

8th June, 2020

The Environmental Engineer
West Bengal Pollution Control Board
Camac Street Regional Office
Minority Bhgaban, 5th Floor
Biplabi Kanai Lal Bhattacharya Sarani
Alipore; Kolkata-700027

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 2019 as per the format specified by your Office.

Thanking You

For Fortis Hospitals Ltd, Kolkata





Gurvinder Singh
Facility Director



(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 GURVINDER SINGH |
| | (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 | :  (Attached) |
| | (ix) Ownership of HCF or CBMWTF | : Corporate (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.: 51/1/Authorisation/39/2002 valid up to 31.07.2022 |
| | (xi). Status of Consents under Water Act and Air Act | : Valid up to: 31.07.2022 |

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| | | | |
|----|--|---|---------------------------------|
| 2. | Type of Health Care Facility | : | Day Care Centre |
| | (i) Bedded Hospital | : | No. of Beds:10 |
| | (ii) Non-bedded hospital | : | NA |
| | (Clinic or Blood Bank or Research Institute or other) Clinical Laboratory or Veterinary Hospital or any | : | NA |
| | (iii) License number and its date of expiry | : | 34215491 Validity:21.06.2021 |

| | | | |
|----|---|---|---------------|
| 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: | : | NA Kg per day |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA Kg/day |

| | | | |
|----|--|---|--|
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 10.91kg (Per month) |
| | | : | Red Category : 44.46kg (Per month) |
| | | : | White: :3.63kg (Per month) |
| | | : | Blue Category : 3.78 kg (Per month) |
| | | : | General Solid waste: NA |

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|---|---|---|--|
| 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) |

| | | | | |
|---------------------|-----------------------------|-------------|-----------------|----------------------------------|
| disposal facilities | Type of treatment Equipment | No of units | Capacity Kg/day | Quantity treatedo disposed in kg |
| | | | | |

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|---|---|---|--|
| | | microwave Hydroclave Shredder Needle tip cutter or Destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment: | -NA |
| | (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 | | 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 | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes (Attached) |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | (A ttached) |
| | (ii) number of personnel trained | | 08 |
| | (iii) number of personnel trained at the time of induction | | 01 |
| | (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 |

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| | | |
|----|---|---|
| | (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

Jan' 2019 to Dec' 2019

Name and Signature of the Head of the Institution

Date: 8/06/2020
Place: KOLKATA



Pampa Das


MINUTES OF THE MEETING

NAME OF THE UNIT:FHKI

NAME OF THE COMMITTEE: Infection Control Committee

1- DATE&TIME: 26.03.19 at 5.00pm

2-Total Number of Members in the Committee-17

3-Number of members attended(Attach Attendent sheet)-9

4-Details of essential members who neither attended nor sent a representative-(Sent the representatives)

5. Chairman, convener & Mandatory Members present (Yes/No):yes

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

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes, engineering issues, OT zoning etc

9-Details of action items open from previous two meetings:

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes, engineering issues, OT zoning etc

10- Summary of discussion on Reports / documents of all essential Agenda items present

Review of the Minutes of the last Infection Control Committee Meeting held on 19.12.2018.

Debriefing on Team Kolkata's participation at the PANFORIC 2019.

Discussion on B.M.W audit findings for the month of Feb-2019.

Discussion regarding hand hygiene compliance.

Infection control issues in the OT area

Engineering issues in the KT room.

Presentat' on of updated FHKI Antibigram and planning of CME on AMS policies for clinicians.

Other issues.

| Action Item | Responsibility | Expected Closure Date | Inter-dependencies |
|--|----------------|-----------------------|---------------------------|
| <p>1-Review of previous HIC meeting's MOM:-</p> <p>-Status of NABH observations received,all closed, already sent &accepted by the auditor.</p> <p>-Cleaning of endoscopes with gun spray is on the way to implement.</p> <p>-Discussion on the BMW audit for the month of Nov 2018 points closed on the spot.</p> <p>-Infection Control issues in the F&B dept- food handlers are wearing clean uniforms,along with proper attire.finger swabs are showing no growth.</p> <p>-Discussion on aquagard water cultures from boys & girls hostels,after changing of filters,&proper collection of samples showing no growth.</p> <p>-Infection control in the ICU-Plan in the implementation of 3M door mats,instead of Shoe covers.</p> | HIPACC | CLOSED | Medical&Non medical Admin |

