



The Environment officer,  
Karnataka state pollution control board,  
(City region West), 1<sup>st</sup> floor,  
Nisargabhavana, Rajajinagar,  
Bangalore-560010

Date : 15/02/2023

**SUB: Submission of Bio-Medical Waste Annual Returns in Form-IV**

We here in with enclose the Bio-Medical Waste Annual Returns in **Form-IV** ( see – rule -13) towards generation and disposal of Bio-Medical waste for the year **2022** for the period from 01-01-2022 to 31-12-2022 as per BMW rules, with annexure -1 and disposal details.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours faithfully,  
For Sparsh Super Speciality Hospital.  
Yeshwathpur- Bangalore .



**SPARSH Hospital** (a unit of Shiva & Shiva Orthopaedic Hospital Pvt Ltd.)

#4/1, Tumkur Road, Yeshwanthpur, Bengaluru - 560 022

Registered office: #146, Infantry Road, Bengaluru - 560 001 | CIN No.: U85110KA2003PTC032782

Phone No.: 080 61 222 000 | Email: info@sparshhospital.com | Website: www.sparshhospital.com

**Form-IV**  
**(See rule-13)**  
**ANNUAL REPORT**

To be submitted to the prescribe authority on or before 30<sup>th</sup> June every year for the period from January to December of the proceeding year by the occupier of health care facility (HCF) or common bio-medical waste treatment facility(CBMWTF)

Sl No	Particulars	
1.	Particulars of the Occupier	
	i) Name of the authorized Person (Occupier of : operator of facility)	Mr.Col Rahul Tewari ( COO) Chief Operating Officer
	ii) Name of HCF or CBMWTF	M/s. Sparsh Super Speciality Hospital
	iii) Address of the Correspondence	No.4/1, Tumkur Road, Yeshwanthpur Bengaluru-560022
	iv) Address of the Facility	Same as above
	v) Tel. No, Fax No.	080-61222000
	VI) E-Mail ID	mohandb@sparshhospitals.com
	vii) URL of Website	www.sparshhospitals.com
	viii) GPS coordinate of HCF or CBMWTF	-
	ix) Ownership of HCF CBMWTF —	(State Government or Private or Semi Govt. or any other) <b>Private</b>
	x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	Authorization No 22/KSPCB/RSEO/BNG City/BMW/Reg No.175759/2021/218 Valid up to 30-09-2030
	xi) Status of the Consent under Water Act and Air Act.	<b>Valid up to : 30-09-2030</b>
2.	Type of Health Care Facility	Super Speciality Hospital
	i) Bedded Hospital	250 Beds
	ii) Non Bedded Hospital laboratory( (Clinic or Blood Bank or Clinically or Research Institute or Veterinary Hospital or any other)	NA
	lii ) Licence Number & its date of expiry	NA
3	Details of CBMWTF	Medicare Environment management Pvt ltd
	i) Number of Healthcare facilities covered by CBMWTF	Handled by above mentioned vendor
	ii) Number of beds covered by CBMWTF	-----  -----
	iii) installed treatment and disposal capacity of CBMWTF	-----  -----
	iv) Quantity of Bio-medical waste treated or disposed by CBMWTF	-----  -----



4.	Quantity of waste generated or disposed in Kgs per Annum (on monthly average basis)	Yellow Category : 2849 Kg/m Red Category: 2628 kg/m White: 114 kg/m Blue: Category: 507 Kg/m General Solid waste: Dry 800 kg/month
5.	Details of storage, treatment, transportation, processing and disposal facility	
	On	
	i) Details of the site storage facility	Size: 10x10
		Capacity: can store up to 203 kg/day
		Provision of on-site storage: cold storage or any other provision- Separate Room
	Disposal facilities	<p>Type of treatment No cap quantity Equipment of acit treaedo Unit y r S kg/ disposed Day in kg Per Annum</p> <p>Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder -----NA----- Needle tip cutter or - destroyer Sharps encapsulation or - concrete pit Deep burial pits: Chemical - disinfection: Any other treatment equipment:</p>
	iii Quantity of recyclable wastes : sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) Handled by CBMWTF
	iv) No of vehicles used for collection : and transportation of biomedical waste	Handled by CBMWTF
	(v) Details of incineration ash and Quantity Where ETP sludge generated and disposed generated disposed during the treatment of wastes in Kg I	<p>Quantity Where Generated disposa</p> <p>Incineration Ash</p> <p>ETP Sludge</p> <p>Handled by CBMWTF</p>

