

Dated: 17/06/2019

To,

The Sr. Environmental Engineer, WMC- I
Department of Environment,
Govt. of NCT of Delhi,
4th Floor, ISBT Building,
Kashmere Gate,
Delhi-110006

R
20/06/2019
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject: Submission of Form- IV

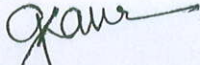
Dear Sir/Madam,

Please find attached herewith the Form IV (Annual Report of Bio-Medical Waste generated in our hospital for **January 2018 to December 2018**).

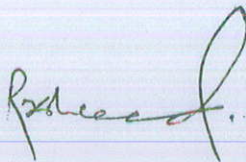
Thanking you,

Yours Sincerely,

For Fortis Hospotel Limited


Dr. Gurvinder Kaur
Medical Superintendent

Encl: Attached



Fortis Hospotel Limited

CIN: U74899HR1990PLC054770

Registered Office: Fortis Memorial Research Institute, Sector-44, Near Metro Station,
Gurgaon - 122002 Haryana (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222

FORM IV

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)]

| S.No. | Particulars | |
|-------|---|--|
| 1. | Particulars of the Occupier | |
| | (i) Name of the authorised person (occupier or operator of facility) | : Dr Gurvinder Kaur |
| | (ii) Name of HCF or CBMWTF | : FORTIS HOSPOTEL LIMITED, SHALIMAR BAGH |
| | (iii) Address for Correspondence | : A-Block, Shalimar Bagh, Delhi -110088 |
| | (iv) Address of Facility | : A-Block, Shalimar Bagh, Delhi -110088 |
| | (v) Tel. No, Fax. No | : 011-45302222, 011-45302211 |
| | (vi) E-mail ID | : gurvinder.kaur@fortishealthcare.com |
| | (vii) URL of Website | : - |
| | (viii) GPS coordinates of HCF or CBMWTF | : Yes, Observed to be in place during round to the CBMWTF |
| | (ix) Ownership of HCF or CBMWTF | : Private (Public) |
| | (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : Authorisation No.: DPCC/BMW/AUTH/NEW NO/2015/01476 valid up to <u>26/06/2017</u> <u>Renewal applied on 29/05/2017</u> <u>Reminder Letter Submitted on 15/05/2019</u> |
| | (xi) Status of Consents under Water Act and Air Act | : Valid up to: <u>14/07/2019</u> |
| 2. | Type of Health Care Facility | : HCF |
| | (i) Bedded Hospital | : 262 |

| S.No. | Particulars | |
|-------|--|--|
| | (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 | : License Number: DGHS/NH/882 License Date of Expiry: 31.03.2020 |
| 3. | Details of CBMWTF | : Biotic Waste Solutions Pvt. Ltd. |
| | (i) Number healthcare facilities covered by CBMWTF | : CBMWTF will provide the details |
| | (ii) No. of beds covered by CBMWTF | : CBMWTF will provide the details |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : CBMWTF will provide the details |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : CBMWTF will provide the details |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : Yellow Category: 2408.85 Red Category: 4572.71 White: 324.4 Blue Category : 1434.95 Cytotoxic : 289.61 General Solid waste: 4500 + 3000 |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility | |
| | (i) Details of the on-site storage facility | Size: 167 Sq Ft + 178 Sq Ft |
| | | Capacity: 15,000 kg per month |
| | | Provision of on-site storage : NA |

| S.No. | Particulars | | | | |
|-------|--|---|--------------------|-----------------|--|
| | (ii) 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 authorize recyclers after treatment in kg per annum. | Red Category (like plastic, glass etc.) | | | |
| | | CBMWTF will provide the details | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | CBMWTF will provide the details | | | |
| | (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 | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | CBMWTF will provide the details Biotic Waste Solutions Pvt. Ltd. | | | |
| | (vii) List of member HCF not handed over bio-medical waste | CBMWTF will provide the details | | | |

| S.No. | Particulars | |
|-------|---|--|
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | Yes, conducted 6 times, Minutes of the Meeting attached |
| 7. | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 186 |
| | (ii) number of personnel trained | 2611 |
| | (iii) number of personnel trained at the time of induction | 511 |
| | (iv) number of personnel not undergone any training so far | Nil - All HCW are trained for BMW mgmt. |
| | (v) Whether standard manual for training is available? | Yes |
| | (vi) any other information) | NA |
| 8. | Details of the accident occurred during the year | 0 |
| | (i) Number of Accidents occurred | 0 |
| | (ii) Number of the persons affected | 0 |
| | (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 (CBMWTF Responsibility) |
| | Details of Continuous online emission monitoring systems installed | NA (CBMWTF Responsibility) |

| S.No. | Particulars | |
|-------|---|--|
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | Yes Always compliant with the standards |
| 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 Always compliant with the standards |
| 12. | Any other relevant information | NA (CBMWTF Responsibility) |

