Aster WHITEFIELD HOSPITAL



To,We'll Treat You Well

The Regional Officer, Mahadevapura Karnataka State Pollution Control Board, Nisarga Bhavan, Thimaiah Main Road, 7th D Main, 3rd Stage, 2nd Block, Shivanagar, Basaveshwaranagar, Bengaluru – 560 079.

Sir,

Sub. : Submission of annual report (Form IV) for the year Jan. 2024 – Dec. 2024.

With reference to the above subject, I herewith submitting details of **Form-IV** (Bio-medical waste disposal annual returns) under Bio-medical management and handling rules, to KSPCB authorized agency, for the year Jan. 2024 – Dec. 2024 of our unit having address Plot No. 3 & 4, Survey No - 76, Sadaramangala Industrial Area, Of, ITPL Opp. Whitefield Bengaluru, Karnataka 560066

Please update in your record and acknowledge the same.

Thanking you,

Yours Faithfully,

Dr. Prashanth N. CEO





Aster Hospitals Karnataka Cluster

Enclosures:

1. Form-IV- Details of Bio-medical waste generated and disposed to KSPCB authorized agency for the year Jan. 2024 – Dec. 2024.

2. Annexure -1: Statement showing details of Bio-medical waste disposed to KSPCB authorized agency from Jan. 2024 – Dec. 2024.

3. Photocopies of Manifest copies of Bio-medical waste disposed for the year Jan. 2024 – Dec. 2024.

4. Bio-medical waste authorization copy (Under Bio-medical waste management and handling rules).

5.Deatils of Accident

6.MOM of Biomedical Waste Management Committee.

Aster WHITEFIELD HOSPITAL



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- 6.MOM of Biomedical Waste Management Committee.

.....Form – IV (See rule13) ANNUAL REPORT

SI.	Particulars		
No			
1.	Particulars of the Occupier		Aster Hospital
	(i) Name of the authorized Occupier	:	Dr. Prashant N CEO Aster Hospitals Karnataka Cluster, Plot No. 3 and 4, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk 560066
	(ii) Name of Facility	:	Aster Hospital
	(iii) Address for Correspondence	:	Plot No. 3 and 4, Sy. No.76, Sadaramangala vllage, KR Puram Hobli, Bengaluru East Taluk 560066
	(iv) Address of Facility	:	Plot No. 3 and 4, Sy. No.76, Sadaramangala vllage, KR Puram Hobli, Bengaluru East Taluk 560066
	(v)Tel. No, Fax. No		080 4510 8888
	(vi) E-mail ID		mrudula.n@asterhospital.in
	(vii) URL of Website		https://www.asterhospitals.in/hospitals/asterbangalore
	(viii) GPS coordinates of HCF		12° 59' 17''N 77° 44' 02''S
	(ix) Ownership of HCF		Private Limited
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Valid, Authorization is valid till 25/09/2028
	(xi). Status of Consents under Water Act and Air act		Valid, Consent is valid till 30/06/2028
2.	Type of Health Care Facility		Hospital
	(i) Bedded Hospital		294 Bedded hospital
	(ii) Non-bedded hospital		NA
	(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		NA

3.	Details of CBMWTF					
პ.	(i) Number healthcare facilities	-	NA			
	` '	-	NA			
	covered by CBMWTF	-	NA			
	(ii) No of beds covered by		NA			
	CBMWTF	\dashv	NA			
	(iii) Installed treatment and		NA			
	disposal capacity of CBMWTF	-	NA			
	(iv) Quantity of biomedical		NA			
	waste treated or disposed by					
	CBMWTF	\dashv	Yellow Category:	51344 K	g ner annu	m
4.	Quantity of waste generated in	}	Red Category: 523			
	Kg per annum (on monthly	ŀ	White Category: 1			
	average basis)	ŀ				
			Blue Category: 64			rannum
			General solid was	LE. /300	3.23 Kg pe	unnun
5.	(1) 15 - 1 - 11 - 1 - 11 - 1 - 11 - 11 -		Size: 246 Sq. ft.			
	(i) Details of the onsite storage		Capacity: 3045 kg	nor da	v storage	
	facility disposal facility		Provision of on-sit			nrage or
		i	any other provision			
			dedicated storage			
			categories in thei			1011
			Type of	No of	Capacity	Quantity
			treatment	units	Kg/Day	treated or
			equipment	GITTES	1,6,50,	disposed
			equipment			Kg/annum
			Incinerators	NA	NA	NA
			Plasma Pyrolysis			
			Autoclaves			
			Microwave			
			Hydroclave			
			Shredder			
			Needle tip	NA	NA	NA
			cutter or			
			destroyer			
			Sharps			
			encapsulation			
			or - concrete pit			
			Deep burial pits	NA	NA	NA
			Chemical			
			disinfection:			
			Any other	1		!
			treatment			
			equipment:	NA	NA	NA
					<u> </u>	
	(iii) Quantity of recyclable		Red Category (lik	e plastic	c, glass etc.)
	wastes sold to authorized		NA			

	recyclers after treatment in kg			
	(iv) No of vehicles used for collection and transportation of biomedical waste	NA		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	Quantity generated NA NA NA	Where disposed NA NA NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Anu Autoclave & GF, #854/F, 10th Bengaluru, Karna	Main Rd, Stage	
	(vii) List of member HCF not handed over bio-medical waste.		NA	
6	Do you have a bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes	
7	Details trainings conducted on BMW			-
	(i) Number of trainings conducted on BMW Management.	21		
	(ii) number of personnel trained	305		
	(iii) number of personnel trained at the time of induction	Every new memb	oer joined will k	e inducted
	(iv) number of personnel not undergone any training so far	Nil, we shall train handling Bio-me- waste.		
	(v) Whether standard manual for training is available? (vi) any other information	Yes		
8	Details of the accident			
	occurred during the year (i) Number of Accidents occurred	06 needle stick in	njury	
	(ii) Number of the persons affected	NA		

	(iii) Remedial Action taken (Please attach details if any)		Necessary Serology Test conducted.
	(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?		Yes, we have a separate line and collection tank for liquid bio-medical waste at STP area, which is treated as per norms and treated using Ultra filtration technique.
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 .
12.	Any other relevant information	:	

Certified that the above report is for the period from 1^{st} Jan 2024 to 31^{st} December 2024.