| | | | |
|--|----------------------|---------------|-------------------------------|
| <p><u>2-Debriefing on Team Kolkata's participation At the Panforic 2019.</u></p> <ul style="list-style-type: none"> -Presentation on AMS,by Ananda pur team,keeping bench mark -85% in filling up the restricted antibiotic forms.given new aspiraton to other hospitals . -Erly detection&early treatment for the cases of H1N1 &other viral infections. -Using branded products,for keeping the hospital healthy. -Maintaining proper communication skills, For preventing the major happenings in the hospitals. -Flue vaccination should be mandatory.for all the health care workers. | <p>Team Panforic</p> | <p>Closed</p> | <p>Infection Control team</p> |
| <p><u>3-Discussions on B.M.W audit findings for the month of FEB-2019.</u></p> <ul style="list-style-type: none"> -Found red colour code bag more than ¾ full | | | |

| | | | |
|---|---------------------------|---|-----------------------------------|
| <p>code bag more than ¾ full in 1st floor -paper found in blue mark container in the dialysis unit. -Syringe found in blue marked container in the ICU unit. -Found mask in red bin,in the 4th floor The above followed B.M.W observations are been rectified &corrected on the spot.</p> | House keeping manager | Action already taken on the spot | ICN |
| <p><u>4.Discussions regarding hand hygiene compliance.</u> -Set goal of hand hygiene 90% is not possible In the practical field,but try to reach the goal by doing hand hygiene practices genuinely at least 80%.</p> | ICN | Action already taken on the spot | Team Quality HIPAAC |
| <p><u>5-Infection control Issues in the OT area.</u> Cleaning of endoscopes with the spray gun. Material is arrived,due to space constriction, decided to place the spray gun beside the wash basin. It is under implementation.</p> | Biomedical Engineer | The point will be Closed on Mar-5th | OT manager & Maintenance engineer |
| <p><u>6-Engineering issues in the KT room.</u> -KT room needs locking system,it is been rectified, and point is been closed with immediate effect.</p> | Maintenance Engineer | Closed with immediate effect | Non medical admin |
| <p><u>7-Presentation of updated FHKI Antibiogram and planning of CME on AMS policies for clinicians.</u> -Antibiogram is been presented by Dr.Arindam Chakraborty infection control officer,saying that ,anticipatory action to be taken in missusage of restricted antibiotics to prevent the further consequences. -Planning of put up CME meeting with all the</p> | Infection control officer | Under implementation Closing date-Mar-15th | HIPACC |

| | | | |
|------------|--|--|--|
| clinicians | | | |
|------------|--|--|--|

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Signature of Chairman and Convener




MINUTES OF THE MEETING

NAME OF THE UNIT: FHKI

NAME OF THE COMMITTEE: Infection Control Committee

1- DATE&TIME: 26.06.19 at 5.00pm

2-Total Number of Members in the Committee-18

3-Number of members attended(Attach Attendent sheet)-12

4-Details of essential members who neither attended nor sent a representative-(Sent the representatives)

5. Chairman, convener & Mandatory Members present (Yes/No):yes

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

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes (Ultra sonic cleaner)

- Planning of CME on AMS policies for clinicians.

9-Details of action items open from previous two meetings:

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes(Ultra sonic cleaner)

-Planning of CME on AMS policies for clinicians.

10- Summary of discussion on Reports / documents of all essential Agenda items present

1-Review of Minutes of the last Infection Control Committee Meeting held on 26.03.2019.

2-Discussion on B.M.W audit findings for the month of May-2019.

3-Infection control issues in the OT and CSSD- an update.

4-In view of frequent reactions, discussion on use of some alternate products in place of Betadine for wound care.

5-Presentation of updated FHKI Antibigram and planning of CME on AMS policies for clinicians.

6-Other issues- hamper bag for HDU, door stoppers in OT area, attire of food handlers, cleaning of drinking water bottles, using of 3-M mats for the ICU unit.

| Action Item | Responsibility | Expected Closure Date | Inter-dependencies |
|---|--|-----------------------|----------------------------------|
| 1. Review of previous HIPACC meeting's MOM:- Quick review of the Minutes of the last Infection Control Committee Meeting held on 26.032019. | Infection control team, Team quality Maintenance | All Closed | - |
| 2. Discussions on B.M.W audit findings for the month of MAY-2019.- -Found chest leads in the yellow colour bag, in the 1st floor. -Paper found in the yellow colour code bag, in 2 nd floor. -Lancet needle found in the yellow colour code bag in the dialysis unit. -Plastic found in the blue marked container in 4 th floor. -EDTA vial & pipette found in the yellow colour code bag, in pathology dept. -Plastic cover found in yellow colour code bag in HDU. In view of the above findings, frequent training of staffs in different locations, on BMW management planned. | Infection control team, Team quality | Closed | House keeping team |
| 3. Infection control issues in the OT and CSSD- an update Spray gun already installed and functioning in the OT. Procurement of Ultrasonic cleaner is under process. | Biomedical Engineer | Ongoing | Medical & Non Medical admin |
| 4. In view of frequent reactions, discussion on use of some | HIPACC | Ongoing | Clinical teams, Team quality, |

