

Date: 03/02/23

To,
Chief Engineer
West Bengal Pollution Control Board
Paribesh Bhawan
10A, L A block, Sector-III
Bidhannagar, Kolkata – 106

Subject: Submission of Annual Biomedical Waste Report for the year 2022

Dear Sir,
I, Sombrata Roy, Authorised Signatory of The Calcutta Medical Research Institute, would like to submit our "Annual Biomedical Waste Report" for the year 2022.

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

Thanking you
Yours faithfully



Sombrata Roy
Authorised Signatory
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 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	:	
	(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	:	tapaskumar.das@ckbirlahospitals.com
	(vii) URL of Website	:	http://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 up to: 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: <u>440</u>
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(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	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NA
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	NA
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category: 4054.75</i> <i>Red Category: 5622.51</i> <i>White: 140.35</i> <i>Blue Category: 244.01</i> <i>General Solid Waste:</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: 650 Sqft

facility		Capacity: 700 kg Provision of on-site storage : (Cold storage or any other provision)			
(ii) Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
		Incinerators	N.A	N.A	N.A
		Plasma Pyrolysis	N.A	N.A	N.A
		Autoclaves	N.A	N.A	N.A
		Microwave	N.A	N.A	N.A
		Hydroclave	N.A	N.A	N.A
		Shredder	N.A	N.A	N.A
		Needle tip cutter or destroyer	N.A	N.A	N.A
		Sharps	N.A	N.A	N.A
		Encapsulation or concrete pit	N.A	N.A	N.A
		Deep burial pits	N.A	N.A	N.A
		Chemical disinfection:	N.A	N.A	N.A
		Any other treatment equipment:	N.A	N.A	N.A
		(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	N.A	
(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 disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
		Incineration	N.A	N.A	
		Ash	N.A	N.A	
		ETP Sludge	N.A	N.A	
(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.		N.A			

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	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	149
	(iii) Number of personnel trained at the time of induction	10
	(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	Nil
	(ii) Number of persons affected	Nil
	(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 1st January 2022 till 31st December 2022

Sambita R

Name and Signature of the Head of the Institution

Date:

Place:



HICC MINUTES OF MEETING
Date: 22/06/22
Time: 3:30PM –4:30PM

1. Name of Unit: Infection Control
2. Name of Committee: HOSPITAL INFECTION CONTROL COMMITTEE MEETING
3. Total No. of Members: 31
4. Number of Members attended: 22
5. Chairperson, Convener and Mandatory Members present (Y/N): Y
6. Details of essential members who neither attended nor sent a representative: SCM
7. Agenda circulated prior to meeting (Y/N):N
8. Discussion on Action Taken Report on action items/ recommendations from previous meetings (Y/N):Y
9. Details of action items open from previous meeting: Nothing

Sl. No.	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1	HAI – 10 CLABSI – 4 HAP – 3 CAUTI- 2 SSI-1			
2	Antimicrobial audits has been started in Neuro ICU with the established form placed before house & decided .that audit report to be presented in coming meeting .	Clinical pharmacist	Within this month	Clinical Pharmacist, pharmacy, Quality.
3	HIV Cancellor to be appointed immediately	Medical Administration	Immediate	Medical Admin, HR Dept.
4	OT & CSSD Audit & Nephrology Audit has been performed & observation pointers with suggestions & responsibilities with time line to be circulated to the respective stake holders	Infection Control team.	Immediate	OT & CSSD team, Maintenance Dept. all concerned departments & Nephrology Dept.
5	ESSITY, a company working on wound care & other various products gave a presentation on the improvement project to focus based on our present challenges on SSIs & other areas where it can be utilized.	Infection Control team & Quality	Continuous process.	Infection Control team, Quality, Medical Admin &, all concerned departments.

QRF ID – QRF-QUA-F-7903

Vers-01-09/21

BMW Management Committee MOM.

Sl. No	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1	To ensure availability of hypochlorite solution.	SCM, Housekeeping	continuous	SCM, Housekeeping
2	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 be continued.	Housekeeping	continuous	Housekeeping, Infection Control team, Nursing
1	To ensure the quality of BMW segregation bags & also availability of the same.	SCM, Housekeeping	continuous	SCM, Housekeeping

QRF ID – QRF-QUA-F-7903

Vers-01-09/21

HICC MINUTES OF MEETING

Date: 13/12/22

Time: 12:30PM –1:30PM

1. Name of Unit: Infection Control
2. Name of Committee: HOSPITAL INFECTION CONTROL COMMITTEE MEETING
3. Total No. of Members: 22
4. Number of Members attended: 21
5. Chairperson, Convener and Mandatory Members present (Y/N): Y
6. Details of essential members who neither attended nor sent a representative:
Biomedical, Surgery
7. Agenda circulated prior to meeting (Y/N): N
8. Discussion on Action Taken Report on action items/ recommendations from previous meetings (Y/N): Y

Sl. No.	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1	HAI – 6 CLABSI – 2 HAP – 1 CAUTI- 3 SSI-0			
2	In VAP bundle --Subglottic suction, Hand Hygiene, Cuff pressure – These elements to be emphasized.	ICU team Nursing	Continuous process.	Nursing team & all concern departments.
3	Availability of USG machine should be more towards improvement of CLABSI insertion bundle.	ICU team Nursing Biomedical Team	Continuous process.	Nursing team & all concern departments.
4	As existing Surgical hand wash is out of stock urgent alternative procurement is necessary.	SCM, OT Team, Cath lab team	Immediate & Continuous process	SCM, OT Team, Cath lab team, & all concern departments.
5	3 separate racks should be prepared for reused sero-positive cases in cath lab	Maintenance Team, Cath lab team	Immediate	Maintenance Dept., Cath lab team & all concern departments.
6	Increased TDS in RO water in CSSD to be urgently look into as it will cause rusting of instruments.	Maintenance Team, Team CSSD	Immediate & Continuous process	Biomedical Team, Team CSSD,, & all concern departments.
7	Infection control champions to be more proactive & vigilant on all Infection control process In their units on their duty hours.	Infection control Champions & Infection Control team	Immediate & Continuous process	Nursing, Infection Control team , all concern departments.

Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
Audits & corrective actions given by quality team on proper dilution of the disinfection solution, high touch cleaning -- Re audit to de done on these aspects that corrections implemented or not.	Quality Team Housekeeping	Immediate & continuous	Quality Team Housekeeping & all concern dept.
Audits & corrective actions given by quality team on 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 be continued -- Re audit to de done on these aspects that corrections implemented or not.	Quality Team Housekeeping	Immediate & continuous	Quality Team Housekeeping & all concern dept.
Audits & corrective actions given by quality team on curtain changing in regular 15 days intervals -- Re audit to de done on these aspects that corrections implemented or not.	Quality Team Housekeeping	Immediate & continuous	Quality Team Housekeeping & all concern dept.
To ensure changing of puncture proof containers as existing one is too small & looks like same as PPC which is creating confusions – can lead to serious noncompliance on BMWM.	Housekeeping ,SCM	Immediate & continuous	Housekeeping ,SCM & all concern dept.