

Date – 30/01/24

To
Chief Engineer
West Bengal Pollution Control Board
Paribesh Bhawan
Building No - 10 A, LA Block,
Sector – III, Bidhannagar
Kolkata-106

Subject - Submission of Annual Biomedical Waste Report for the year 2023

Dear Sir,

In compliance with the Biomedical Waste Management Rules, 2016, we are submitting the Annual Report for the period January 2023 to December 2023 in the prescribed format (Form – Iv).

Thanking You



Sombrata Roy
Head of the Unit

The Calcutta Medical Research Institute, Kolkata



Form – IV
(See rule 13)
ANNUAL REPORT

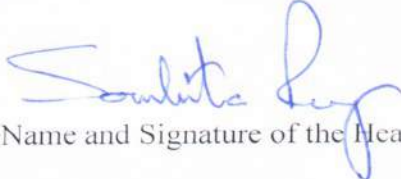
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

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: 4580.44</i> <i>Red Category: 5798.34</i> <i>White: 142.75</i> <i>Blue Category: 571.90</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	161
	(iii) Number of personnel trained at the time of induction	18
	(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 2023 till 31st December 2023


 Name and Signature of the Head of the Institution



Date:

Place:

ATTENDANCE SHEET

PURPOSE: HICC MEETING

DATE: 28/12/23

TIME: 3 pm - 4 pm

PLACE: KANCHANBHANGA

Sl. No.	Name	Emp. ID	Department	Designation	Sign
1	Soumitra Pramanik	507690	Quality	clinical Inm-	[Signature]
2	Soumya Sarkar	501133	CSSD	Head CSSD	[Signature]
3	Sayan Bhadra	508369	Biomedical	Lead	[Signature]
4	Rajee Saha	504180	SCM	Art Manager	[Signature]
5	Haranibedita Mohanta	504547	Quality	Quality Nurse	[Signature]
6	Santosh Sharma	507692	Quality	Asst. Mgr.	[Signature]
7	Dr. Soumitra Kumar Ray	509135	Med Admin	Asst. Med. Sup.	[Signature]
8	Ujjayalaksini D. Nair	508548	HR Admin	CON	[Signature]
9	Sukanti Mohapatra	505558	N. Manager	N. Manager	[Signature]
10	Dr. Gourabdeep Bhattacharyya	509114	Med. Adm	DRS	[Signature]
11	Dr. Shailesh Kumar		Anaesthesia	Consultant	[Signature]
12	Siddha Sen	500595	Nursing	N. Manager	[Signature]
13	Aparna Chakraborty	500058	Nursing	N. Manager	[Signature]
14	Subrata Ghosh	500053	Nursing	DRON	[Signature]
15	Dr. Nivedita	507119	Micro	ICO	[Signature]
16	Shruti Das	500678	Nursing	AWNS	[Signature]
17	Sumistha Choudhury	507790	Nsg. Adm	Sr. Manager	[Signature]
18	Dr. Suresh Roy	700740	Microbiology	Microbiology	[Signature]
19	Dr. Susanta Sen	500068	Lab Service	Lab Director	[Signature]
20	Dr. S. N. Mukherjee				[Signature]
21	Dr. Anirban Chakrabarti		Critical Care		[Signature]
22	Satyajit Chatterjee	503029	Engineering	Deputy Manager	[Signature]
23	Tapas Das	507664	H-K	Manager	[Signature]
24	Swarna Singharay	200126	Infection Control	IEN	[Signature]
25	Souromi Das	508046	Infection Control	IEN	[Signature]

HICC MINUTES OF MEETING

Date: 28/12/23

Time: 3:00PM –4:00PM

1. Name of Unit: Infection Control
2. Name of Committee: HOSPITAL INFECTION CONTROL AND BMW MANAGEMENT
3. Total No. of Members: 22
4. Number of Members attended: 26
5. Chairperson, Convener and Mandatory Members present (Y/N): Y
6. Details of essential members who neither attended nor sent a representative: NIL
7. Agenda circulated prior to meeting (Y/N): N
8. Discussion on action taken items/recommendations from previous meeting(Y/N): Y

Sl. No.	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1	HAI – 6 CLABSI – 0 CAUTI- 3 HAP-1 SSI -2			
2	Ownership of all Instruments & reuse of the instruments & medical devices, to be determined by CSSD, declaration will be given by CSSD dept. Quality & concern dept. will act accordingly ,Infection Control will finalize the medical devices that will be reused & will be included in SOP as an annexure	CSSD, Operation team and Quality dept.	Immediate	CSSD, Operation team Quality dept. & all concern Departments.
3	COVID PROTOCOL: All symptomatic patient's will be tested for RAD -> if RAT is positive then -> patient will be tested for RT-PCR test if it is positive patient will be shifted to single room isolation-> Droplet Precautions to be maintained. Its line: Full sleeve gown, Surgical mask, Gloves to be used as PPE, in case of aerosol generating procedure HCW & assisting staff also will wear N95 mask. All health care personnel has to wear surgical mask in all clinical areas	All concerned Department	Immediate & continuous	All concern Departments.
4	Flucloxacilline can be added in SOP of surgical prophylaxis antibiotics in addition to current practice.	Clinical pharmacologist & Infection Control Team	Immediate	Clinical pharmacologist ,Infection Control Team, All concern Departments