Date: Place:





INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

IN-KA39102291933861V Certificate No. 11-Apr-2023 04:02 PM Certificate Issued Date

NONACC/ kakscsa08/ INDIRA NAGAR2/ KA-SV Account Reference

SUBIN-KAKAKSCSA0861619741523669V Unique Doc. Reference ANU AUTOCLAVE AND INCIN SERVICES Purchased by

Article 12 Bond Description of Document **AGREEMENT** Description

0 Consideration Price (Rs.)

(Zero)

ANU AUTOCLAVE AND INCIN SERVICES First Party

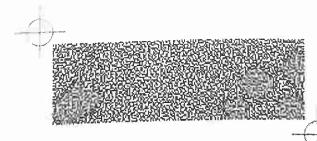
ASTER DM HEALTHCARE LIMITED Second Party

ANU AUTOCLAVE AND INCIN SERVICES Stamp Duty Paid By

Stamp Duty Amount(Rs.)

(One Hundred only)





Please write or type below this line

BIO-MEDIAL WASTE MANAGEMENT SERVICE AGREEMENT

M/s. Anu Autoclave & Incin. Services (GSTIN: AAVFA7795F1ZL) having its registered office at M/s. Ann Autobia Main, Indiranagar 2nd Stage, Bangalore - 560038. Hereinafter referred to as GF, #854/F, 10th Main, Indiranagar 2nd Stage, Bangalore - 560038. Hereinafter referred to as "AAIS" represented by its Business- Head Mr. PSS. Rao oaith,

AND

Statutory Alert:

1 The authenticity of this Stamp certificate should be verified at 'www shoilestamp.com' or using e-Stamp Mobile App of Stock Holding.

1 The authenticity of this details on this Certificate and as available on the website / Mobile App renders it invalid.

Any discrepancy in the facility the facilities of the certificate.

Any discrepancy in the decision of the users of the certificate.

The onus of checking the legitimacy is on the users of the certificate.

nanna ara government of karnataka udvernment of karnataka udvernment of karna iaka government of harna iaka government of

- 8. "AAIS" will issue a proof of waste which is collected from "Aster Hospital", as per your declaration in the Application Form. This will help the individual hospital for getting compliance with the State Pollution Control Board. "Aster Hospital" can take their Authorization from the State Pollution Control Board by informing the Board that, "AAIS" treats their waste (The same has to be mentioned in the Authorization Form).
- 9. In case "Aster Hospital" find any irregularities in collection of waste, they can send a notice in writing to "AAIS" for immediate action.
- 10. "AAIS", will maintain their plant in good running condition all the time and ensure continuity of service to "Aster Hospital" as per the agreed terms & Conditions.
- 11. This MEMORANDUM OF UNDERSTANDING is entered into on the express understanding that, "AAIS" will maintain the logistics in order to collect, transport and treat the waste at their plant strictly in accordance with the Consent of the Karnataka State Pollution Control Board and it shall be the responsibility to obtain the Consent and keep the same always current.
- 12. In case of violation of any of the agreed terms & conditions of the MOU by either party, issue of notice may terminate this MOU Three months in advance by either party for terminating their respective obligations.
- 13. All disputes to this understanding are subject to the Jurisdiction of the court in Bangalore only.

14. This MOU is effective from 01-04-2023 and is valid for 5 (Five) Years up to 31.03.2028.

M/s. Anu Autoclave & Incin. Services.,

Business-Head.

M/s. Aster Hospital - (A unit of Aster DM healthcare Ltd),

Authorized Signatory

M/s. Aster DM Healthcare Limited (GSTIN: 29AACCD7912K1ZD), No.1785, Sarjapura Road, Sector-1, HSR Layout Ward No.174, Agra Extension, Bengalore-5600102 having its Hospital at in the name of Aster Hospital (A unit of Aster DM healthcare Ltd) having its place of business at Plot No.3 & 4, Sadaramangala Industrial Area, off Whitefield Main Road, opposite ITPL, Whitefield, Bengaluru, Karnataka 560066, Karnataka, India, Hereinafter referred to as "Aster Hospital", represented by its Authorized Signatory - (COO) Mr Arun Kumar is hereby agreed and come to the Agreement on this 1st Day of April month year 2023 as detailed below:

- 1. "AAIS", with Consent from Karnataka State Pollution Control Board is Operating a Common Treatment Facility for Managing Bio-Medical Waste in the State of Karnataka at Sy.No.145/2, Gullahalli Village, Sulibele Hobli, Hoskote Taluk, Bangalore Rural -562122. The facility is having a State of Art Autoclave System along with the Shredder and Incinerator.
- 2. "Aster Hospital", its Bio-Medical Waste, properly packed in color-coded bags as per Pollution Control Board regulations for treatment and final disposal to "AAIS". The waste should be given at one single point by "Aster Hospital", has at given time of "AAIS" vehicle.
- 3. "AAIS" will charge a price of Rs.6/- (Rupees Six) per Bed per Day (Excluding Statutory taxes if any) as agreed for collection, transportation, treatment and final disposal of Bio-Medical Waste. This price is for a period of one year from the date of this agreement and thereafter there will be 10% (Ten percent) escalations in the price for every one year at the existing rate. However, for cost factors beyond control, a suitable revision will be permitted.
- 4. "Aster Hospital", will not enter into any kind of agreement with any other party or organization for the waste treatment and disposal unless cancellation of this agreement by obtaining NO OBJECTION CERTIFICATE from KSPCB and DHO and BBMP/Local Municipal Authorities.
- 5. "Aster Hospital" at Plot No. 3 & 4, Sadaramangala Industrial Area, off Whitefield Main Road, opposite ITPL, Whitefield, Bengaluru, Karnataka 560066, Karnataka, India having total 294 beds. The exact number of beds will be taken from the declaration given to the State Authorities. Anu Autoclave & Incin Services shall charge for 55 Beds per day up to 12(TWELVE) months thereafter total Licensed Beds.
- 6. "Aster Hospital", assuring that, payment should be made through Electronic Payment Mode on or before 5th of every month. Details for electronic payment: -

