

April 03, 2018

To,
The Sr. Environmental Engineer,
West Bengal Pollution Control Board,
KIT Building, 247 Deshpriya Sasmal Road,
Tollygunge,
Kolkata – 700033

Subject: Annual report of BMW generation – Period 01.01.2017 – 31.12.2017

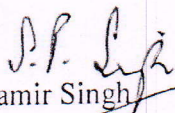
Dear Sir

This is in reference to the Bio Medical Waste generation report submission for the period 01.01.2017 – 31.12.2017.

Please find attached the following information:

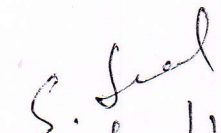
- Form IV (duly filled, stamped & signed)
- Vehicle details of Medicare Environmental Management Pvt. Ltd. deployed for collection of BMW from the hospital & transportation to the disposal site
- Minutes of the Meeting – Infection Control Committee
- Annual Report

Thanking you


Samir Singh

Zonal Director




05/04/18
RECEIVED
CONTENTS NOT VERIFIED
W.B. Pollution Control Board
Office of the Sr. Env. Engineer



**From -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

Sl.No	Particulars	
1	Particulars of the Occupier	: Fortis Hospitals Limited
	(i) Name of the authorized person (occupier or operator of facility)	: Mr. Samir Singh, Zonal Director
	(ii) Name of HCF or CBMWTF	: Fortis Hospitals Limited
	(iii) Address for Correspondence	: 730, Anandapur, EM Bypass Road, Kolkata - 700107
	(iv) Address of Facility	: 730, Anandapur, EM Bypass Road, Kolkata - 700107
	(v) Tel. No.	: +91 33 2268 4444
	Fax. No.	: +91 33 2268 4242
	(vi) E-mail ID	: enquiries@fortishealthcare.com
	(vii) URL of Website	: www.fortishealthcare.com
	(viii) GPS coordinates of HCF of CBMWTF	Latitude: 22.5124826
		Longitude: 88.40198050000004
	(ix) Ownership of HCF of CBMWTF	: Private Hospital
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	: Authorization No. 129-SEE-CAMAC-WBPCB-BM-12-2010, V
	(v) Status of Consents under Water Act and Air Act.	: Valid up to: 30.09.2021
2	Type of Health Care Facility	: Hospital
	(i) Bedded Hospital	: No. of Beds 200
	(ii) Non-Bedded Hospital	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: NA
	(iii) License number and its date of expiry.	: 34211046 (VUT), Date of Expiry 04.01.2021
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
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	: NA
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow category: 42,764 kgs. / annum; Monthly Average: 3,563.67 kgs.
		Red Category: 82,455 kgs. / annum; Monthly Average: 6,871.25 kgs.
		White: 7,691 kgs. / annum, Monthly Average: 640.92 kgs.
		Blue Category: 3,007 kgs. / annum, Monthly Average: 250.58 kgs.
		General Solid waste: Food Waste: 16,704 kgs. / Annum; Monthly Average: 44.90 kgs., Other
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	: Size : 6' x 6' x 9' (2 Rooms) Capacity: 800 kgs. + Provision of on-site storage : (cold storage or any other provision) NO

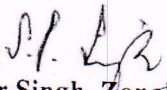


		Type of Treatment Equipment	No. of Units	Capacity kg / day	Quantity Treated or Disposed in kg / annum
	(ii) Disposal Facilities	Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or ---- concrete pit Deep Burial pits: Chemical disinfection: ---- 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.) - NA			
	(iv) No of vehicles used for collection and transportation of biomedical waste.	: List Attached - (Annex. I)			
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated	Where disposed	NA
		Incineration			
		Ash			
		ETP Sludge			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: Medicare Environmental Services Pvt. Ltd.			
	(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. Minutes of the Meeting Attached (Annex II a,b,c,d)			
7	Detail trainings conducted on BMW				
	(i) Number of training conducted on BMW Management.	660 Minutes			
	(ii) Number of personnel trained	206			
	(iii) Number of personnel trained at the time of induction	All			
	(iv) Number of personnel not undergone any training so far.	None			
	(v) Whether standard manual for training is available ?	Yes			
	(vi) Any other information	Trainings imparted periodically by Medicare Environmental Services Pvt. Ltd.			
8	Details of the accident occurred during the year				
	(i) Number of Accidents occurred	None			
	(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			