| | | | |
|--|--|-------------------------------|---|
| <u>alternate products in place of Betadine for wound care:-</u> Some alternate products in place of Betadine to be considered for wound care. | | | Purchase, Nursing. |
| <u>5. Presentation of updated FHKI Antibigram and planning of CME on AMS policies for clinicians:-</u> Updated Antibigram for the period: January 2019 to April 2019 was presented. Frequent CME on AMS policies involving clinicians was planned. | Infection control officer | Ongoing | Medical Admin |
| <u>6. Other issues-</u> <u>A-Extra Hamper bags for HDU:-</u> Due to space constraint frequency of clearing the bags was decided rather than having extra bags. <u>B-Attire of food handlers:-</u> Infection control team to have monthly rounds and report to the Non-Medical admin in case of any irregularities. <u>C-Cleaning of water bottles:-</u> Committee decided weekly cleaning of water bottles with detergents, random samples to be taken by the Infection control team. | House keeping Infection control team House keeping | Ongoing Ongoing Ongoing | - Non medical admin Non medical admin |

Minutes prepared By: Sr. Nireekshana Elisha- Infection Prevention & Control Nurse.

Approved By: Dr. Arindam Chakraborty- Microbiologist and Officer- Infection Prevention & Control.

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Nireekshana Elisha

MINUTES OF THE MEETING

NAME OF THE UNIT:FHKI

NAME OF THE COMMITTEE: Infection Control Committee

1- DATE&TIME: 30.09.19 at 5.00pm

2-Total Number of Members in the Committee-18

3-Number of members attended(Attach Attendent sheet)-12

4-Details of essential members who neither attended nor sent a representative-(Sent the representatives)

5. Chairman, convener & Mandatory Members present (Yes/No):yes

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:

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes(Ultra sonic cleaner)

-Planning of CME on AMS policies for clinicians.

10- Summary of discussion on Reports / documents of all essential Agenda items present

1. Quick review of the minutes from last HIPACC meeting held on-26.06.19.
2. Infection control issues in the OT and CSSD, equipment reprocessing- updates.
3. Presentation of updated FHKI Antibiogram and planning of CME on AMS policies for clinicians
4. Designing of agendas&forming committee members Chair persons, &designing of organogram as per the SOP.
5. Discussions on B.M.W audit findings for the month of August-2019
6. Management of respiratory secretion patients on Mechanical Ventilation.

| Action Item | Responsibility | Expected Closure Date | Inter-dependencies |
|--|---|--------------------------------|---------------------------------------|
| 1.Review of previous HIC meeting's MOM Quick review of the Minutes of the last infection control Committee meeting held on 26.06.19 | Infection control team, Team quality & Maintenance, Procurement | All closed | Infection control team |
| 2. Infection control issues in the OT and CSSD, equipment reprocessing- updates. The surge in post-op infections reduced following the changes made in the process. HIPACC recommended the use of Peracetic acid containing disinfectants for all purposes and OPA containing disinfectants where it is applicable. Test strips for both to be procured and used regularly. Planned to conduct training sessions on equipment reprocessing by the respective vendors/companies. | Biomedical dept. Procurement dept. | 31 st October, 2019 | Infection control Team, Medical Admin |

| | | | |
|---|-----------------------------|---------------------------------|----------------------------------|
| <p>3. Presentation of updated FHKI Antibigram and planning of CME on AMS policies for clinicians. Updated Antibigram presented and discussed about the various options for empirical antimicrobial therapy in different clinical scenario. The antibiogram shall be placed in all nursing stations and OPD rooms for ready reference.</p> | All | 31 st October, 2019 | |
| <p>4) Designing of agenda & forming new committee members ,Chair persons, designing of organogram as per the SOP:</p> <p>The HIPACC shall be re-organized and meetings to be conducted following updated committee SOP.</p> <p>The next HIPACC meeting has been planned on 1st November, 2019.</p> | ICO | 1 st November , 2019 | Quality & Infection control team |
| <p>5. Discussions on B.M.W audit findings for the month of August-2019-</p> <p>All findings were discussed in details.</p> | House keeping manager & ICN | Implemented on the spot | HIPACC & Head Admin |
| <p>6. Management of respiratory secretion patients on Mechanical Ventilation:-</p> <p>Microbiological cultures to be send in all cases of suspected respiratory infections in ventilated patients to aid in clinical and epidemiological diagnosis and management of all such cases. VAE bundle to be followed as preventive measure.</p> | HIPACC Clinical teams | Ongoing | Medical Admin, Nursing. |

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MOM prepared by ICN, Sr. Nireekshana Elisha

Approved by ICO and Convener, Dr Arindam Chakraborty




MINUTES OF THE MEETING

NAME OF THE UNIT: FHKI

NAME OF THE COMMITTEE: Infection Control Committee

1- DATE&TIME: 28.11.19 at 3.00pm

2-Total Number of Members in the Committee-17

3-Number of members attended(Attach Attendent sheet)-12

4-Details of essential members who neither attended nor sent a representative-(Sent the representatives)

5. Chairman, convener & Mandatory Members present (Yes/No):yes

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

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes(Ultra sonic cleaner)
- Planning of CME on AMS policies for clinicians.

