Date: 29-Jun-22

To, Chief Engineer The West Bengal Pollution Control Board Paribesh Bhawan 10A, L A Block, Sector-3, Bidhannagar Kolkata-106

Subject: Submission of Annual Biomedical Waste Report for 2021

Dear Sir,

I, Supratik Desarkar, Authorised Signatory of The Calcutta Medical Research Institute would like to submit our "Annual Biomedical Waste Report for 2021".

Would request you to kindly accept the same and provide acknowledgement for the same.

Thanking you Yours Sincerely

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Supratik Desark

Authorized Signator

The Calcutta Medical Research Institute

Form – IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from Januaryto December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| SI. No. | Particulars | | |
|------------|--|--------|--|
| 1 | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or : operator of facility) | | Mr. Supratik Desarkar |
| | (ii) Name of HCF or CBMWTF | | The Calcutta Medical Research Institute |
| | (iii) Address for Correspondence | : | 7/2, Diamond Harbour Road, Kolkata-700027 |
| | (iv) Address of Facility | : | 7/2, Diamond Harbour Road, Kolkata-700027 |
| | (v)Tel. No, Fax. No | : | 033-4090-4090 |
| | (vi) E-mail ID | | soudeep.samanta@ckbirlahospitals.com |
| 7 | (vii) URL of Website | : | https://cmri.ckbirlahospitals.com/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 22.5322° N, 88.3278° E |
| | (ix) Ownership of HCF or CBMWTF | : | Private Trust |
| | (x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules | | Authorization No.: 07-2S (BM)-320/99-2000 Valid upto: 31-Dec-2026 |
| | (xi). Status of Consents under Water Act and Air Act | : | 06-2S/CON (BM)-1190/2001 Valid upto: 31- Dec-2026 |
| 2 | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 440 |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | Not Applicable |
| | (iii) License number and its date of expiry | : | 34227693 valid till 18-Apr-2024 |
| 3 | Details of CBMWTF | : | |
| | (i) Number of health care facilities covered by CBMWTF | : | Not Applicable |
| | (ii) No. of Beds covered by CBMWTF | : | Not Applicable |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | | Not Applicable Kg / day |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | : | Not Applicable Kg / day |
| 4 dical / | Quantity of waste generated or disposed in Reper Annum (on monthly average basis) | | Yellow Category: 2846.15 Kg/month (Monthly Avg) |
| ^ | S. C. L. C. | | Red Category: 4755.97 kg/month (Monthly Avg) |
| kata-70 | 021) § | | White: 81.64 Kg/month (Monthly Avg) |
| _ |) * | | Blue Category: 119.5 Kg/month (Monthly Avg |
| DH | 2020 | | General Solid Waste: |
| 5 | Details of the Storage, Treatment, Transportat | ion, P | T |
| 121 | (i) Details of the on-site storage | : | Size: 650 Sqft |

| 2 | facility | Capacity: 700 Kg | | | | |
|-----------------|---|---|---|----------------|--------------------|--|
| | | | Provision of on any other prov | | rage : (Col | d storage or |
| | (ii) | Disposal facilities | Type of treatment equipment | No of Units | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
| | | | Incinerators | NA | NA | NA |
| | | | Plasma Pyrolysis | NA | NA | NA |
| | | | Autoclaves | NA | NA | NA |
| | | | Microwave | NA | NA | NA |
| | | | Hydroclave | NA | NA | NA |
| | | | Shredder | NA | NA | NA |
| | | | Needle tip cutter or destroyer | NA | NA | NA |
| | | | Sharps | NA | NA | NA |
| | | | Encapsulation or concrete pit | NA | NA | NA |
| | | | Deep burial pits | NA | NA | NA |
| | | | Chemical disinfection: | NA | NA | NA |
| | | | Any other treatment equipment: | NA | NA | NA |
| | (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | NA | | | |
| | (iv) | No. of Vehicles used for collection and transportation of biomedical waste | | 1 per day | | |
| | (v) Details of incineration ash and ETP sludge generated and | | | Quai | | Where disposed |
| | | disposed during the treatment of | Incineration | N | NA | NA |
| | | wastes in Kg per annum | Ash | 1 | NA | NA |
| | | | ETP Sludge | 1 | NA | NA |
| Kolkata 700 027 | (vi) | Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | Medicare Envi | ronment | al Manage | ment Pvt Lt |
| 1320118000 | (vii) | List of member HCF not handed over bio-medical waste. | NA | | | |
| 6 | managen | nent committee? If yes, attach of the meetings held during the | Yes, MOM of committee meeting enclosed. | | | |

| 7 | Details trainings conducted on BMW | |
|----|---|---|
| | (i) Number of trainings conducted on BMW Management | 48 |
| | (ii) Number of personnel trained | 144 |
| | (iii) Number of personnel trained at the time of induction | 9 |
| | (iv) Number of personnel not undergone any training so far | 0 |
| | (v) Whether standard manual for training is available? | Yes |
| 8 | Details of the accident occurred during the year | |
| | (i) Number of Accidents occurred | 0 |
| | (ii) Number of persons affected | 0 |
| | (iii) Remedial Action taken (Please attach details if any) | Not Applicable |
| | (iv) Any Fatality occurred, details | Not Applicable |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | Not Applicable |
| | Details of Continuous online emission monitoring systems installed | Not Applicable |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | Not Applicable |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Not Applicable |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from 1st January 2021 till 31st December, 2021