Certified that the above report is for the period from 01.01.2018 upto 31.12.2018

Date: 17.06.2019

Place: Shalimar Bagh, Delhi



Name and Signature of the Head of the Institution

FORM I

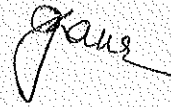
ACCIDENT REPORTING
(Annual report from 1st Jan 2018 to 31st Dec 2018)

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

Date - 17/06/2019

Place - Delhi

Signature



Designation - Medical Superintendent

MONTHLY BMW COLLECTION & DISPOSAL SHEET

| MONTH | RED BAGS | RED WEIGHT | YELLOW BAGS | YELLOW WEIGHT | BLUE CARD BOX | NO OF SHARP | | WEIGHT | NO OF SHARP CANTAINERSHARP BAGS | WEIGHT | CYTOTOXIC BAGS | CYTOTOXIC WEIGHT |
|-----------------|----------|------------|-------------|---------------|---------------|----------------|---------|--------|---------------------------------|--------|----------------|------------------|
| | | | | | | CANTAINERSHARP | BAGS | | | | | |
| Jan-18 | 770 | 3649.4 | 630 | 2156.52 | 255 | 1610 | 1436.8 | 135 | 135 | 356.1 | 44 | 137.7 |
| Feb-18 | 775 | 3380.9 | 615 | 2011.2 | 235 | 1503 | 1372.3 | 137 | 137 | 386.5 | 42 | 184.75 |
| Mar-18 | 839 | 4422.7 | 573 | 2166.49 | 261 | 1662 | 1468.1 | 100 | 100 | 321.4 | 34 | 135.26 |
| Apr-18 | 653 | 4750.3 | 378 | 2106.01 | 214 | 1609 | 1245 | 70 | 70 | 248.1 | 44 | 176.3 |
| May-18 | 688 | 5217.4 | 470 | 2629.71 | 258 | 1675 | 1509.4 | 87 | 87 | 420.8 | 53 | 261.66 |
| Jun-18 | 681 | 3893.3 | 435 | 2080.97 | 250 | 1621 | 1266.9 | 72 | 72 | 292.5 | 70 | 428.53 |
| Jul-18 | 774 | 4176.2 | 670 | 2586.58 | 328 | 1669 | 1701.9 | 86 | 86 | 342.6 | 63 | 400.85 |
| Aug-18 | 721 | 4501.9 | 525 | 2802.92 | 281 | 1684 | 1640.9 | 59 | 59 | 253.4 | 50 | 360.37 |
| Sep-18 | 925 | 4849.3 | 593 | 2503.18 | 240 | 1622 | 1586.2 | 66 | 66 | 263.3 | 58 | 382.69 |
| Oct-18 | 1138 | 5991.6 | 686 | 2692.37 | 293 | 1670 | 1509.9 | 85 | 85 | 273.9 | 65 | 471.95 |
| Nov-18 | 928 | 4989 | 691 | 2553.23 | 226 | 1622 | 1244.7 | 88 | 88 | 322.3 | 54 | 274.24 |
| Dec-18 | 823 | 5050.6 | 638 | 2607.02 | 229 | 1670 | 1237.3 | 118 | 118 | 411.9 | 66 | 261.04 |
| Total | | 54872.6 | | 28906.2 | | | 17219.4 | | | 3892.8 | | 3475.34 |
| Monthly Average | | 4572.717 | | 2408.85 | | | 1434.95 | | | 324.4 | | 289.6116667 |



DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi)

4th Floor, I.S.B.T. Building, Kashmere Gate, Delhi - 110006

Website: <http://www.dpcc.delhigovt.nic.in>



Result No: DPCC/Comm/W/30052/1855

05/02/2018

Date: 05-02-2018

ANALYSIS REPORT OF WATER EFFLUENT

1. Name & Address of Ind./Unit : M/s FORTIS HOSPITAL
FORTIS HOSPITAL SHALIMAR
BAGH,
Delhi-110070
2. Sampling Location : Outlet of STP
3. Date of sampling : 29-01-2018
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : STP
6. Nature of sample : Grab
7. Nature of Industry : Health Care Establishments having bed strength above 50 beds
and connected or not connected to Sewer and with boiler

8. Parameters analyzed and results:

| S.No. | Parameters | INLET OF STP | OUTLET OF STP | Prescribed Standard |
|-------|--|--------------|---------------|---------------------|
| 1 | pH | 7.7 | 7.4 | 6.5-9 |
| 2 | Total Suspended Solids (TSS) | 116 | 58 | 100 |
| 3 | Oil and Grease | 12.0 | 1.6 | 10 |
| 4 | Bio-chemical oxygen demand (3days at 27°C) | 95 | 26 | 30 |
| 5 | COD | 284 | 76 | 250 |
| 6 | Bio - assay test (percent survival of fish after 96 hours in 100 percent effluent) | 0 | 90 | 90-100 |

All parameters are in mg/l except pH.

