b>            | Tumour Board – 2 <sup>nd</sup> Floor     | <b>Start:</b> | 15:00Hrs |
| <b>Minutes Prepared By:</b> | Mr. Vinod–Safety Officer                 | <b>End:</b>   | 15:30Hrs |
| <b>Presided by:</b>         | Mr. Karan Puri – Chief Operating Officer |               |          |

| 1. Attendance at Meeting  |                                                    | PRESENT / ABSENT |
|---------------------------|----------------------------------------------------|------------------|
| Mr. Prashant Pati         | DGM Operations                                     | Present          |
| Dr. Shanthi Radhakrishnan | Medical Superintendent                             | Present          |
| Ms. Vidya Mani            | Quality                                            | Present          |
| Dr. Mahamood Suhail       | Radiation Physicist                                | Present          |
| Dr. Aishwarya             | Microbiology                                       | Present          |
| Mr. Padmanabhan           | ITD – In charge                                    | Present          |
| Mr. Vinod. K. P           | Safety Officer / Security – Chief Security Officer | Present          |
| Mr. Shiva                 | F&B -In charge                                     | Present          |
| Mr. Desigan               | Stores - In charge                                 | Present          |
| Mr. Vidyashankar          | Engineering - In charge                            | Present          |
| Mr. Alwyn                 | House Keeping - In charge                          | Present          |
| Ms. Susan Mathew          | Chief Nursing Officer & Patient Safety Officer     | Present          |
| Ms. Rajeshwari            | Infection Control- Nursing Officer                 | Present          |
| Ms. Poornima              | Bio Medical Engineer                               | Present          |
| Mr. Shankar               | Pharmacy- In charge                                | Present          |
| Ms. Chitra                | Nursing Officer                                    | Present          |
| Ms. Rekha                 | Nursing Officer                                    | Present          |
| Mr. Amjad                 | Hazmat Co-ordinator                                | Present          |

## 2. Meeting Agenda

1. Previous minutes of Safety Committee Meeting
2. FMS Indicators - Review
3. Review on Code Red Plan
4. Review all safety related incidents, data
5. Review EOC (Environment of Care) Rounds reports
6. Review AIRS data- Apollo Incident Report System
7. Major Equipment uptime details & laser safety
8. Biomedical waste generation data
9. Radiation Safety & Compliance data required
10. Vaccination matrix, staff vaccine status, medication error
11. Legal Compliance + Goal portal

## 3. Action items/ Decision Tracker:

| Key Issues /Appreciation Discussed                                                 | Root Cause Identified                                    | Agreed Action/ Decision                                                                                               | Assigned To/ Responsibility                                                                 | Due Date |
|------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------|
| Previous meeting minutes follow up should include responsibility & closure status. | Minutes from previous meeting were presented by Mr Vinod | Status of the action taken points presented.                                                                          | -                                                                                           | -        |
| FMS Indicators                                                                     | Committee Requirements                                   | Mr. Vidyashankar, In charge presented the FMS indicators to the Committee members for the period of Jun'24 to Aug'24. | -                                                                                           | -        |
| Review on Code Red Drill & Code Grey Drill was presented                           | Details presented by the Security Officer                | Discussed with the committee about the observations of the Code Grey and Code Red.                                    | Respective stakeholders were informed of the observation post mock drill in the debriefing. | -        |

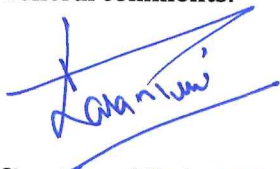
**Hospital name: Apollo Proton Cancer Centre, Taramani**

|                                                  |                                                           |                                                                                                                                                            |                                                                                                                                            |                  |
|--------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Medication Error                                 | Patient Safety Issues                                     | It was observed that the prescription errors were found to be more. New joined RMOs were being sensitized by MS on the appropriate prescription practices. | Dr Shanthi                                                                                                                                 | Immediate effect |
| Environment of Care rounds (EOC) report analysis | Pending points for closure was presented by Mr Saravanan. | Updates on the EOC points were presented by the Engineering and Housekeeping team.                                                                         | Classroom updated report by the next month                                                                                                 | 2024             |
| Infection Control                                | NSI Vaccination status updated                            | Needle stick injury related action taken reports were presented by Ms Rajeswari.                                                                           | HK staff training details was presented. Continuous sessions on the training for the same was insisted.                                    | Ongoing          |
| E-waste                                          | Compliance report presented                               | -                                                                                                                                                          | -                                                                                                                                          | -                |
| AIRS (Apollo Incident Reporting System) data     | To know safety related data                               | Ms. Vidya Mani presented patient safety, facility safety & staff related incidents.                                                                        | Incidents closures pending and delay in closure highlighted. HODs were requested for timely closure of the incidents raised in the portal. | Immediate Effect |
| Laser Safety                                     | To provide safe environment in OT                         | Ms. Poornima new laser safety officer presented training conducted for OT staff and there was no adverse event due to laser.                               | No Non-compliance                                                                                                                          | -                |
| Bio-medical waste generation                     | Compliance                                                | Presented the details by Mr. Allwyn. Details of renewal of license for BMW authorization highlighted.                                                      | The license was expected to be received by end of September, 2024.                                                                         | -                |
| Radiation safety training                        | JCI requirement                                           | Radiation Safety training for the month of Jun - Aug were presented.                                                                                       | Mr. Suhail Presented the details.                                                                                                          | -                |

|                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |  |
|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|
| Laboratory Safety | Laboratory Safety | <p>Dr Sushma had raised few points:</p> <ul style="list-style-type: none"> <li>• Movement of many persons across the laboratory corridor was highlighted. Mr Prasshant Pati suggested that the access can be controlled by changing the access entry number and keeping the door closed. Engineering team to follow-up.</li> <li>• Request for two to three chairs for the waiting area outside the laboratory – appropriate location for placement of the same to be discussed, Housekeeping to follow-up.</li> <li>• The option of printing certain reports (Eg: electrophoresis and molecular genetics) at APCC to be looked into in order to avoid the movement of patients to other units to avoid any delays. IT Team to look into the same for access to printing the reports at our unit once it is ready.</li> </ul> | <p>closure, engineering to follow-up on the</p> <p>On hold</p> <p>Mr</p> |  |
|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|

| Other Discussion Points             |                                                                              |                                                                                                                                                                     |                                           |        |
|-------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------|
| GJ Multiclave & Storm Laundry Visit | Outsourced Visit                                                             | Completed in the month of August.                                                                                                                                   | Housekeeping. Infection Control & Quality | NA     |
| TLD Badges                          | Timely information and follow-up to Radiation Safety Team for TLD Provision. | The badges are now being returned on time.                                                                                                                          | NA                                        | NA     |
| Statutory Compliance Update         | Update related to the following licenses was given in the committee          | <ul style="list-style-type: none"> <li>Clinical Establishment Act – Renewal submitted (expiring in September, 2024)</li> <li>BMW – updated license to be</li> </ul> | Follow-up by stakeholders                 | Oct'24 |

General comments:



Signature of Chairperson  
Chief Operating Officer  
Apollo Proton Cancer Centre