Name and Signature of the Heat of the Institution

Date: 29th June 2022

Place: Kolkata

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MINUTES OF MEETING (MOM)

ate: 28 /10/21

Time: 12:00PM-01:00PM

Name of Unit: Infection Control

. Name of Committee: Infection Control and BMW Committee Meeting

. Total No. of Members: 30

4. Number of Members attended: 17

5. Chairperson, Convener and Mandatory Members present (Y/N): Y

Details of essential members who neither attended nor sent a representative: Biomedical

7. Agenda circulated prior to meeting (Y/N): N

Discussion on Action Taken Report on action items/recommendations from previous meetings (Y/N): Y

9. Details of action items open from previous meeting: Changing of OT shoes and Implement different color code shoes for different foot.

F ID - ORF-01JA-F-7903

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|-----------------------------------|--------------------------|-----------------------|-------------------------------|--|-------------------------------|---|--|--------------------------|
| employees starting from emergency | H1N1 (20.1) | | | antibiotics forms. Antibiotic stewardship audits and training program. | be avoided, unless indicated. | To reduce the trend of CLABSI, Insertion and maintenance bundle needs to be stricter. Changes and addition done in insertion and maintenance bundle. | Sending of appropriate cultures, if required, by treating team if VAE is captured. | Action Item(s) |
| I/C team | | | | Clinical Pharmacist Microbiologists | Doctors | Doctors and Nursing | Treating team | Responsibility |
| Immediate | Antibiogram data entry.) | transcriptionist (for | pharmacist (for audits) & one | After availability of a clinical | Immediate and continuous | Immediate and continuous | Immediate & continuous process. | Expected Closure Date |
| HR, SCM, I/C team | | | | HR, I/C team, Quality, Medical admin. | ICU team | ICU team, I/C Team, OT team | ICU team, I/C Team | Interdepencies |

| N | 1 |
|---|--|
| Moping, Dusting and Cleaning by 1% Freshly prepared Sodium Hypochlorite Solution in all ICU, ACU, Emergency and all Infectious patients in wards. Correct & daily dilution to follow. (1:4 for 5% stock solution) | To ensure availability of hypochlorite solution. |
| Housekeeping | SCM, Housekeeping |
| Immediate | Immediate |
| Housekeeping, I/C team, Nursing | SCM, Housekeeping |

BMW Committee Meeting

Date: 28 /10/21

Time: 12:00PM-01:00PM

Minutes of HOSPITAL INFECTION CONTROL MANAGEMENTCOMMITTEE MEETING Held at Board Room on 25th MARCH 2021 at 15:00 hours

• Chairperson:

Dr. Subranshu Mondal, Consultant Microbiologist

Member Secretary:

Ms. Durga Paul, Infection Control Nurse

Attendees: Dr.Subhrangshu Mandal, Dr. sharada Ahluwalia (AMS), Dr. Kuntal Banerjee (AMS), Dr. Anirudha Sarkar, Dr. Susruta Sen., Dr. Ajay Mandal, Dr. N.V.K. Mohan, , Dr. Kaushik Das , Mr. Subhas Chandra Jha, Mr. Supratik De Sarkar ,Ms. Subrata Ghosh, Ms. Sutapa Chakroborty , Mr. Soumk Dutta ,Mr. Satyajit, Chatterjee , Moumita Chowdhury , Ms. Paurabi Chakroborty, Ms. Swapna Singharoy.

Apologies: Mr. Bobby Varghese (UNIT HEAD), Dr. Sailesh Kumar (Medical Superintendent), Dr. Anirban Chattopadhyay, Ms. Madhukari Ray, Mr. Rajesh B, Dr. Sujoy Mukherjee, Dr. P. K. Nemani, Dr. Suman Mitra, Dr. S.M.Rahaman, MS Sukanti Mohapatra, , Dr. Rakesh Rajput, Dr. Sougata Acharya , Dr.Saswata Chatterjee.

Convener: Ms. Durga Paul, Infection Control Nurse

| SI. No. | Minutes | Discussions/ Recommendations | Responsibility | EDC |
|------------|-------------------------------------|--|------------------|-----------|
| 1 | HIC Indicators Focus Areas | VAP – Close suction protocol remain as before CLABSI – To improve the process deviation of HD line with Triple lumen need vigorous training and practice (with hand son training) on CLABSI | Nursing /Doctors | Immediate |
| | | CAUTI – Continue the training to improve bundle care | Nursing | Immediate |

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Minutes of BIOMEDICAL WASTE MANAGEMENT Meeting held at Board Room on 25th farch, 2021 at 15:00 hours

| S. No. | Minutes | Discussions/ Recommendations | Responsibility |
|--------|-----------------------------------|---|----------------|
| 1 | High touch surface cleaning | Committee has decided do the proper scrubbing and hypochlorite cleaning to reduce the HAI and as well as c-diff | Housekeeping |