N. Mitra

Dr. Nandita Moltra

(SR. SCIENTIST)

DR. NANDITA MOITRA

Senior Scientist

Delhi Pollution Control Committee

5th Floor, ISBT Building,

Kashmere Gate, New Delhi-110006

Arvind Kumar

Mr. Arvind Kumar

(SR. SCIENTIFIC ASSISTANT)



DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi)

4th Floor, I.S.B.T. Building, Kashmere Gate, Delhi - 110006

Website : <http://www.dpcc.delhigovt.nic.in>



Result No : DPCC/Comm/W/31519 / 788

19/07/2018

Date : 17-07-2018

ANALYSIS REPORT OF WATER EFFLUENT

1. Name & Address of Ind./Unit : M/s FORTIS HOSPITAL
: FORTIS HOSPITAL SHALIMAR BAGH,
Delhi-110070
2. Sampling Location : Inlet and Outlet of STP
3. Date of sampling : 09-07-2018
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : STP
6. Nature of sample : Grab
7. Nature of Industry : Health Care Establishments having bed strength above 50 beds and connected or not connected to Sewer and with boiler
8. Parameters analyzed and results:

| S.No. | Parameters | INLET OF STP | OUTLET OF STP | Prescribed Standard |
|-------|---|--------------|---------------|---------------------|
| 1 | pH | 7.2 | 7.4 | 6.5-9 |
| 2 | Total Suspended Solids (TSS) | 276 | 58 | 100 |
| 3 | Oil and Grease | 13.6 | 2.4 | 10 |
| 4 | Bio-chemical oxygen demand (3days at 27°C) | 160 | 28 | 30 |
| 5 | COD | 436 | 76 | 250 |
| 6 | Bio - assay test: (percent survival of fish after 96 hours in 100 percent effluent) | 0 | 90 | 90-100 |

All parameters are in mg/l except pH.


Dr. Nandita Moltra

(SR. SCIENTIST)

Dr. NANDITA MOITRA
Senior Scientist
Delhi Pollution Control Committee
5th Floor, ISBT Building,
Kashmere Gate, New Delhi-110006


Mr. Arvind Kumar

(SR. SCIENTIFIC ASSISTANT)

MINUTES OF MEETING

NAME OF UNIT: Fortis Hospital, Shalimar Bagh

NAME OF COMMITTEE: Biomedical Waste Management Committee

1. Date & Time: 19/03/2018, 15:45PM- 16:00PM
2. Total no. of Members in the committee: 28
3. Number of members attended: 16
Dr. Pankaj Kumar, Dr. Monika Gupta, Dr. Harjit, Dr. Umesh Deshmukh, Dr. Sukanya, Ms. Girja Sharma, Ms. Shweta Agarwal, Ms. Ruchi Aggarwal, Mr. Parvez, Mr. Parvesh kumar Saklani, Mr. Lokesh Pal, Mr. Rajesh, Ms. Vaidehi Patel, Mr. Vivek Sharma, Mr. Tanbir Singh, Ms. Himmat Malhotra.
4. Chairman & convener present (Yes/No): Chairman: Yes & Convener : YES
5. Details of essential members who neither attended nor sent a representative: 12
Mr. Mahipal Bhanot, Dr. Gurvinder Kaur, Mr. Rajeev Sharma, Dr. Vivek Mittal, Dr. Vivek Jain, Dr. Rajinder Yadav, Dr. Pradeep Jain, Dr. Sarang goel, Mr. Ankit Gupta, Dr. Sunita Varma, Dr. Sanjeevani Khanna, Mr. Sundram
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:
9. Summary of discussion on Reports / documents of all essential Agenda items presented
Ms. Himmat Malhotra, ICN has presented,
 - Biomedical Waste Audit Findings of Jan & Feb' 18

JAN 2018

| Location | Observation/Non-Compliance | CAPA |
|----------|--|---|
| 1B2 | Infected plastic & general waste found in the yellow bin | Staffs identified & training given to all the staffs. |
| 2B2 | General waste (Disposable glass) found in the yellow bin | It was done by patient's attendant. Staff briefed them. |
| 3B2 | One staff was due for training of BMW. | She was trained at the same time & later during induction also. |
| 3B1 | Red & Black bin found full | Informed to HK staff & bin were emptied at the same time. |
| SICU | General waste found in the yellow bin | It was done by patient's attendant. Staff briefed them. |
| 5B2 | General waste found in the Red bin | It was done by patient's attendant. Staff briefed them. |

| | | |
|----------|--|---|
| 4B2 | Infected plastic (Syringe) found in sharp container. Red & Black bin found full | Staff couldn't identified but all the staffs were briefed. Informed to HK staff & bin were emptied at the same time. |
| Dialysis | One staff was due to training | He was trained at the same time. |