	Liquid waste generated and treatment methods in place.	Hospital Waste Water; Sewage Treatment Plant
	How many times you have not met the standards in a year.	Always met
11	If the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Meeting Log 4 standards. Always met the standards
12	Any other relevant information	(Air Pollution Control Device attached with the incinerator.) - None

Certified that the above report is for the period from 01.01.2017 to 31.12.2017


Mr. Samir Singh, Zonal Director

.....
Name and Signature of the Head of the Institution



Date: 03.04.2018

Place: Kolkata

DATE: 01/11/2017

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT THE FOLLOWING VEHICLES OF MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD., ARE DEPLOYED FOR COLLECTION OF BIO MEDICAL WASTE FROM OUR REGISTERED HCF'S IN THE AREA OF SOUTH 24 PARGANA, HOWRAH & KOLKATA.

SL.NO.	VEHICLE TYPE	REGISTRATION NO.	SL.NO.	VEHICLE TYPE	REGISTRATION NO.
1	TATA ACE	WB 11D 1894	15	TATA ACE	WB 11C 4732
2	TATA ACE	WB 19D 5049	16	TATA ACE	WB 11C 4734
3	TATA ACE	WB 19D 5326	17	TATA ACE	WB 11C 7555
4	TATA ACE	WB 11D 1903	18	TATA ACE	WB 11C 7702
5	TATA ACE	WB 19D 7210	19	TATA 407	WB 11C 7645
6	TATA ACE	WB 19D 7212	20	TATA 407	WB 19G 0696
7	TATA ACE	WB 19D 7621	21	TATA 407	WB 19G 0697
8	TATA ACE	WB 19D 7622	22	TATA 407	WB 19G 0684
9	TATA ACE	WB 19D 8167	23	TATA 407 LPT	WB 41C 5043
10	TATA ACE	WB 19E 9970	24	TATA ACE	WB 41F 1724
11	TATA ACE	WB 19E 9974	25	TATA SUPER ACE	WB 11C 4472
12	TATA ACE	WB 19E 9993	26	TATA ACE	WB 19D 4365
13	TATA ACE	WB 11C 4730	27	A-LEYLAND DOST	WB 03C 5686
14	TATA 407	WB 11D 5734	28	TATA 407	WB 11D 5753
29	TATA ACE	WB 23D 1093			

Pintu Mukhopadhyay
PINTU MUKHOPADHYAY
PLANT MANAGER



MINUTES OF MEETING OF INFECTION CONTROL COMMITTEE

NAME OF UNIT: Kolkata New (Fortis Hospitals, Anandapur, Kolkata)

NAME OF COMMITTEE: Infection Control Committee

1. Date & Time: 24 th February, 2017, 4 pm
2. Total no. of Members in the committee: 15
3. Number of members attended (Copy of Attendance Sheet attached): 23
4. Chairman, Convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: NA
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

<u>Sl. No.</u>	<u>Action Items</u>	<u>Responsibility</u>	<u>Expected Closure Date</u>	<u>Inter dependent</u>
1	Confirmation of Minutes of last Meeting of Infection Control Committee held on 8 th November, 2016.	Supply Chain Management, Medical and Non-medical administration.	Issues still open: 1. BMW issue- coded mop for surface cleaning. To be closed in April, 2017 2. Availability of air and water gun in OT for primary cleaning, which is already approved. <u>To be closed in April, 2017.</u> 3. Bacterial screening for all major surgeries based on list. <u>To be closed in April, 2017.</u> 4. Placing proper BMW bins all over hospital. <u>To be closed in April, 2017.</u> 5. Call out system when giving surgical prophylaxis inside OT. <u>To be followed immediately.</u> 6. Dedicated nursery and pediatric ward. <u>To be reviewed ASAP.</u> 7. Supply of poor quality laundry items, specially wet CSSD linens to be dealt <u>immediately.</u>	Head- Non-medical, HK Biomedical.
2	Discussion on Surgical Prophylaxis compliance.	ICO & Clinical Pharmacologist	Within 31 st March, 2017	Medical Administra
3	Discussion on revamped AMS Working Group	Head- Medical Services & , Team- IC	Within 31 st March, 2017.	Medical Administra
6	Discussion on continuation of AMS data compilation, DRI (Microbiology) & other related matters by Junior Microbiologist.	Team IC, Head- Medical Services.	Within 31 st March, 2017.	Medical Administra