A/c Name: ANU AUTOCLAVE & INCIN SERVICES;

A/c. No: 00000038600340239; Type of A/c: CURRENT ACCOUNT.

Bank: STATE BANK OF INDIA; MICR Code: 560002183.

Branch: PREMIER BANKING BRANCH - INDIRANAGAR; IFSC Code: SBIN0015035.

7. "AAIS" will collect Bio-Medical waste regularly and treat the waste as per the regulations. "AAIS" will not collect any waste that is not segregated or not properly packed. "AAIS" will not Collect General Garbage at all.

Bankrala - 10

Page 2 of 3



Form III -[Rule10]

Authorisation for Bio-Medical Waste Management Rules, 2016

Authorization type: HCF Authorization No : 339956 Valid upto: 25-09-2028 Karnataka State Pollution Control Board "Parisara Bhavana", No.49, Church Street, Bengaluru-560001 Tele: 080-25589112/3, 25581383 Fax:080-25586321

Email: ho@kspcb.gov.in

(This document contains 1 pages excluding additional conditions)

PCB ID: 99322

INW ID: 192708

Date:07/10/2023

AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION, TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES

Ref:

- 1. Authorization application submitted by the HCF on 20-04-2023 at Regional Office.
- 2. Inspection of the project site/organization by Regional Officer, Bengaluru Mahadevapura on 26-09-2023
- 1. Authorization number and date of issue 339956 and 07-10-2023
- 2. M/s. Arun Kumar an occupier or operator of the hospital located at Plot No.3 & 4, Sadaramangala Industrial area, whitefield is hereby granted an authorization for Activity: Generation, Collection, Storage, Disposal
- M/s. Aster Hospital is hereby authorized for handling of biomedical waste as per the capacity given below
 - i. Number of beds of HCF: 294

Category	Type of Waste	Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	700.000	Disposed to CBMWTF
	Animal Anatomical Waste	0.000	Disposed to CBMWTF
	Soiled Waste	0.000	Disposed to CBMWTF
	Expired or Discarded Medicines	90.000	Disposed to CBMWTF
	Chemical Solid Waste	600.000	Disposed to CBMWTF
	Chemical Liquid Waste	10.000	To be Treated and Disposed as per BMW rules 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	0.000	To be Treated and Disposed as per BMW rules 2016
	Microbiology, Biotechnology & other clinical laboratory Waste	200.000	To be Treated and Disposed as per BMW rules 2016
Red	Contaminated Waste (Recyclable)	1500.000	To be Disposed as per BMW rules 2016
White (Transluce nt)	Waste sharps including Metals	345.000	To be Disposed as per BMW rules 2016
Blue	Glassware	500.000	To be Disposed as per BMW rules 2016
	Metallic Body Implants	55.000	To be Disposed as per BMW rules 2016

4. This authorisation shall be in force for a period upto 25-09-2028 from the date of issue.

5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.

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Form III -[Rule10] **Authorisation for Bio-Medical** Waste Management Rules, 2016

Authorization type: HCF Authorization No: 339956 Valid upto: 25-09-2028

Karnataka State Pollution Control Board "Parisara Bhavana", No.49, Church Street, Bengaluru-560001 Tele: 080-25589112/3, 25581383

Fax:080-25586321

Email: ho@kspcb.gov.in

(This document contains 3 pages excluding additional conditions)

health care workers and others involved in handling of bio- medical waste and maintain the records for the same:

- Applicant shall maintain and update on day to day basis the bio-medical waste management 20. register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
- Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
- Applicant shall make available the annual report on their web-site and all the health care facilities 22. Applicant shall inform the prescribed authority immediately in case the operator of a facility does

not collect the bio-medical waste within the intended time or as per the agreed time;

- Applicant shall establish a system to review and monitor the activities related to bio-medical 24. waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
- Applicant shall maintain all record for disposal of biomedical waste for a period of five years; 25.

The applicant shall immediately adopt bar coding system for Bio medical waste 26.

- The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at bmw.cpcbccr.com/#/p/login.
- B. Specific instruction:

Additional Conditions:

The Occupier of the hospital shall comply with all the conditions prescribed in the Annexure.

FOR AND ON BEHALF OF KARNATAKA POLLUTION CONTROL BOARD

CHIEF/ SENIOR ENVIRONMENTAL OFF

Digitally signed by Date: 2023.10.0/ 16:27:12

+05:30

The Environmental Officer, KSPCB, Regional Office, Bengaluru Mahadevapura for information and to inspect the HCF during your next visit to the area.

Master copy (Dispatch).