FEB - 2018

| Location | Observation/Non-Compliance | CAPA |
|----------|---|---|
| 3B1 | General waste found in blue cardboard box. Date was not mentioned on sharp container | Staff couldn't identify but all the staffs were briefed at the same time. Informed to HK supervisor & he mentioned the date. |
| 3B2 | Date was not mentioned on sharp container. Syringe found in sharp container | Informed to HK supervisor & he mentioned the date. It was done by new joinee staff & she was trained at the same time. |
| 2B1 | Vial found in yellow bin | Staff identified (New Joinee) & she was trained at the same time. |
| 4B2 | Red bin found full | Informed to HK & bin was emptied at the same time. |
| SICU | General was found in yellow bin | It was done by patient's attendant. Staff briefed them. |
| MICU | Sharp container was not changed | Informed to HK supervisor & he changed the sharp container. |
| 2B2 | Red & Yellow bin found full | Informed to HK staff & he emptied the bin. |

10. Signature of Chairman and Convener

MINUTES OF MEETING

NAME OF UNIT: Fortis Hospital, Shalimar Bagh

NAME OF COMMITTEE: Biomedical Waste Management Committee

1. Date & Time: 09/05/2018, 04:00PM- 04:30PM
2. Total no. of Members in the committee: 27
3. Number of members attended: 14
Dr. Gurvinder Kaur, Dr. Pankaj Kumar, Dr. Monika Gupta, Dr. Umesh Deshmukh, Dr. Harjit, Mrs. Girja Sharma, Dr. Punam Pandhyal, Dr. Akhilesh Singh, Dr. Sukhanya, Ms. Ruchi Aggarwal, Ms. Rajshri Yadav, Mr. Sandeep Singh, Mr. Tanbir Singh & Ms. Himmat Malhotra.
4. Chairman & convener present (Yes/No): Chairman: Yes & Convener : YES
5. Details of essential members who neither attended nor sent a representative:
Mr. Mahipal, Mr. Rajeev Sharma, Dr. Pradeep Jain, Dr. Vivek Mittal, Mr. Ankit Gupta, Dr. Sunita Varma, Dr. Sanjeevani Khanna, Dr. Rajinder Yadav, Dr. Pramod Kumar, Mr. Rajesh kumar
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:
9. Summary of discussion on Reports / documents of all essential Agenda items presented
Mr. Tanbir Singh, ICN has presented,
 - Needle Stick Injury data for the month of March & April 2018.
 - Annual Trend of NSI from April'17 to March'18
 - Biomedical Waste Audit Findings of March & April 2018.
 - Discussion on BMW Management (Amendment) Rules'2018.

March'18

| Location | Observations/Non-Compliance | CAPA |
|------------|--|---|
| Blood Bank | Blood Bag found in Red bin. | Staff was Identified & training was given regarding BMW Segregation at same time. |
| SICU | New Joinee staff were due for training. | Training given at the same time regarding BMW Mgmt. |
| MICU | New Joinee staff were due for training. | Training given at the same time regarding BMW Mgmt. |
| Endoscopy | General waste found in yellow bin. | It was done by doctor & he was briefed at same time. |
| SB2 | BMW Mixing (Infected plastic, broken ampules & general waste found in Common tray) | Staff identified & she was briefed at same time. |

| | | |
|-----|--|--|
| 3B1 | New joinee staff due for training. Red bag found in yellow bin. | Training given at the same time regarding BMW Mgmt. Staff couldn't identified, so all staffs were briefed about BMW Mgmt. |
| 4B2 | Vial found in sharp container. | Staff couldn't identify, but training given to all the present on duty about BMW segregation. |

April'18

| Location | Observations/Non-Compliance | CAPA |
|-----------------|---|---|
| NICU | Plastic Cannula found in Sharp Container | Staff was Identified & training given regarding BMW Segregation at same time. |
| 2B2 | Syringe found in sharp Container. Two new Joinees staff due for training. | Staff could not identify, So training given to all the staff. New Joinees were trained about BMW Segregation at the same time. |
| Dialysis | Three new Joinees Staff due for training. Sharp Container found without date. Black Bin found full. | Staffs were trained at the same time. Informed to Housekeeping Supervisor date was mentioned. Black Bin was emptied at same time. |
| 4B2 | One new Joinee staff was due for Training | Training given at same time. |
| MICU | Two new Joinee staff was due for Training | Training given at same time. |