9-Details of action items open from previous two meetings:

-Infection control issues in the OT and CSSD- cleaning protocol of endoscopes(Ultra sonic cleaner)
-Planning of CME on AMS policies for clinicians.

10- Summary of discussion on Reports / documents of all essential Agenda items present

1. Quick review of the minutes from last HIPACC meeting held on-30.09.19.

2. Designing of agenda & forming new committee members, chairpersons, designing of organogram as per the SOP

3. The HIPACC shall be re-organized & meetings to be conducted following updated committee sop.

4. Discussions on B.M.W audit findings for the month of oct-2019

5. Planning of CME on AMS policies for clinicians.

6. Girl's hostel aquagaurd water culture grew Ecoli

7. Infection control issues in the OT and CSSD- cleaning protocol of endoscopes

| Action Item | Responsibility | Expected Closure Date | Inter-dependencies |
|--|--|-----------------------|--------------------|
| 1. Review of previous HIC meeting's MOM: Quick review of the Minutes of the last infection control Committee meeting held on 30.09.19 | Infection control team, Team quality & maintenance | All points closed | -- |
| 2. Reorganizing the HIPACC as per the updated committees' format: Dr. Pulak Mukherjee(Intensivist) was selected as the Chairperson. It was decided that Dr. Debasish Roy(clinician) and Dr. Pushkar Bhayam Chowdhury(surgeon) will be requested to be part of HIPACC. Ms. Prianjalee Basu replaced Dr. Nivedita as a Quality head. The complete and updated committee structure will be confirmed and shared during the next HIPACC meeting in the month of January 2020. | Infection control team, Medical Admin | Closed | -- |

| | | | |
|--|-------------------------------|--------------------|--|
| <p>3. AMS updates: Committee decided ways to implement the AMS policies. Restricted Antibiotic justification forms to be attached in all patient files and medicine cards to improve compliance. The same to be implemented beyond the ICUs. Dates of next CME/workshop planned. Will be shared subsequently.</p> | HIPACC, Medical Admin | 31.12.2019 | -- |
| <p>4. Discussions on B.M.W audit findings for the month of Oct-2019- Findings discussed and closures looked into.</p> | House keeping manager, ICN | Closed on the spot | Quality, Medical and Non-Medical Admin |
| <p>5. Girls hostel aquagaurd water culture shows E.coli:- Girls hostel aquagaurd 1,2,3 filter has been changed Subsequent cultures were sterile. The exercise was repeated in case of Boy's hostel too.</p> | Infection control team | Closed | -- |
| <p>6. Infection control issues in the OT and CSSD- cleaning protocol of endoscopes- It was decided that apart from an OPA solution, a Peracetic acid containing disinfectant solution also to be procured for all such equipment. The providers to be selected as per recommendations of PTC/CPTC meetings.</p> | Infection control team | 31.12.19 | PTC Hospital Admin Team purchase |

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Signature of Chairman and Convener

N. Sankar



Name: Suruchi Halder

Address (Permanent):

vill - Sultanpur (Pachimpura)
PO - Krishnagar Dist - South 24 Parganas
PS - Mondirbazar Pin - 743345

Date of birth: 15/06/1992

Department: Housekeeping

Date of Joining: 10/01/2019

Blood Group: O⁺

Nationality: Indian

Suruchi Halder

Employee Sing

Pankaj Dm.
Dept. (Fortis Rep) Sing.





Induction Training Schedule

| SL No | Subject | Induction date | Attendant Sing. |
|-------|--|----------------|-----------------|
| 1 | Induction about hospital and basic cleaning procedure | 11/01/19 | Suruchi Halder |
| 2 | Knowledge of different types of Biomedical Waste, their segregation. | 11/01/19 | Suruchi Halder |
| 3 | Training for personal behaviour & ethics | 12/01/19 | Suruchi Halder |
| 4 | How we protect ourself from needle prick & how to prevent NSI | 12/01/19 | Suruchi Halder |
| 5 | Housekeeping operatives Hygiene / Grooming standards and body language | 13/01/19 | Suruchi Halder |
| 6 | Importance of Hand wash & it techniques | 13/01/19 | Suruchi Halder |
| 7 | Responsibilities on Floors - daily terminal cleaning procedure. | 14/01/19 | Suruchi Halder |