3. Office copy.

COPY TO:



Karnataka State Pollution Control Board "Parisara Bhavana", No.49, Church Street,Bengaluru-560001

Tele: 080-25589112/3, 25581383

Fax:080-25586321

Email: ho@kspcb.gov.in

Authorization type: CBMWTF Authorization No: 344466 Valid upto: 30-06-2029

(This document contains 1 pages excluding additional conditions)

PCB ID: 20890

INW ID: 225295

Date:19/07/2024

AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION, TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES

Ref:

- Authorization application submitted by the CBMWTF on 23-05-2024 at Regional Office.
- Inspection of the project site/organization by Regional Officer, Hoskote on 02-07-2024
- Authorization number and date of issue 344466 and 19-07-2024
- M/s. Sambasiva Rao Panguluri an occupier or operator of the hospital located at Gullahalli Village is hereby granted an authorization for Activity: Collection, Storage, Reception, Transportation, Treatment, Disposal
- M/s. Anu Autoclave & Incin. Services (Common Bio Medical Waste & Treatment Facility) is hereby authorized for handling of biomedical waste as per the capacity given below
 - i. Number healthcare facilities covered by CBMWTF: 134
 - Installed treatment and disposal capacity: 8000.000 Kg per day
 - Area or distance covered by CBMWTF: 75.000
 - Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	600.000	Incineration
	Animal Anatomical Waste	200,000	Incineration
	Soiled Waste	150.000	Incineration
	Expired or Discarded Medicines	100.000	Incineration
	Chemical Solid Waste	20.000	Incineration
	Chemical Liquid Waste	10.000	To be Treated and Disposed as per BMW rutes 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	200.000	Incineration
	Microbiology, Biotechnology & other clinical laboratory Waste	100.000	Incineration
Red	Contaminated Waste (Recyclable)	600.000	Autoclaving
White (Transluce nt)	Waste sharps including Metals	100.000	Autoclaving
Blue	Glassware	100.000	Disinfection and sent for recycling
	Metallic Body Implants	50.000	Disinfection and sent for recycling

4. This authorisation shall be in force for a period upto 30-06-2029 from the date of issue.

5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.



Authorization type: CBMWTF Authorization No: 344466 Valid upto: 30-06-2029

Karnataka State Pollution Control Board "Parisara Bhavana", No.49, Church Street.Bengaluru-560001 Tele: 080-25589112/3, 25581383

Fax:080-25586321 Email: ho@kspcb.gov.in

(This document contains 2 pages excluding additional conditions)

Terms and conditions of authorization *

The applicant/authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.

This authorisation or its renewal shall be produced for inspection at the request of an officer

authorised by the prescribed authority.

The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical 3. wastes without obtaining prior permission of the prescribed authority.

Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.

It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.

Applicant shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with the BMW rules.

- Applicant shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I of the Bio-Medical Waste Management Rules, 2016.
- Applicant shall ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in the BMW rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I of the Bio-Medical Waste Management Rules, 2016.

Applicant shall Pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;

Applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of the B MW rules;

Applicant shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;

Applicant shall not to mix treated/untreated bio-medical waste with municipal solid waste;

13. Applicant shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;

Applicant shall immunise all its health care workers and others, involved in handling of biomedical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time:

Applicant shall establish Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose;

Applicant shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or 16. neutralisation prior to mixing with other effluent generated from health care facilities;

Applicant shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);

Applicant shall ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments:

Applicant shall conduct health check up at the time of induction and at least once in a year for all its 19.

Form III -[Rule10] Authorisation for Bio-Medical Waste Management Rules, 2016

Authorization type: CBMWTF Authorization No : 344466 Valid upto: 30-06-2029 Karnataka State Pollution Control Board "Parisara Bhavana", No.49, Church Street, Bengaluru-560001 Tele: 080-25589112/3, 25581383

Fax:080-25586321 Email: ho@kspcb.gov.in

(This document contains 3 pages excluding additional conditions)

health care workers and others involved in handling of bio- medical waste and maintain the records for the same;

- 20. Applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
- 21. Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
- 22. Applicant shall make available the annual report on their web-site and all the health care facilities
- 23. Applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
- 24. Applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
- 25. Applicant shall maintain all record for disposal of biomedical waste for a period of five years;
- 26. The applicant shall immediately adopt bar coding system for Bio medical waste
- 27. The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at bmw.cpcbccr.com/#/p/login.
- B. Specific instruction:

Additional Conditions:

1)This authorization is issued after prior approval of Member Secretary for the period upto 30.06.2029 with conditions.2)The Occupier shall comply with all the conditions prescribed in the ANNEXURES attached

herewith and submit compliance.

FOR AND ON BEHALF OF KARNATAKA POLLUTION CONTROL BOARD

CHIEF/ SENIOR ENVIRONMENTAL OFFICER

Signature Not Verified

Digitally signed b

COPY TO:

The Environmental Officer, KSPCB. Regional Office, Hoskote for information and prins 1024b07 19 17:29:59
 HCF during your next visit to the area. +05:30

Master copy (Dispatch).

Office copy.

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	12	11	10	9	00	7	6	ហ	4	w	2	₽	SLNo		
	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	Month		
1,847	192	171	174	162	176	183	150	175	87	147	144	86	Count	PTYS	
6,494	655.08	579.24	554.1	560.81	563.99	602.61	527.61	686.69	372.21	582.62	506.84	301.95	Weight	Charle	
8,132	702	641	708	682	710	770	802	736	632	647	602	500	Count	ASS.	
52,325	4894.57	4764.15	4981.34	5072.93	5196.8	4952.28	4888.08	4487.36	3344.08	3805.48	3263.37	2674.5	Weight	64	BIO ME
11,003	888	854	919	909	987	1046	964	1038	959	985	843	611	Count	Yellov	DICAL W
50,084	4701.22	4553.85	4719.07	4623.23	4856.1	4963.26	4460.54	4232.82	3601.8	3930.22	3274.2	2167.36	Weight	Yellow bags	BIO MEDICAL WASTE COLLECTION
1,052	134	92	99	100	115	98	82	92	73	75	51	41	Count	Containe	LECTION
1,564	169.31	117.24	135.48	166.74	147.43	122.2	134.07	149.02	147.04	133.09	80.48	61.53	Weight	s/Sharps	DATAA
334	22	25	18	30	23	31	27	60	51	20	16	11	Count	Cytotoxic	DATA A & B Block
1,260	84.01	101.46	75.57	137.86	97.64	135.61	102.18	256.55	138.72	57.58	54.05	18.95	Weight	Cytotoxic yellow bags	
8	0	0	0	0	0	0	0	0	2	4	0	2	Count		i.
29	0	0	0	0	0	0	0	0	6.38	14.79	0	7.7	Weight		
22,376	1938	1783	1918	1883	2011	2128	2025	2101	1804	1878	1656	1251	Count		
111,755	10504.19	10115.94	10465.56	10561.57	10861.96	10775.96	10112,48	9812.44	7610.23	8523.78	7178.94	5231.99	Weigh	Total	