10. Signature of Chairman and Convener

MINUTES OF MEETING

NAME OF UNIT: Fortis Hospital, Shalimar Bagh

NAME OF COMMITTEE: Biomedical Waste Management Committee

1. Date & Time: 14/06/2018, 03:45PM- 04:00PM
2. Total no. of Members in the committee: 27
3. Number of members attended: 13
Mr. Mahipal Bhanot, Dr. Pankaj Kumar, Dr. Monika Gupta, Dr. Umesh Deshmukh, Dr. Poonam Pandhyal, Dr. Rahul Verma, Ms. Girja Sharma, Mr. Rajesh Kumar, Mr. Parvesh Kumar Saklani, Ms. Ruchi Aggarwal, Ms. Rajshri Yadav, Mr. Tanbir Singh, Ms. Himmat Malhotra.
4. Chairman & convener present (Yes/No): Chairman: Yes & Convener : YES
5. Details of essential members who neither attended nor sent a representative:
Mr. Rajeev Sharma, Mr. Ankit Gupta, Mr. Bhushan, Dr. Harjeet Singh Dr. Rajinder Yadav, Dr. Vivek Jain, Dr. Pramod Kumar, Dr. Pradeep Jain, Dr. Sunita Verma, Dr. Sanjivini Khanna, Dr. Sukanya Baruah, Dr. Sunil Baranwal.
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
9. Summary of discussion on Reports / documents of all essential Agenda items presented
Ms. Himmat Malhotra, ICN has presented,
 - Biomedical Waste Audit Findings and CAPA.

| Location | Observation/Non-Compliance | CAPA |
|-----------|---|---|
| H.K. Area | General Waste found in Yellow bin. | Staff couldn't be identified |
| MICU | Staff unaware of Spill Management | Training given at same time |
| ER | IV Cannula found in yellow bin | Staff couldn't be identified, training given to all the staffs |
| 2B1 | I.V. Cannula, broken ampule found in Sharp Container | Staff identified and she was trained at the same time. |
| 3B1 | General waste found in Blue Box Staff due for training | Staff couldn't be identified, they were trained at the same time and later in induction |
| CCU | Red bin found with blood stains & Black bin found overflowing | HK Staff informed to empty and cleaned the bin |

| | | |
|------|--|--|
| SICU | Syringe found in sharp container Staff due for training Red bin found malfunctioning | Staff identified and trained She was trained at same time Housekeeping supervisor informed to repair/replace it. |
| 4B2 | Needle found in blue cardboard box. | Staff identified and she was briefed at the same time. |

