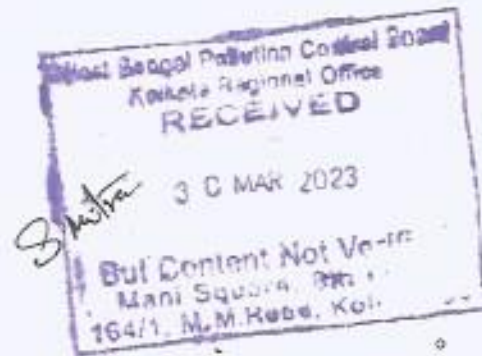




Fortis Medical Centre
2/7, Sarat Bose Road,
Kolkata - 700 020, West Bengal, I
Tel : +91 33 2475 4096 /
6620 2000
Fax : +91 33 2474 9237
E-mail : fmc@fortishealthcare.r
website : www.fortishealthcare.c

30th March, 2023

Sr.
The Environmental Engineer
West Bengal Pollution Control Board
Kolkata Regional Office
Mani Square 8th floor
164/1 M M Road, Kolkata-64



Dear Sir/Madam

Subject: Submission of Form- IV

Please find enclose the "Annual Report" of Bio-Medical Waste generated and disposed of from Fortis Medical Centre at 2/7, Sarat Bose Road, Kolkata-700029 for the year 2022as per the format specified by your Office.


Thanking You

For Fortis Hospitals Ltd, Kolkata


SUBHENDU PRAKASH
Facility Director


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	: FORTIS MEDICAL CENTRE
	(i) Name of the authorised person (occupier or operator of facility)	: MR. SUBHENDU PRAKASH
	(ii) Name of HCF or CBMWTF	: FORTIS MEDICAL CENTRE
	(iii) Address for Correspondence	: FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD, KOLKATA-700020, INDIA
	(iv) Address of Facility	: FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD, KOLKATA-700020, INDIA
	(v) Tel. No, Fax. No	: +91 33 24754096/4320,6620200
	(vi) E-mail ID	: fmc@fortishealthcare.com
	(vii) URL of Website	: http://www.fortishealthcare.com/india/hospitals-in-west-bengal/fortis-hospital-kidney-institute-kolkata/bmw
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	: Corporate
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: D0010504 valid up to 31.07.2027
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: 31.07.2027

	Type of Health Care Facility	:	Day Care Centre
	(i) Bedded Hospital	:	No. of Beds:10
	(ii) Non-bedded hospital (Clinic or Blood Bank or Research Institute or other) Clinical Laboratory or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		CE License No:34229167 Validity 21.06.2024
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 17 Kg Red Category :56.45 kg White: 3.12 kg Blue Category : 2.91kg General Solid waste: NA
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision) NA

disposal facilities	Type of treatment Equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or Destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: 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.)	NA		
(iv) No of vehicles used for collection and transportation of biomedical waste	NA			
(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	Where disposed	
vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Medicare Environmental Management (P) Ltd HMC Dumping site Belgachia F-Road Howrah-107			
(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	3(Attached)			
(i) Number of trainings conducted on BMW Management.				
(ii) number of personnel trained	8			
(iii) number of personnel trained at the time of induction	1			
(iv) number of personnel not undergone any training so far	NIL			
(v) whether standard manual for				

	training is available?	YES
	(vi) any other information)	NO
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
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?	NA
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-1ST Jan,2022 -31ST Dec 2022

.....

Subendu Prasad
 Name and Signature of the Head of the Institution

Date: 30/3/2023
 Place-Kolkata



Name : *SUVAJIT HAZARI*

Address (Permanent) : *VILL - BARANMATE, P.O - GHOSER POLE,
P.S - RADEGHEE, DIST - SOUTH 24 PAS,
STATE - WEST BENGAL, PIN-NO - 748354.*

Date of birth : *26-05-2004*

Department : *Housekeeping*

Date of Joining : *11-07-2022*

Blood Group : *B+*

Nationality : *INDIAN.*

Suvajit Hazari
Employee Sing

Pampa Dm
Dept. (Fortis Rep) Sing.

Induction Training Schedule

SL No	Subject	Induction date	Attendant Sing.
1	Induction about hospital and basic cleaning procedure	11-07-2022	Suvajit Hazari
2	Knowledge of different types of Biomedical Waste, their segregation.	11-07-2022	Suvajit Hazari
3	Training for personal behaviour & ethics	11-07-2022	Suvajit Hazari
4	How we protect ourself from needle prick & how to prevent NSI	12-07-2022	Suvajit Hazari
5	Housekeeping operatives Hygiene / Grooming standards and body language	12-07-2022	Suvajit Hazari
6	Importance of Hand wash & it techniques	13-07-2022	Suvajit Hazari
7	Responsibilities on Floors - daily terminal cleaning procedure.	13-07-2022	Suvajit Hazari

MINUTES OF MEETING OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospital and Kidney Institute (FHKI), Kolkata-

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

1. Date & Time: 24th February, 2022 at 3 pm
2. Total no. of Members in the committee: 16
3. Number of members attended (attach attendance sheet): 14
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: None.
6. Agenda circulated prior to meeting (Yes/No): Yes
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes
8. Details of action items open from previous meeting: ETO equipment repair
9. Details of action items open from previous two meetings: AMS WG meeting
10. Summary of discussion on Reports / documents of all essential Agenda items presented: Infection Control Data including MOS, CESC & trend analysis of HAIs, NSI data, AMS compliance data, training reports, audit summary, surveillance C/S reports and vaccination updates were presented.
11. Timelines & responsibilities:

Action Item	Responsibility	Expected Closure Date	Inter dependencies
A meeting of the AMS-WG could not be conducted because COVID19-related isolation of few key members. The same will be conducted in February.	Medical Head ICO AMS WG	28.02.2022	All concerned
ETO equipment repair is pending because issues with OneFortis. It will be completed in February.	Biomedical Infection control	28.02.2022	Admin
AMS actionable: AMS including presurgical prophylaxis data and DRI 2020 data were presented and discussed. Following are the ways forward:	ICO AMS WG	31 st May, 2022	All concerned

<p>DRI data will be discussed again in AMS WG meeting and a session for nurses will also be arranged to emphasize their role in AMS program. Need to improve timing and duration of pre-surgical antibiotic prophylaxis. To increase awareness so that cultures are sent more in all those cases of therapeutic antibiotic uses (currently ~ 20%).</p>			
<p>Effluent testing from STP was last done on 17.01.2021 and the frequency is once yearly. The Maintenance team will complete this by end of January (if not done) and inform infection control once complete.</p>	<p>Admin Maintenance</p>	<p>31.01.2022</p>	<p>--</p>

12. Signature of Chairman and Convener:

Neelakshana Plishy



MINUTES OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE MEETING

NAME OF UNIT: FHKI

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

- Date & Time: 15.07.2021 at 3.30 pm onwards
- Total no. of Members in the committee: 16
- Total Attendance: 15
- Chairman, Convener & Mandatory Members present (Yes/No): Yes
- Details of essential members who neither attended nor sent a representative: 0
- Agenda circulated prior to meeting (Yes/No): Yes
- Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes

Action Items	Responsibility	Expected Closure Date	Inter dependency
Quick review of the Minutes of the last infection control Committee meeting held on 11.06.2021. Committee reviewed previous minutes of the meeting. All the points were closed.	All concerned	Closed	All concerned
Infection Control Data including MOS, CESC & trend analysis of HAIs, NSI, BMW and Hand hygiene audit were tabled: No HAIs were reported in the month of June, 2021. SSI data collection to be revamped as planned previously which is yet to be fully in place. It was decided to have a training session involving nursing in-charges and supervisors on IPC policies and preventive bundle care approach.	IPC team Nursing Quality	31 st August, 2021.	All concerned
OT/CSSD updates: Specific biological indicator for ETO machine and Class to chemical indicators (Bowie dick test) to test efficacy of steam penetration and air removal during pre-vacuum cycle of autoclaving. OT needs separate hand washing and equipment washing areas. The teams to find out a solution.	Purchase team Admin IPC team	-31 st August, 2021. -31 st October, 2021.	All concerned
<ul style="list-style-type: none"> - Key update from HMC- discussed. - BMW License, Vendor Agreement validity & regulatory reports- all documents up-to-date; - Infection Control & BMW Trainings- in-service and monthly training conducted. - Surveillance culture reports- presented by ICN and discussed. Correctives action taken against aquaguard water report were shared. 	All concerned	31 st August, 2021	All concerned

<ul style="list-style-type: none"> - Training to be given on proper method of surveillance sample collection and frequencies. - Vaccination Record update- presented by ICN and discussed; 100% staffs requiring vaccination up-to-date. 	-		
<p>AMS updates shared and updated antibiogram was explained with possible choices of antibiotics for empiric usage. Henceforth Antibiogram will be shared 6 monthly.</p> <p>Need to improve presurgical antibiotic usage data collection with increased sample size and better randomization.</p> <p>A meeting to be arranged with senior clinicians to increase awareness on different AMS policies.</p>	MS ICO Quality, ICN & AMS Nurse	31 st August, 2021.	All concerned.

Minutes prepared by: Sr. Nireekshana Elisha- Infection Control Nurse. *Nireekshana Elisha*

Approved by: Dr. Arindam Chakraborty- Microbiologist and Infection Control Officer.



MINUTES OF MEETING OF HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE

NAME OF UNIT: Fortis Hospital and Kidney Institute (FHKI), Kolkata

NAME OF COMMITTEE: Hospital Infection Prevention and Control Committee

1. Date & Time: 17th August, 2022 at 3 pm
2. Total no. of Members in the committee: 16
3. Number of members attended (attach attendance sheet): --
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: --
6. Agenda circulated prior to meeting (Yes/No): Yes
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No): Yes
8. Details of action items open from previous meeting: None.
9. Details of action items open from previous two meetings: None.
10. Summary of discussion on Reports / documents of all essential Agenda items presented: Infection Control Data including MOS, CESC & trend analysis of HAIs, NSI data, AMS compliance data, training reports, audit summary, surveillance C/S reports and vaccination updates were presented.
11. Timelines & responsibilities:

Action Item	Responsibility	Expected Closure Date	Inter dependencies
AMS update: as per the presurgical prophylaxis data, BLI antibiotics were used in nearly 58% of cases and the use of Cefuroxime came down to <30%. As Cefuroxime remains the choice of prophylactic agent for urological procedure, it was requested so that culture-sensitivity testing is used more often in those patients not on cefuroxime. As per July data, culture-sensitivity was done in < 50% of patients receiving pre-op antibiotics. The same will be raised in the upcoming HMC meeting for discussion.	AMS WG Infection control team Nursing admin OT Manager	Continued compliance	All concerned