	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		Medicare Environment management 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 we have infection control committee
7.	Details trainings conducted on BMW		-
	(i) Number of trainings conducted on BMW Management.		Monthly 2 trainings
	(ii) number of personnel trained		250 members
	(iii) number of personnel trained at the time of induction		For all department for new joiners & staff we conduct training about BMW
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available		Yes available
	(vi) any other information)		Nil
8	Details of the accident occurred during the year		Nil
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any		NA
	(iv) Any Fatality occurred, details.		Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards		---
	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		LWTP is provided & well-functioning
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		---
12	Any other relevant information		: (Air Pollution Control Devices attached with the incinerator NA

Certified that the above report is for the period from: 01-01-2022 to 31-12-2022

Date: 17.12.23  
Place: Bengaluru

Name and Signature of the Head of the Institution

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Annexure-1

M/s. Sparsh Super Speciality Hospital- Yeshwanthpur

MONTH WISE GENERATION OF BIO-MEDICAL WASTE FOR THE YEAR 2022

For the period from 01-01-2022 to 31-12-2022

Month & Year	Cat.1,3,5 Yellow in Kg's	Cat.6 (Blue) in Kg's (Glass)	Cat.7 (Red) in Kg's	Cat.4 ( White-PPC) in Kg's
January-2022	2417	366	2159	64
February-2022	2502	409	1989	77
March-2022	3252	458	2461	83
April-2022	3143	369	2616	96
May-2022	3353	1069	2611	116
June-2022	3674	407	3110	111
July-2022	2841	516	2778	131
August-2022	2504	520.5	2803	112.5
September-2022	2574	491	2825	122
October-2022	2621	425	2638	114
November-2022	2573	534	2639.5	226
December-2022	2742	525	2911	116
<b>TOTAL</b>	<b>34196 Kg's</b>	<b>6089.5 Kg's</b>	<b>31540.5Kg's</b>	<b>1368.5 Kg's</b>

## Minutes of Meeting

23/11/2022

SYPR/IC/2022/45

Name of the Committee: Antibiotic committee meeting and Infection Control Committee meeting

1. Date: 16/11/2022  
Venue: Board room

### Members Present:

1. Dr. Susan Williams.
2. Dr. Mayuri K S.
3. Dr John Paul
4. Dr Kavya
5. Dr B Revanth
6. Dr Sajid
7. Dr Madhu M S
8. Dr Jyothi B
9. Mrs. Jemimal Christopher
10. Mr Shivraju
11. Mrs Renu Varghese
12. Mrs Samundeshwari
13. Ms Meghana ICN
14. Mr Anjan
15. Mr Subramanyam SV
16. Ms Anitha M Skariya
17. Mr Praveen Kumar
18. Ms Nandini
19. Ms Ambika
20. Ms Bincy John
21. Mr Srinivas

### Members absent for the meeting

1. Mr Vinod.

## Agenda

- 1) Discussion of HAI for the month of September and October 2022
- 2) Discussion regarding previous minutes of meeting.
- 3) Discussion on Hand hygiene dispenser bottles.
- 4) Discussion on periodic ICU deep cleaning and swabbing.
- 5) Discussion on procurement of urine bags with sample collection port
- 6) Discussion on visit to medicare .
- 7) Discussion on **World Antimicrobial Awareness Week 2022.**
- 8) Discussion on refilling of Hand rubs in OT complex.
- 9) Discussion on sepsis bundle care implementation.
- 10) Fix the location for administration of surgical antibiotic prophylaxis
- 11) List of triage antibiotics and empirical antibiotics to be displayed at ER

Points  
Point

Discussed/Action

Responsibility & Date of completion

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1. HAI indicators for the month of September and October 2022 presented (annexure) and discussed at length.

A) All device associated infection rates are in the acceptable limits.