10. Signature of Chairman and Convener

MINUTES OF MEETING

NAME OF UNIT: Fortis Hospital, Shalimar Bagh

NAME OF COMMITTEE: ~~Biomedical Waste Management Committee~~

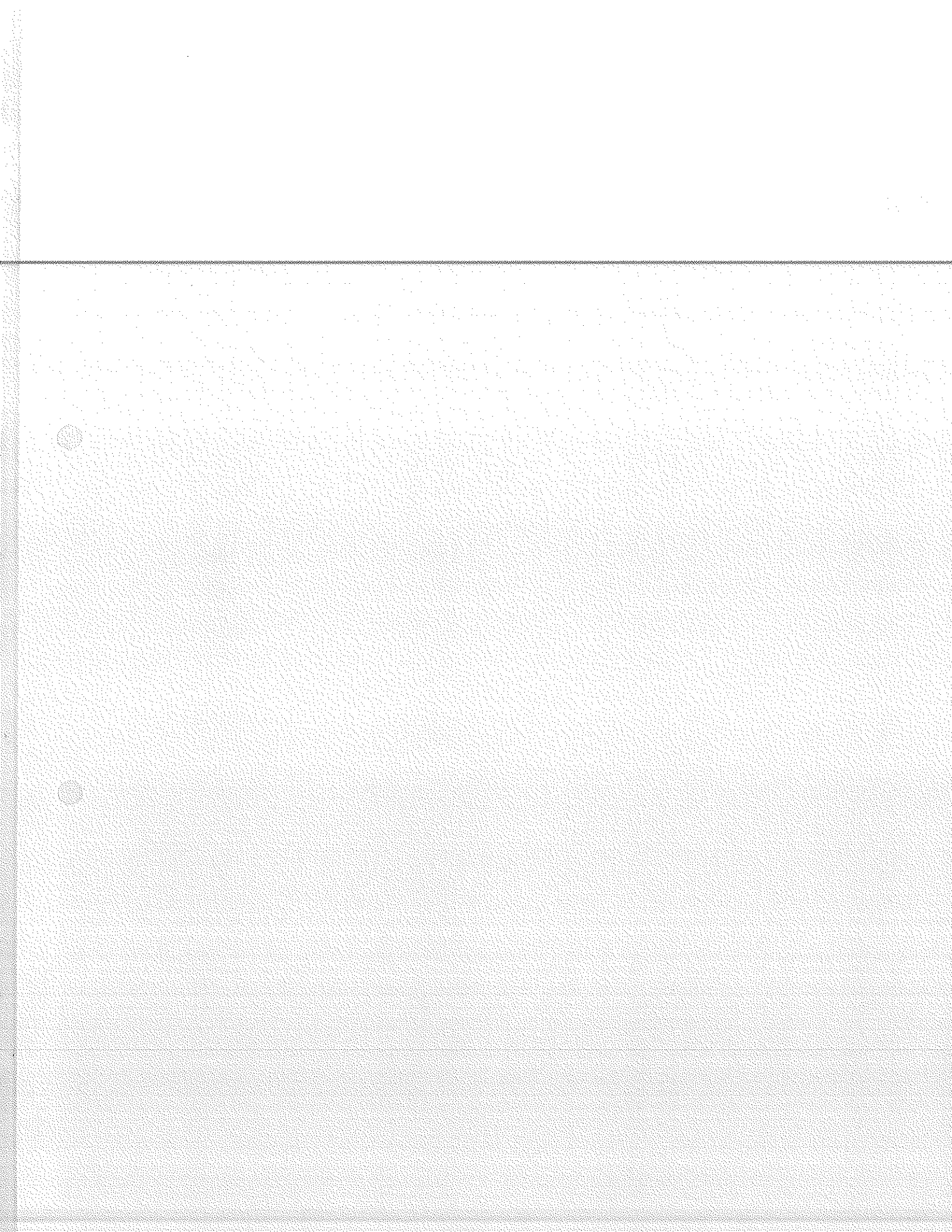
1. Date & Time: 21/08/2018, 16:15PM- 16:30PM
2. Total no. of Members in the committee: 26
3. Number of members attended: 16
Mr. Mahipal Bhanot, Dr. Pankaj Kumar, Dr. Monika Gupta, Dr. Umesh Deshmukh, Dr. Gurvinder, Dr. Sanjivni Khanna, Dr. Sukanya, Dr. Sunil Baranwal, Dr. Sonal Sharma, Ms. Girja Sharma, Mr. Rajesh Kumar, Mr. Parvesh Kumar Saklani, Ms. Ruchi Aggarwal, Ms. Rajshri Yadav, Mr. Sandeep Singh, Ms. Himmat Malhotra.
4. Chairman & convener present (Yes/No): Chairman: Yes & Convener : YES
5. Details of essential members who neither attended nor sent a representative:
Mr. Rajeev Sharma, Mr. Ankit Gupta, Dr. Harjeet Singh Dr. Rajinder Yadav, Dr. Vivek Jain, Dr. Pramod Kumar, Dr. Pradeep Jain, Dr. Sunita Verma, Dr. Punam Pandhyal, Dr. Rahul Verma.
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:
 - Hand washing reminder bell facility in Dialysis area.
 - Customization of Restricted Antibiotic Form.
9. Summary of discussion on Reports / documents of all essential Agenda items presented
Ms. Himmat Malhotra, ICN has presented,
 - Biomedical Waste Audit Findings for the month of June & July 2018
 - Needle Stick Injury Data for the month of June & July 2018

June -2018

| Location | Observation/Non-Compliance | CAPA |
|------------------------------|--|--|
| CCU | 1 New Joinee staff due for training. Wrapper of Blade found in sharp Container. | Training given at same time & later in NIT. Staff Couldn't identified, hence training given to all staffs |
| MICU | 2 New Joinee staffs due for training. Mask & Cap found in red Bin. | Staff Could not identify, So training given to all the staff & to New Joinees about BMW Segregation |
| 4B2 | 2 New Joinees staff due for training. | Training given at same time. |
| Endoscopy | New Joinee & Trainee staff due for training. | Training given at same time. |
| 3B2 | 1 New Joinee staff due for training. | Training given at same time. |
| 2B2 | 3 New Joinee staffs are due for training. | Training given at same time. |
| Lab | 2 New Joinee staffs due for training | Training given at same time. |
| Radiology | 1 New Joinee staff due for training. | Training given at same time. |
| Dialysis | 1 New Joinee staff due for training. Date label was not mentioned on PPC. | Training given at same time. Informed Housekeeping Supervisor & label was placed immediately. |
| Laundry & Linen Sorting Area | Cap & Mask found on floor. Guidewire was protruding out of PPC. | Staff(Supervisor) briefed regarding handling & Segregation method. |