7	BMW new SOP to be executed by introducing new colour codes.	Head- HK	Within 31 st March, 2017.	Head- Non Medical, H Nursing.
8	Classes for all BMW handlers mandatorily to be taken and documented w.e.f 1 st March and to be completed within 31 st March.	HR- training, Team-IC & Head- HK	Within 31 st March, 2017.	Medical & Nursing Administra
9	BMW sub- committee to be formed within ICC.	Head- Non-Medical.	Within 10 th March, 2017.	Team- IC
10	BMW defective/ faulty products to be replaced and process of collecting BMW for transportation to be improved.	Head- HK	Within 31 st March, 2017.	SCM.
11	Vaccination policy to be followed meticulously by all concerned - including HR, the main stake-holder.	HR & ICN	With immediate effect.	Medical & Nursing Administra
12	Fixation of venue, date & time of the next meeting.	Team- IC	May, 2017. Day, date and venue will be fixed within 31 st March, 2017.	Head- Mer Services.
13	Any other matter. a. Isolation of <i>Clostridium difficile</i> patients and ensuring nurse patient ratio. b. Mandatory HIV Counselling before dispatching report. C. Mandatory Hep. B Surface Antibody titre status for HK staff.	Head- Medical & Non-Medical.	Within 31 st March, 2017	HK.

Convener: Dr. Irfaan Akhter, Consultant Microbiologist & Infection Control Officer

Minutes Prepared by: Capt. Nivedita Ganguly

27-02-2017

MINUTES OF MEETING OF INFECTION CONTROL COMMITTEE

NAME OF UNIT: Kolkata New (Fortis Hospitals, Anandapur, Kolkata)

NAME OF COMMITTEE: Infection Control Committee

1. Date & Time :4th September, 2017, 4.30 pm
2. Total no. of Members in the committee: 15
3. Number of members attended (Copy of Attendance Sheet attached): 19
4. Chairman, Convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: NA
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

<u>Sl. No.</u>	<u>Action Items</u>	<u>Responsibility</u>	<u>Expected Closure Date</u>	<u>Inter depend</u>
1	Confirmation of Minutes of last Meeting of Infection Control Committee held on 9 th May, 2017.	Supply Chain Management, Medical and Non-medical administration.	Issues still open: 1. Availability of air and water gun in OT for primary cleaning, which is already approved. 2. Bacterial screening for all major surgeries based on list. 3. Dedicated nursery and pediatric ward. Within 31 st December,2017	Head- Non-medical, HK, Biomedical.
2	Amending reuse policy from CIPAAC	Medical Administration	Within 31 st December,2017	FMC & CIPAAC
3	Non availability of updated surgical prophylaxis pocket guide.	HICC	Within 31 st December,2017	CIPAAC
4	BMW: Non- availability of basic Infection Control Products-tissue paper, hub-cutter, liquid soap, hand sanitizer .	Supply Chain Management	With Immediate effect.	Store & Purc
5	BMW- Stopping of wrong practices of putting wrong colour coding and emptying bags to reuse, instead of using a new one. New blue marked sharp containers to be kept and used in proper manner.	HK Department	With Immediate effect.	Medical & Ni Administration
7	Continuous shortage of OT and other linens, wrong practice of mixing clean & dirty zone inside OT due to improper placement & facility of OT sluice room.- OT Sluice area to be dedicated only for primary cleaning of instruments.	HK Department	With Immediate effect.	Medical & Medical Administration