ANNUAL REPORT

To, M/S. Aster Hospital., Plot No. 3 & 4, Sadaramangala Industrial Area, Off Whitefield Main Road, Opposite ITPL, Whitefield, Bangalore-560066.

Dear Sir/ Madam,

This is informing you that, we have collected following quantity of Bio-Medical Waste from your Establishment from Jan 2024 to Dec 2024.

				A	STER H	OSPITA	L – A &	B Blo	ck				
	Pe	riod: Jan-	-2024: Dec	-2024			E	stablishr	nent Type	- Bedde	d Hospita	<u> </u>	
SI	CI CI	Yello	w Bags	Red	Bags	Blue M	lark Box	WH	nites	Cytotox	cic Bags	Te	otal
No.	Month	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan-24	611	2167.36	500	2674.5	86	301.95	41	61.53	11	18.95	1251	5231.99
2	Feb-24	843	3274.2	602	3263.37	144	506.84	51	80.48	16	54.05	1656	7178.94
3	Mar-24	985	3930.22	647	3805.48	147	582.62	75	133.09	20	57.58	1878	8523 8
4	Apr-24	959	3601.8	632	3344.08	87	372.21	73	147.04	51	138.72	180=	610.23
5	May-24	1038	4232.82	736	4487.36	175	686.69	92	149.02	60	256.55	2101	812 - 4
	Jun-24	964	4460.54	802	4888.08	150	527.61	82	134.07	27	102.18	2025	10112.48
6	Jul-24		4963.26	770	4952.28	183	602.61	98	122.2	31	135.61	2128	107
7	Aug-24	1046			5196.8	176	563.99	115	147.43	23	97.64	2011	10861.96
8	Sep-24	987	4856.1	710	5072.93	162	560.81	100	166,74	30	137.86	1883	10561.57
9	Oct-24	909	4623.23	682		174	554.1	99	135.48	18	75.57	1918	10405.56
10	Nov-24	919	4719.07	708	4981.34	171	579.24	92	117.24	25	101.46	1783	10115.94
11_		854	4553.85	641	4764.15	1		134	169.31	22	84.01	1938	10504.19
12	Dec-24	888	4701.22	702	4894.57	192	655.08	134	109.51		04.01		
	Total	11,003	50,084	8,132	52,325	1,847	6,494	1,052	1,564	334	1,260	22,376	1,11,755

For Anu Autoclave & Incin Services.,

SAMBASIVA RAO PANGULURI
DAte: 2025.02.19 14:39:56 PANGULUR

PSS Rao - Business Head.

Cell: 8861437446.

Our motto "A Solution to Environment Pollution"

Aster Whitefield Hospital- A&B Block

Needle Stick Injury Details-Jan 2024 to Dec 2024

MONTH	DATE OF EXPOSURE	A BODY FLUID EXPOSURE	LOCATION OF OCCURANCE	CATEGORY OF STAFF (NURSE/CLINICIAN ETC)	NAME OF STAFF
Feb	16/02/2024	Sharp Injury	OT -B block	House Keeping	Mr. Saidur Rehman Laskar
Mar	23/03/2024 Needle stick injury		A block 2nd floor Ward	House Keeping	Ms. Nirmala
Apr	29/04/2024	Needle stick injury	General surgery OPD B Block	House Keeping	Ms. Mala
Aug	19-08-2024	Body fluid exposure	B Block Endoscopy	House Keeping Staff	Ms. Jyothi B
Aug	8/26/2024	Needle stick injury	A Block Second floor Ward	House Keeping Staff	Mrs. Lalitha S
Dec	04-12-2024	Needle stick injury	OT -B block	HK Staff	Mr. Aktar ali



Date of Meeting: 28th Mar 2024

Venue: A Block – 4th floor training room

Time: 3:00 PM - 04:00 PM

- Review of previous minutes of meeting
- HIC Indicator for Jan & Feb-24.
- Infection Control Risk Assessment for 2024.
- Antibiogram for the year Jan 2023 to Dec 2023.
- Cleaning and Disinfection practices.
- Availability of adequate catheter care and Oral care sets.
- Protocol for disinfection of Laryngoscopes
- Open Discussion.