JULY - 2018

| AREA | OBSERVATION/NON COMPLIANCE | CAPA |
|----------------|--|---|
| Cath Lab | Overflow of Black bin | Informed Housekeeping supervisor & same was corrected |
| CCU | General waste found in blue bin. Black bin found overflow | Staff couldn't identified, briefing done for all the staffs. Informed housekeeping staff & was corrected. |
| Dialysis | Waste storage area is not clean | Informed Housekeeping supervisor & room was cleaned . |
| MICU | Gloves found on floor. | Identified staff & briefing given at same time. |
| Endoscopy | Gauze piece found on floor. Date label not placed on PPC. | It was done by doctor, counselling done. Informed Hosekeeping supervisor & label was placed. |
| Chemo Day Care | Date label not placed on placed on PPC. | Informed Hosekeeping supervisor & label was placed. |
| 2B | General waste found in Red Bin. | It was done by Patient's attendant, in charge briefed about Waste segregation. |



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|-------------------|---|--|
| ER | Ointment tube found in Red bin & syringe in yellow bin of dressing trolley. | It was done by morning staff, briefing done for all staffs. |
| Radiology | Syringe found in sharp container | staff couldn't identified, briefing done for all the staffs. |
| Housekeeping(4B2) | Black & Yellow bin found full. | Informed Housekeeping supervisor & same was corrected. |
| 3B1 | Syringe found in sharp container | staff couldn't identified, briefing done for all the staffs. |

Signature of chairman & convener

MINUTES OF MEETING

NAME OF UNIT: Fortis Hospital, Shalimar Bagh

NAME OF COMMITTEE: Biomedical Waste Management Committee

1. Date & Time: 24/09/2018 & 15hrs-16hrs
2. Total no. of Members in the committee: 25
3. Number of members attended: 15
Mr. Mahipal Bhanot, Dr. Gurvinder, Ms. Girja Sharma, Dr. Rahul, Dr. Punam, Dr. Pankaj Kumar, Dr. Harjeet Singh, Dr. Monika Gupta, Dr. Rajender Yadav, Dr. Sukanya, Ms. Ruchi Aggarwal, Mr. Sandeep Singh, Ms. Rajshri Yadav, Ms. Himmat Malhotra, Ms. Harpreet Kaur.
4. Chairman & convener present (Yes/No): Chairman: Yes & Convener : YES
5. Details of essential members who neither attended nor sent a representative:
Mr. Rajeev Sharma, Mr. Ankit Gupta, Dr. Pradeep Jain, Dr. Pramod Kumar, Dr. Umesh Deshmukh, Dr. Vivek Jain, Dr. Sunita Verma, Dr. Sanjivni Khanna, Mr. Parvesh Kumar, Dr. Sunil Kumar Baranwal, Mr. Rajesh Kumar, Mr. Sundaram.
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:
9. Summary of discussion on Reports / documents of all essential Agenda items presented
Ms. Himmat Malhotra, ICN has presented,
 - Surveillance data for the month of Aug'18.
 - Report of High risk area audits of Aug'18.
 - Biomedical Waste Audit Finding of Aug'
 - **Hand hygiene Data :**
Doctors: 85.91%
Nurses: 86.28%
Others: 84.25%
 - Positive culture data of Aug'18
 - **Thrombophlebitis Audit Details**
Aug'18 VIP Score : 0 -86%, 1-11.33%, 2-2.67%, 3-0.00%
 - Details of MDRO Patients of Aug'18.
 - Environmental Surveillance Activities done by ICT.AMS discussed in details.

August'18

| Location | Observations/Non-Compliance | CAPA |
|---------------------|---|---|
| Chemo Day Care | Black bin found full. | Informed HK Staff & bin emptied at same time. |
| LAB | Gloves found outside the bin & date label was not placed | Staff couldn't identified, briefing done for all the staffs. Informed HK supervisor, label was placed immediately. |
| Plastic Surgery OPD | Black bin found full. | Informed HK Staff & bin emptied at same time. |
| 2B2 | Yellow bin found full | Informed HK Staff & bin emptied at same time. |
| 5B2 | Date label not mentioned on PPC | Label placed at the same time. |
| Radiology | Yellow bin found without garbage bag | Informed HK staff & bag was placed immediately. |
| Dialysis | Syringe found in blue cardboard box | Staff identified & briefing done at same time |
| SICU | Diaper found on floor in PICU, it was done by patient's attendant | Briefing done about BMW segregation at same time |