8	Dedicated CTVS ICU in view of post op patients developing infections- 1. Bed no 531 to 538 to be dedicated only for booked cardiac surgery cases. 2. RO water line to be extended to Bed No. 538 & 539 to avoid shifting of non-cardiac cases across cardiac bed area. 3. Ensuring 1:1 allocation of nurses till 48 hours after cardiac surgeries. 4. Ensuring clean linens and staff dresses 5. Thorough cleaning of patient unit after each shifting. 6. Rexine cover for all pillows (3 for each bed). 7. 100% compliance of dress, linens, curtain washing & changing.	Medical & Non-medical administration, Maintenance, HK.	Within 31 st October, 2017	Medical & N Medical Administrati ,Nursing Administrati HK, Mainten
9	Formation of PANFORIC Participant's team for Poster, Quiz and Oral presentation- HICC nominated Capt. Nivedita Ganguly for Oral Presentation, Ms. Manashi Ghosh for Poster Presentation, Ms. Shruti for another Poster Presentation (Authors; Ms. Nupur Das & Ms. Shruti Sinha).	Medical Administration & Finance	With immediate effect.	HICC
10	Fixation of date of Infection Surveillance Week- 11 th to 15 th December 2017.	HICC	With immediate effect	Medical & N Medical Adr HK, Brandin, Finance.
11	NICU- ensuring restricted entry and improvement of linen washing quality.	Non Medical Admin.	With immediate effect.	HK
12	Formation of New ICC- inclusion of new HK Executive, junior microbiologist, clinical pharmacologist, SCM Manager (Mitali, Maitrayee, Shruti, Santanu).	HICC	With immediate effect.	Medical & N Medical Adr
13	New checklists on pre-surgical wash, cauterization, central line insertion, tracheotomy suctioning and pre & post surgery instruction.	Quality Dept.	Within 31 st October.	

Dr. Irfaan Akhter

Convener: Dr. Irfaan Akhter, Consultant Microbiologist & Infection Control Officer

Minutes Prepared by: Capt. Nivedita Ganguly 6/9/2017

MINUTES OF MEETING OF INFECTION CONTROL COMMITTEE

NAME OF UNIT: Kolkata New (Fortis Hospitals, Anandapur, Kolkata)

NAME OF COMMITTEE: Infection Control Committee

1. Date & Time :9 th May, 2017, 4 pm
2. Total no. of Members in the committee: 15
3. Number of members attended (Copy of Attendance Sheet attached): 18
4. Chairman, Convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: NA
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

<u>Sl. No.</u>	<u>Action Items</u>	<u>Responsibility</u>	<u>Expected Closure Date</u>	<u>Inter dependent</u>
1	Confirmation of Minutes of last Meeting of Infection Control Committee held on 24 th February, 2017.	Supply Chain Management, Medical and Non-medical administration.	Issues still open: 1. BMW issue- coded mop for surface cleaning. To be closed in April,2017 2. Availability of air and water gun in OT for primary cleaning, which is already approved. 3. Bacterial screening for all major surgeries based on list. 6. Dedicated nursery and pediatric ward. 7. Supply of poor quality laundry items	Head- Non-medical, HI Biomedical
2	Creating code for HK staff, ambulance drivers for HEP B screening- free bill to be raised with specified code.	HK, Finance	Within 31 st May,2017	Head-Non-medical, HI HR, Head-Finance.
3	Amending reuse policy- existing re-use policy to be screened and documented.	Medical Admin.	Within 31 st May,2017	OT Commit & CSSD
4	Non availability of updated surgical prophylaxis pocket guide- to be amended and reprinted.	Medical Admin	Within 31 st May,2017	ICO & Qual
5	Policy on bed selecting, standard precaution and vaccination of Flu etc.- MICU,RCU,L7A & L7B to be dedicated.	Head- non - medical	With immediate effect	Admission Billing, Ser line Officer
6	BMW: Non- availability of R 82, industrial & clean rubber gloves, sodium hypochlorite in HK stock- indenting to be done by HK Dept.	Head- non medical	With immediate effect	SCM & St
7	Fixation of date of Infection Surveillance	ICC		ICC

	Week- 13 th November to 17 th November,2017.			
8	Policy on fumigation- areas will be fumigated only after airborne infection. For droplet infection high level disinfection recommended.	ICC	With immediate effect	Medical admi & HK
10	Other issues- training of all categories of staff, specially doctors./ Training of medicine doctors on taking throat swab sample of H1N1 patient by using bent swab./ availability of big waste bins in OT.	Medical Admin.	Within 31 st May, 2017.	Academic co-coordinator & HR- Training, HK

Convener: Dr. Irfaan Akhter, Consultant Microbiologist & Infection Control Officer

Minutes Prepared by: Capt. Nivedita Ganguly

13-05-2017

MINUTES OF MEETING OF INFECTION CONTROL COMMITTEE

NAME OF UNIT: Kolkata New (Fortis Hospitals, Anandapur, Kolkata)