Members present at the Committee meeting:

- Mr Arun Kumar -Chief Operating Officer
- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- Dr.Rakshitha Consultant , Microbiologist and ID
- Dr. Rashmi N.P- AMS
- Dr Topoti Mukherjee- Lead consultant nephrology
- Dr Aravinda A- Pediatric ER Lead consultant
- Dr Yathish-Lead consultant Rheumatology
- Dr Srinivasa Murthy-Lead consultant Paediatrics
- Dr. Krishna Consultant- Anaesthesiology

- 10. Dr Prabhakar- Lead Consultant Surgery
- 11. Ms. Ranjitha Assistant Manager Quality
- 12. Ms. Sowmya- M N- ICN
- 13. Ms. Stella M-ACNO
- 14. Ms Anupama- Nursing Quality
- 15. Dr. Soumya- Clinical pharmacologist
- 16. Mr Sanjay KB Support services
- 17. Mr Miraj- F&B, Asst manager
- 18. Dr. Vrushali-Executive Quality



3. P	2.	. '	SINO	
Pre op shower protocol for surgical patients	Needle stick Injury Campaign	In view of Improving Hand Hygiene Compliance	Discussion point/ Department	
Committee suggested that Pre op shower order to be included in the OP prescription for surgical patients on OPD basis. Infection Control team should send official email on the same to all the Surgeons and should be available in OP Pharmacy.	Committee suggested to give hands on training for all Dr. Rakshitha and Team staffs to follow Safe handling of sharps and Prevention Dr. Ashok B C -CMS of NSI. Dr. Rashmi-AMS Ms. Gowramma -CNO Mr. Sanjay KB - Support	Since Hand Hygiene trends are low, there should be scope for improvement. Committee targets to achieve Ms. Gowramma 90% compliance in critical areas to prevent cross infection and suggested to remind or offer the handrub to doctors to do hand hygiene by allocated staff/In charge Nurse during patient rounds to supervise and correct the nurses on spot when not following hand hygiene, to be done by supervisors/ floor in-charges.	Action Plan	Previous HIC Weeting Minutes -17th Jan-24
Dr. Rakshitha-ICO Dr.Ashok B C-CMS Mr. Nagarjuna/ Mr. Somanna- Pharmacy	Dr. Rakshitha and Team Dr. Ashok B C -CMS Dr. Rashmi-AMS Ms. Gowramma -CNO Mr. Sanjay KB - Support services	Dr. Ashok -CMS Dr.Rashmi-AMS Ms. Gowramma -CNO Mr Sanjay KB - Support services Infection control team	Responsibility	
Closed	Closed	Ongoing	Status	



.1 SNO	Discussion point / Department Hand hygiene Campaign	Since Hand Hygie scope for improv			
DD.	Campaign	scope for improvement. Committe achieve 90%compliance in all area prevent cross infection and sugges hand hygiene campaign to ensure all the health care workers. It is als assessment goal for the year 2024	pital to uct across the risk		
.5	Shortage of Sterile sets for Procedure such as Catheterisation set, dressing set, catheter care and oral care sets.	Should ensure adequate sterile sets and it should be available in the departments for procedure purpose Ms. Stella should take initiative to give count to purchase team.	erile sets and it should be its for procedure purpose ative to give count to	erile sets and it should be Ms. GowrammaCNO its for procedure purpose Mr. AugustineDeputy ative to give count to manager Purchase Mr. KantharajCSSD Incharge	
3.	Vaccination program for Support service staffs	Team has to share Eligible staff for vaccination list before 25 th of every month to the infection control team.	staff for vaccination onth to the infection	staff for vaccination Mr. Sanjay- Asst. Manager onth to the infection Support Services	
4.	Awareness to all HK staff regarding Infection Control practices	Awareness to all HK Infection control topics for the House keeping Staff regarding Infection staff and supervisor frequency should be Sup Control practices increased as very less hospital experience Ms.	or the House keeping Jency should be	eping Mr. Sanjay Support se	ping



						111
				Laryngoscopes	Disinfection of Used	Cleaning and
in the ER and ICUs.	except OTs. Extra set of laryngoscopes to be kept Mr. Kantha raj-CSSD Incharge.	dedicated area for disinfection of Laryngoscopes Ms. Gowramma -CNO	CSSD. Committee identified CSSD as the	users then sent for disinfection purpose to the	laryngoscope initial cleaning to be done by end	Committee suggested that after usage of
	Mr. Kantha raj-CSSD Incharge.	Ms. Gowramma –CNO.	manager Purchase.	Mr.Augustine- Deputy	Biomedical Engineering.	Mr. Shakti -Executive
						30 th April Open
	•					Open

A Comment of the Comm

Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital

Bangalore

Signature of the Convener: Hospital Infection Control Committee Aster Whitefield Hospital Bangalore



Date of Meeting: 22nd 2024

Venue: A Block – 4th floor training room

Time: 2:30 PM - 03:30 PM

Agenda:

- Review of previous minutes of the meeting.
- HIC Indicators Mar and Apr-24.
- Hand Hygiene Campaign.
- TPN Infusion practices awareness.
- Disposal of Cytotoxic waste policy
- Open Discussion.

Members present at the Committee meeting:

- Dr. Ashok BC-CMS and Lead Consultant Plastic Surgery
- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- Dr. Rakshitha Consultant Microbiologist and ID
- Dr. Rashmi N.P- AMS
- Dr Latish Kumar- Lead consultant NICU
- Dr Srivatsa- Lead consultant Pulmonologist
- Dr Aravinda A- Paediatric ER Lead consultant
- Dr Srinivasa Murthy- Lead consultant Paediatrics
- Dr. Ramachandra Lead Consultant Anaesthesiology
- 10. Dr Prabhakar- Lead Consultant Surgery
- 11. Ms. Ranjitha –Assistant Manager Quality

- 12. Ms. Sowmya- M N- ICN
- 13. Ms. Stella M-ACNO
- 14. Ms Anupama- Nursing Quality
- 15. Dr. Soumya- Clinical pharmacologist
- 16. Mr Sanjay KB Support services
- 17. Mr Miraj- F&B, Asst manager
- 18. Dr. Vrushali-Executive Quality
- 19. Ms. Gowramma E- CNO
- 20. Mr Suresha gouda- Senior executive Engineering & Maintenance
- 21. Mr Kantharaj- CSSD in charge