10. Signature of Chairman and Convener

NAME OF UNIT **SHALIMARBAGH**

NAME OF COMMITTEE **Bio Medical Waste Committee**

1. Date & Time : **16/1/2019 & 15:05 to 16:15**
2. Total no. of Members in the committee: 29
3. Number of members attended: 14, Dr. Gurvinder Kaur, Dr. Harjit Singh Dr. Monika Gupta, Dr.Poonam Pandhyal, Dr. Rahul Verma, Ms. Girja Sharma, Dr. Sukanya Baruah, Mr.Navoditya, Ms. Tarni, Mr. Sudhir, Mr. Sandeep, Mr. JP Sahu, Ms. Himmat Malhotra & Harpreet Kaur
4. Chairman & convener present (Yes/No): **Yes**
5. Details of essential members who neither attended nor sent a representative: Mr. Mahipal Bhanot Mr. Rajeev Sharma, Dr. Pankaj Dr. Rajinder Yadav, Dr. Vivek Jain, Dr. Pramod Kumar, Dr.Pradeep Jain, Dr.Sunita Verma, Dr.Sanjivini Khanna , Dr .Sunil Baranwal., Dr Umesh Deshmukh, Mr Rajesh , Dr Rajeshwar Bhatti , Dr.Sunil kumar Baranwal , Mr . Sundram
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: **No**
9. Details of action items open from previous two meetings: **No**
10. Summary of discussion on Reports / documents of all essential Agenda items presented
 - Needle Stick Injury data for the month of Sep to Dec'18.
 - Annual Trend of NSI from Sep to Dec'18.
 - Biomedical Waste Audit Findings of Sep to Dec'18.

SEP'18

| Location | Observations/Non-Compliance | CAPA |
|----------|---|---|
| 4B1(HK) | Mask found In red dustbin | Staff did not identify but briefing done at same time. |
| LAUNDARY | Syringe found in sharp container | Briefing done about BMW segregation at same time |
| SICU | Disposable glass discarded in to red dustbin. | It was done by patient attendants & staff informed to educate patient's attendants about segregation. |

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|-------------------------|--|--|
| MICU | ECG electrodes found on floor. | It was done by GDA briefing done at same time. |
| NIC & SAMPLE COLLECTION | ECG electrodes found in red dustbin. | Staff couldn't identified briefing done for all the staffs |
| 5B2 | Respules found in white translucent (sharp) container. | Staff couldn't identify briefing done for all the staffs. |
| Blood Bank | General black dustbin found full in component room. | Informed Housekeeping staff and bin emptied at same time. |
| Cath Lab | Yellow bin found externally and internally soiled. | Informed HK supervisor & bins were cleaned at same time |

OCT'18

| Location | Observations/Non-Compliance | CAPA |
|----------------|---|---|
| Dialysis | New Joinee staff due for training, Gauze piece found in red bin. | Staff identified & briefing done at same time |
| CCU | Gauze piece found in blue cardboard box. Yellow bin found without plastic bag. | Identified staff & briefing done. Informed HK staff & Polybag was placed immediately |
| Chemo day Care | Gauze piece & cap of needle found in Blue cardboard box | Staff couldn't identified briefing done for all the staffs. |
| 2B2 | Syringe found in sharp container | Identified staff & briefing done at same time. |
| MICU | Glucostrip found in yellow bin | Identified staff & briefing done at same time |
| Endoscopy | Mask found in red bin in OT-4. Used gauze piece found in dressing trolley without polybag | It was discarded by dr. briefing done at same time. It was corrected by HK at same time |

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| SICU | Soiled dressing found in black bin. (PICU) | It was discarded by attendants; staff briefed them at the same time. |
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NOV'18

| Location | Observations/Non-Compliance | CAPA |
|-----------|--|---|
| Radiology | Tissue paper Found in red dustbin in CT room | Staff Could not identified & briefing done for all staff. |
| CCU | General waste found in yellow dustbin. Black dustbin did not contain poly bag. | It was done by attendant briefing done by staff at the same time. Inform housekeeping supervisor and immediately corrected. |
| LAB | Microbiology yellow dustbin does not have poly bag | Informed housekeeping supervisor and corrected at same time. |
| 4B1 | Wrapper found in red dustbin. | Identified staff & briefing done at same time. |
| 3B1 | Syringe discarded in to the yellow dustbin. | Identified staff & briefing done at same time. |
| 2B1 | Mask discarded in red Bin. | It was done by trainee staff briefing done at same time. |
| MICU | Cannula found with dressing in sharp container. | It was done by night staff and inform to in charge to council staff |

| | | |
|------|---|---|
| LR | Syringe found in sharp container | Staff Could not identified & briefing done for all staff. |
| SICU | Cannula found with dressing in sharp container. | Identified staff & briefing done at same time. |

DEC'18

| Location | Observations/Non-Compliance | CAPA |
|----------------|---|---|
| Radiology | Gloves were discarded on floor and in yellow dustbin in USG room no-1 | Staff identified information of correct BMW practice provided at same time. |
| 2B2 | Glucose Strips discarded into sharp container | Staff Could not identified & briefing done for all staff. |
| Chemo Day care | All waste of yellow with C symbol Discarded in to normal yellow dustbin | Staff Could not identified & briefing done for all staff. |
| MICU | Ampule found in yellow Container. | Identified staff & briefing done at same time. |
| HC | Gloves found in Yellow bin. | Staff Could not identify, briefing done for all staff. |
| Blood Bank | New Joinee staff due for training. | Training done at same time |

11. Signature of Chairman & Convener