BMW MINUTES OF MEETING

Date: 28/12/23

Time: 3:00PM –4:00PM

Sl no	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1.	A) Dirty curtain to change immediately. B) Curtain floating on floor in ICU and wards. C) Overflow PPC but not changed.	House keeping	Immediate & continuous	Housekeeping & all concern dept.
2.	Curtain in PICU is not being changed in regular basis. Dilution of disinfection agents are not being prepared appropriately.	House keeping	Immediate & continuous	Housekeeping & all concern dept.

ATTENDANCE SHEET

PURPOSE: Hospital Infection Control Committee Meeting

DATE: 14.06.2023

TIME: 3PM - 4PM

PLACE: Board Room

Sl. No.	Name	Emp. ID	Department	Designation	Sign
1	Sukanti Mohapatra	505558	Nursing	N. Manager	[Signature]
2	SUMI STA CHOWDHURY	507790	Nursing	Sr. N. Manager	[Signature]
3	TAPAS PURKAIT	500788	SCM	De. Manager	[Signature]
4	SATYAJIT CHATTERJEE	503029	ENGINEERING	DEPUTY-MANAGER	[Signature]
5	Dr. S. N. Mukherjee		EMP ID.	consultant	[Signature]
6	Dr. Saikat Pal	505812	MICRO	SR	[Signature]
7	Dr. Nivedita Bhattacharya	507114	Micro	Microbiologist & JCO	[Signature]
8	Subhankar Das	504936	H.K.	Dept. Mang.	[Signature]
9	Sarany Sarkar	501133	CSSD	Head CSSD	[Signature]
10	Simin Pramanik	507690	Quality	Clinical Pharm	[Signature]
11	Debesmita Mallick Chakravarty	507273	Quality	Head Quality	[Signature]
12	Dr. Sajal Baxi	508080	Med Adm	AMS	[Signature]
13	John Jacob	500945	Nursing	Nursing Supervisor	[Signature]
14	Dr. Purnasatya Chakrabarty	700253	ER	ER-HEAD	[Signature]
15	JINS SIMON	500846	NURSING	N Manager	[Signature]
16	Sybil Seal	500595	STH F	N Manager	[Signature]
17	Amrita	500958	Nursing	N. Manager	[Signature]
18	MITHU BHOWMIK	500671	Nursing	Sr. N. Manager	[Signature]
19	Dr. Kavirik Das	500694	Nephro	IC Dialysis	[Signature]
20	DR. SUSRUTA SEN	500068	Pathology	Lab Director	[Signature]
21	Dr. Anand Chatterjee				[Signature]
22	Siddhanta				[Signature]
23					
24					
25					

HICC MINUTES OF MEETING

Date: 14/06/23

Time: 3:00PM –4:00PM

1. Name of Unit: Infection Control
2. Name of Committee: HOSPITAL INFECTION CONTROL AND BMW MANAGEMENT
3. Total No. of Members: 25
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:
Biomedical
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 – 11 CLABSI – 3 CAUTI- 2 HAP-6 SSI -0			
2	More participations of decision makers like operation, clinicians, surgeons, operation team required for decision making and effective implementations for the same.	Medical admin, Ops Team & Quality Team	Immediate & Continuous process	Medical admin, Ops Team, Quality Team & all concern departments.
3	500 ml sanitizer bottle can be used by refilling from 5 lit jar up to a maximum duration of 3 months after which bottle must be replaced. Date of opening and discard date should be clearly mentions on each bottles.	Nursing team	Immediate & Continuous process	Nursing team , SCM & all concern departments
4	Report to be present on antibiotic & antifungal consumption from January'23 to June'23	Clinical Pharmacologist.	Immediate	Clinical Pharmacologist & all concern departments
5	Area to be identified for sluice room in Cath lab	Maintenance team	Immediate	Maintenance team, Project & All concerned Depts.

BMW MINUTES OF MEETING

Date: 14/06/23

Time: 3:00PM –4:00PM

Sl no	Action Item(s)	Responsibility	Expected Closure Date	Interdependencies
1.	Unavailability of disinfection solution.	Housekeeping	Immediate & continuous	Housekeeping ,SCM & all concern dept.
2.	Improper & irregularity of preparation of dilution for disinfection solution to be ensured	Housekeeping	Immediate & continuous	Housekeeping & all concern dept.
3.	Environmental cleaning is very much compromised in all units specially in critical care areas.	Housekeeping	Immediate & Continuous process	Housekeeping, all concern dept.