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				<u> 1</u> -1	SINo	
Circulating the Re-use device policy	Awareness to all HK staff regarding Infection Control practices	Vaccination program for Support service staff	Shortage of Sterile sets for Procedures such as Catheterisation, dressing, catheter care, and oral care sets.	Hand hygiene Campaign	Discussion point / Department	
Re-use device policy to be Circulated to the Nursing Team to maintain the documentation.	Awareness to all HK Infection control topics for the housekeeping Mr. staff regarding Infection staff and supervisor frequency should be control practices increased as very less hospital experience Ms. background staff including supervisors to adhere ICN the practices and dedicated HK staff to be given for critical areas.	The team must share the Eligible staff for vaccination list before the 25th of every month with the infection control team.	Should ensure adequate sterile sets and it should be available in the departments for procedure purposes Ms. Stella should take the initiative to give count to the purchase team.	Since Hand Hygiene trends are low, there should be scope for improvement. The committee targets to achieve 90%compliance in critical areas to prevent cross infection and suggested to conduct a hand hygiene campaign to ensure awareness across the health care workers	Action Plan	HIC Committee Previous minutes of 28th Mar-2024
Mr. Kantharaj-CSSD Incharge	Mr. Sanjay KB - Support services Ms. Sowmya and Ms. Reisho- ICN	Mr. Sanjay-Support Services	Ms. Gowramma –CNO Mr. Augustine –Purchase Mr. Kantharaj -CSSD	Dr. Ashok -CMS Dr. Rashmi-AMS Ms. Gowramma -CNO Mr Sanjay KB - Support services Dr. Rakshitha-ICO	Responsibility	2024
Closed	Ongoing	Closed	Partially	Ongoing	Status	

. 4.	'n	2.	 	SINO	
Cleaning and Disinfection of Used Laryngoscopes	Dedicated Service Lift transporting Biomedical waste	CSSD Recall mock	In view of Improving Hand Hygiene Compliance	Discussion point / Department	
Laryngoscopes post use will be sent to CSSD for high level disinfection. This needs to be streamlined in all critical care units and ER.	The committee suggested streamlining the practices in the C Block Service lift and training all Support services HK and Security Staff. Post transporting the waste in scheduled timings, pictures of the same to be sent in the facilities group along with cleaning the lift after transport.	The committee suggested to reduce the frequency of the drill once everyone is aware of the protocol and suggested not to resterilise the collected sets but to ensure sterility while collecting sets.	Since the hand hygiene campaign was successful, it needs to be done regularly. The committee targets to achieve high compliance in ward areas by reminding or offering hand rub to doctors to do hand hygiene by allocated staff/In charge Nurses during patient rounds and they are empowered to remind. To supervise and correct the nurses on the spot when not following hand hygiene, to be done by supervisors/ floor incharges	Action Plan	Hic Meeting Minutes -22nd Ma
Dr. Rohini Paul & team- Cluster Nursing head Mr. Kantha raj-CSSD Incharge Mr. Shakti-BME	Mr. Sanjay KB – Manager Support services	Mr. Kantha raj-CCSD Incharge	Dr. Ashok -CMS Dr. Rashmi-AMS Dr. Rohini Paul & team- Cluster Nursing head	Responsibility	nd May-24
15-06-2024	30-05-2024	15-06-2024	15-06-2024	Timeline	
Partially	Immediate	Ongoing	Ongoing	Status	



HIC Committee Minutes of meeting 23rd Jul- 2024

Date of Meeting: 23rd Jul-2024

Venue: A Block – 4th floor training room

Time: 2:30 PM - 03:30 PM

Agenda:

- Review of previous minutes of the meeting.
- HIC Indicators May and Jun-24.
- Biomedical equipment disinfection Practices.
- Annual Infection Control budget
- Open Discussion.

Members present at the Committee meeting:

- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- Dr. Rakshitha Consultant Microbiologist and ID
- Dr. Rashmi N.P- AMS
- Dr Venkatesh Guptha- consultant, Intensivist
- Dr Latish Kumar- Lead consultant NICU
- Dr Aravinda A- Paediatric ER Lead consultant
- Dr Srinivasa Murthy- Lead consultant Paediatrics
- Dr Prabhakar- Lead Consultant Surgery
- Ms. Ranjitha –Assistant Manager Quality

- 10. Ms. Sowmya- M N- ICN
- 11. Ms. Stella M-ACNO
- 12. Dr. Praveen and Soumya- Clinical pharmacologist
- 13. Mr Kantharaj- CSSD in charge.
- 14. Arjun Shakthi-Assistant Manager -Biomedical Engineering
- 15. Ms. Hemalatha BS- Manager-Operations
- 16. Ms. Usharani M- Nurse Officer -Quality

HIC Committee Minutes of meeting 23rd Jul- 2024

Si No Discus		1. Revi			2. Annual budget	2. Annu budg budg 3. Hosp
SI No Discussion point / Department		Review of previous minutes of meeting			Annual Infection Control budget	2. Annual Infection Control budget 3. Hospital Approved Disinfectants
HIC Committee Millures of meeting 25 Jun-	(Cleaning and Disinfection of Used Laryngoscopes) (Ms. 1) Laryngoscopes post use will be sent to CSSD for high level disinfection. Adequate sets should be made available in the departments.	Committee suggested that pending reports will be Dr. Ashok -CMS written in the discharge summary and explained Dr. Rashmi-AMS to the patient.	Biomedical waste bins should've Posters of	biomedical waste in bigger font and may also have Services a pictographical representation.	biomedical waste in bigger font and may also have Services a pictographical representation. The Annual Infection Control budget for FY 2024- Dr. Rakshitha-ICO 25 has been discussed and approved. Suggested tolMr. Sanjay-Support show the consumption cost of disinfectants and Services PPE in the Infection Control budget.	biomedical waste in bigger font and may also have a pictographical representation. The Annual Infection Control budget for FY 2024-25 has been discussed and approved. Suggested to show the consumption cost of disinfectants and PPE in the Infection Control budget. Hospital Approved Disinfectants been discussed and approved by the committee.
Responsibility	CNO Ms. Stella M, Ms. Anupama-ACNO. Ms. Usharani —Quality Nurse.	Dr. Ashok -CMS Dr. Rashmi-AMS		Mr. Sanjay-Support Services	Mr. Sanjay-Support Services Dr. Rakshitha-ICO Mr. Sanjay-Support Services	Mr. Sanjay-Support Services Dr. Rakshitha-ICO Mr. Sanjay-Support Services Dr. Rakshitha-ICO
Timeline	15-08-2024	15-08-2024	30-08-2024		15-08-2024	15-08-2024
Status	Open	Open	Open		Open	Open Closed