B) To continue monitoring, training and create awareness amongst all HCW regarding the same. Also, to improve adherence to all infection control bundles

It was advised to adhere to proper surgical antimicrobial prophylaxis administration timings as per protocol (15 minutes before insertion )

All nursing supervisors and ICN

Immediate effect.



and practices.		
<p>2) Issues related to addition of insertion care bundle.</p> <p>A) Print of the insertion bundle format is given stores by Quality team</p>	<p>Dr.Mayuri.K.S. Infection control officer.</p> <p>Renu Varghese Quality Assurance</p>	<p>3)</p> <p>procedures</p>
<p>4) Regarding Hand hygiene complainece</p> <p>During the hand hygeine audit it was noticed that the hand hygeine foot end stands were not available in 3 sharing ward . It was decided to procure the hand hygeine stands for the 3 sharing ward</p>	<p>Mr Praveen Pharmacy Manager.</p> <p>Ms Aruna/ Ms Shaila Nursing Incharge</p> <p>Mrs Megha R Nayak Infection Control nurse.</p>	
<p>5) It was noticed that there was no strict visitors restriction to NICU and labour room</p> <p>a) It was decided to have a hospital visitors restriction policy to NICU and labour room.</p> <p>b)mothers found the isolation room to be uncomfortable when exprssing the milk as one of the window in isolation room was not covered by screen. It was decided to cover the window by screen.</p>	<p>Mr Joseph Pasangha Group Chief Operating Officer of Sparsh Group of Hospitals</p> <p>Mr Shivraju Senior Administrator.</p> <p>Mr Mohan HOD of Maintannce department.</p> <p>Mrs Suma PICU in charge</p>	



<p>6) It was observed that the line care was not given by sterile alcohol swabs instead cuta prep (500ml) solution was used along with gauze multiple times which cause breach in sterility.</p> <p>a) It was decided to procure alcohol with Chlorhexidine impregnated swabs for handling lines.</p>	<p>Mr Praveen Pharmacy Manager.</p> <p>Mrs Megha Infection Control nurse.</p> <p>All Nursing Incharges</p>
<p>7) It was noticed that the Betadine solution was not available in labour OT. One povidine iodine ointment was used to all the patients in all the OT</p> <p>a) It was decided to indent 100ml of betandine solution to each patient in labour room.</p> <p>b) It was decided to procure 10g povidone iodine ointment for each patient <u>separately</u> when necessary.</p>	<p>Mr Anjan OT in charge.</p> <p>Mr Praveen Pharmacy Manager.</p> <p>Mrs Megha Infection Control nurse</p>
<p>8) It was observed that periodic ICU cleaning was not happening as per hospital protocol</p> <p>a) It was decided to do the periodic ICU deep cleaning once in a month and to maintain the record of documentation of cleaning.</p>	<p>All ICU Incharges Ms Bincy, Ms Ambika , Mr Parthiban, Ms Vidhya, Ms Rashmi, Ms Suma, Ms Deepa</p> <p>Mr Vishwanath House keeping Incharge</p> <p>Ms Megha R Nayak ICN</p>

<p>9) It was found there is no sampling port for urine bag or urometer to collect the urine sample when patient in foleys catheter.</p> <p>a) It was decided to procure the urometer and urobag with sampling port which helps in taking sample in a sterile manner , there by reducing the false result due to contaminant.</p> <p>b) It was decided no need to use urometer /urobag with port for clean cases in OT .</p>	<p>Mr Praveen Kumar Pharmacy Manager</p> <p>Ms Megha R Nayak ICN</p> <p>Dr Mayuri KS ICO</p>
<p>10) It was observed that the pre surgical antibiotics timings are not appropriate as per protocol.</p> <p>a) It was decided to fix the proper location for administration of pre surgical antibiotics</p> <p>b) it was decided to communicate to all surgeons regarding the adherence to the timing of pre surgical antibiotic</p>	<p>Dr John Paul Consultant ID physician</p> <p>Dr Sharon Clinical pharmacist.</p> <p>Dr Mayuri Consultant Microbiologist</p>
<p>11) It was discussed to display the list of triage antibiotics,emperical antibiotics in the emergency department .</p> <p>a) It was discussed to have a display of risk factors for MDR cases evaluation.</p>	<p>Dr John Paul Consultant ID physician</p> <p>Dr Sharon Clinical pharmacist.</p> <p>Mr Shivraju Senior Administrator.</p>



12) Discussion on World  
Antimicrobial Awareness  
Week 2022. —

Dr John Paul  
Consultant ID physician

Dr Sharon  
Clinical pharmacist.