NAME OF COMMITTEE: Infection Control Committee

1. Date & Time : 28 th December, 2017, 4.00 pm
2. Total no. of Members in the committee: 15
3. Number of members attended (Copy of Attendance Sheet attached): 11
4. Chairman, Convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: 4
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

<u>Action Items</u>	<u>Responsibility</u>	<u>Expected Closure Date</u>	<u>Inter dependencies</u>
Confirmation of the Minutes of the last Meeting of the Infection Control Committee held on 04.09.2017.	Medical & Non-Medical Administration.	Air & Water Gun, Dedicated Pediatric ward & Nursery not decided yet.	Medical & Non Medical Administration.
<u>Findings of Infection Surveillance Week Lagging Parameters:-</u> Cleaning and Scrubbing Schedule is authenticated and countersigned by Nurse-in-charge and documented. Curtain changing schedule is not being authenticated by nurse-in- charges. Infection control statistics are not available with in- charges	HK	Within 31 st January, 2018.	HK & Nursing.
New checklists on, catheterization, central line insertion and tracheotomy suctioning.	Team- Quality	Within 31 st January, 2018.	Quality & Store.
BMW- Break in supply of Blue Sharp Container and non availability of different colour coded mops for different areas.	HK & Store.	With immediate effect.	Store, HK & Purchase.
PEP for ARV- DUOVIR initiated for HCW	ICN	With immediate effect.	ICN & Pharmacy.
Any other issues- sticker on device with date,time,dilution and opening date on sharp container & handrub bottle.			

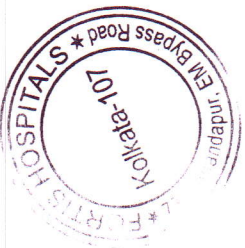
Infection Control

Convener: Dr. Irfaan Akhter, Consultant Microbiologist & Infection Control Officer

Minutes Prepared by: Capt. Nivedita Ganguly 28/12/2017

ANNUAL BIO MEDICAL WASTE REPORT FOR THE YEAR 2017

Date	Yellow		Red		PPC		Blue Mark Box			Cat	Percentage	Total Weight
	Qty Bags	Kg	Qty Bags	Kg	Qty Jars	Kgs	Qty Jars	Kg				
January	836	3,115	1,501	7,896	603	1,195	-	-	1	40% of yellow	17105.6	
February	832	3,604	1,346	7,396	571	1,135	-	-	2	NA	0	
March	934	3,882	1,298	7,411	545	1,080	-	-	3	10% of yellow	4276.4	
April	875	3,389	1,279	6,701	544	1,009	-	-	4	ALL PPC	7,691	
May	939	3,543	1,486	6,943	592	1,107	-	-	5	5% of yellow	2138.2	
June	851	3,323	1,277	6,756	377	366	-	-	6	45% of yellow	19243.8	
July	965	3,379	1,428	7,314	322	478	-	-	7	All Red	82,455	
August	1,004	3,854	1,411	6,860	205	262	25	178	8	Waste Water	25760000	
September	858	3,573	1,227	6,112	203	227	87	736	9	NA	0	
October	917	3,902	1,301	6,440	170	185	97	803	10	Blue Mark Box	3007	
November	968	3,979	1,339	6,711	191	226	82	631				
December	891	3,221	1,269	5,915	204	421	88	659				
	10,870	42,764	16,162	82,455	4,527	7,691	379	3,007				



FORM - I


[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

- | | |
|---|-----|
| 1 Date and time of accident : | NIL |
| 2 Type of Accident : | NA |
| 3 Sequence of events leading to accident : | NA |
| 4 Has the Authority been informed immediately : | NA |
| 5 The type of waste involved in accident : | NA |
| 6 Assessment of the effects of the accidents on human health and the environment: | NA |
| 7 Emergency measures taken : | NA |
| 8 Steps taken to alleviate the effects of accidents : | NA |
| 9 Steps taken to prevent the recurrence of such an accident : | NA |
| 10 Does you facility has an Emergency Control policy? If yes give details: | Yes |

The hospital has a protocol for spill management, major & minor, where all concerned authorities are involved in the reporting & Root Cause Analysis followed by corrective & preventive actions for mitigation.

Date :

Signature 

Place: **Kolkata**

Designation: **Zonal Director**