Dr Mayuri  
Consultant Microbiologist

13) Discussion on refilling of  
Hand rubs in OT complex.

Mr Anjan  
OT Manager


Mrs Megha  
Infection Control nurse


A) It was decided to use pre  
filled Hand rubs only in OT  
complex.

14) Discussion on Hand  
hygiene dispenser bottles.

Mr Praveen Kumar  
Pharmacy manager

a) It was decided to have a  
further discussion with stores  
team.

  
Signature of ICN

  
Signature of ICO

# MEETING ATTENDANCE



Name of the Committee : Infection control Committee Meeting

Date : 16/11/2022

Venue : Board Room, 1<sup>st</sup> Floor

Chairperson: Dr. Susan Williams

Secretary:

Sr. No	Members	Signatures
1.	Ms. Megha. R. Nayak.	Megha 1939
2.	Dr. Mayuri. E.S.	Mayuri
3.	Dr. Susan Williams	Susan
4.	Dr. B. Ravanth	B. Ravanth
5.	Dr. Sajid	Sajid
6.	Mr. Renu Varghese	Renu
7.	Adrian Antony	Adrian
8.	Subramanyam S V	Subramanyam
9.	Dominiel Chandra	Dominiel
10.	ANITHA. M. SKARIYA	Anitha
11.	Dr. Madhavi. M. S	Madhavi
12.	DV KAVYA	Kavya
13.	praveen Kumar.	Praveen
14.	Dr. John Paul. M	John Paul
15.	DR. JYOTHY. B	Jyothy
16.	SHIVARAJU. M.	Shivaraju
17.	Nandini P	Nandini
18.	SAMUNDAKESARI. S	Samunda
19.	Ambika.	Ambika



No.	Emp. Id	Name	Designation	Dept	Location	Sign
1	51520	Shrutli	Staff Nurse	NSICU	YPR	B. S. 1520
2	51685	Poulomi Boidar	S/N	NSICU	YPR	P. S. 1685
3	51874	Kavitha. G	S/N	BMT	YPR	B. S. 1874
4	51587	Sigara Tiranti	S/N	BMT	YPR	S. S. 1587
5	51010	Reshmit Debbarma	S/N	BMT	YPR	R. S. 1010
6	51326	Hormamma	S/N	ERUW	YPR	H. S. 1326
7	51817	Veena. A. R.	S/N	GIW	YPR	V. S. 1817
8	51808	Sheshamma	S/N	CVTS	YPR	S. S. 1808
9	51266	Deepthi Jose	S/N	CVTS	YPR	D. S. 1266
10	51612	Chandini. M. P.	S/N	GIW	YPR	C. S. 1612
11	51675	Lakshmi. G. P.	S/N	NSICU	YPR	L. S. 1675
12	51374	Sumathi E. N.	S/N	OPD	YPR	S. S. 1374
13	51901	Bharati. G. K.	S/N	OPD	YPR	B. S. 1901
14	51629	Prathna Sengupta	S/N	L/R	YPR	P. S. 1629
15	51751	Jyoti. E.	S/N	LR	YPR	J. S. 1751
16	51715	Jyoti. G.	S/N	CCU	YPR	J. S. 1715
17	51961	Anurupa	S/N	ICU	YPR	A. S. 1961
18	51736	Abhin M B	S/N	SIU	YPR	A. S. 1736
19	51848	Rani	S/O	DVT	YPR	R. S. 1848
20	52006	Anu Rose	S/N	PUT	YPR	A. S. 2006

Topic/Title: Bio-Medical Waste Management.

Signature of the Trainer: *Meha R. Nayik*

Name of the Trainer: Meha R. Nayik Date: 12/07/2022

Duration of the training: 8:30 AM - 09:00 AM

SH/CORP/HR/TA/05

[illegible]

SH/CORP/HR/TA/05