HIC Committee Minutes of meeting 23rd Jul- 2024

10. Curtains changing practices Wards. Committee suggested to keep adequate Nanager Supponumber of curtains and it must change as per policy in ICUs and Mr. Sanjay-Asst	9. TPN Infusion practices Safety and awareness of TPN Infusion practices to label the infusion set with colour coded sticker. Nurse.	8. Availability of Ambu bags in The committee suggested to ensure adequate the ICUs number of Ambu bags in the critical care areas post usage or to arrange the disposal Ambu Bags if Ms. Anupama -ACNO it is reasonable cost.	The committee suggested train the Nurses on intradermal injection technique.
	l enhancing the CNO ion practices to Ms. Stella M, Ms. coded sticker. Anupama-ACNO. Ms. Usharani –Quality Nurse.	re adequate Mr. Augustine-Purchase 15-08-2024 al care areas Manager sal Ambu Bags if Ms. Anupama -ACNO Dr. Rashmi-AMS	Nurses on
05-08-2024	05-08-2024	e 15-08-2024	
Open	Immediate	Open	



Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore



Signature of the Convener:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore



HIC Committee Minutes of meeting

Date of Meeting: 18th Sep-2024

Venue: A Block - 4th floor Conference Room

Time: 3:30 PM - 04:30 PM

- Review of previous minutes of meeting.
- HIC Indicator Jul and Aug-24
- SIP Campaign.
- Serology positive popup in the HIS
- Examination gloves dispense and storage protocol in the bedside when it is <100 Nos.
- Open Discussion

Members present at the Committee meeting:

- Dr. Ashok BC- CMS and Lead Consultant Plastic Surgery
- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- Dr. Rakshitha Consultant Microbiologist and ID
- Dr Topoti Mukherjee- Lead consultant nephrology
- Dr Venkatesh Guptha- consultant, Intensivist
- Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
- Dr Aravinda A- Paediatric ER Lead consultant
- Dr Srinivasa Murthy- Lead consultant Paediatrics
- Dr Srivatsa- Lead consultant Pulmonologist
- 10. Dr. Krishna- Consultant Anaesthesiology
- 11. Ms. Anita L-CNO

- 12. Ms. Sowmya- M N- ICN
- 13. Ms. Stella M-ACNO
- 14. Dr. Soumya- Clinical pharmacologist
- 15. Ms Anupama- Nursing Quality
- 16. Mr Sanjay KB Support services
- 17. Mr Miraj- F&B, Asst manager
- 18. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
- 19. Dr. Vrushali S Executive Quality
- 20. Mr Kantharaj- CSSD in charge
- 21. Ms. Usharani M- Nurse Officer -Quality

HIC Committee Minutes of meeting

2.	<u>;</u>	No
Quality indicators presentation	Review of previous minutes of meeting	Discussion point / Department
*HAIs-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee. *Bundle compliance for CAUTI, CLABSI, VAP & SSI were below 90% and found improvement in the June. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when noncompliance is seen. -Average Multi Drug Resistant Organism Rate was 0.5% in last 2 months. -The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented. *Percentage of staff provided with pre-exposure prophylaxis-discussed about short supply of Hepatitis B Vaccine. *Hand hygiene compliance—The average compliance was 82.3% in Jul & Aug month. PICU identified as a best department to follow Hand hygiene practices and rolling trophy handover to PICU Incharge. *AMS program, Blood and Body fluid exposure and other surveillance data discussed.	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys. The committee suggested to ensure adequate number of Ambu bags in the critical care areas post usage or to arrange the disposal Ambu Bags if it is reasonable cost.	Action Plan
HIC Team	Arjun Shakthi-Assistant Manager -BME Mr. Augustine-Purchase Manager Dr Venkatesh Guptha- consultant, Intensivist. Ms. Anupama -ACNO Dr. Rashmi-AMS	Responsibility
30-9-24	15-10-24	Timeline
Ongoing	Open Open	Sieds



HIC Committee Minutes of meeting

S. C.

Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore



Signature of the Convener: Hospital Infection Control Committee Aster Whitefield Hospital Bangalore



Date of Meeting: 24th Oct-2024

Venue: A Block – 4th floor Training Hall

Time: 2:30 PM - 03:30 PM

Agenda:

- Review of previous minutes of meeting
- HIC Indicator Sep-24.
- Hospital Infection control Surveillance activities.
- Biomedical equipment disinfection Practices in OPD areas.
- Care of devices in the non -critical areas.
- Open Discussion

Members present at the Committee meeting:

- Dr. Ashok BC- CMS and Lead Consultant Plastic Surgery
- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- Mr Arun Kumar -Chief Operating Officer
- Dr. Rakshitha Consultant Microbiologist and ID
- Dr. Rashmi N.P- AMS
- Dr Topoti Mukherjee- Lead consultant nephrology
- Dr Latish Kumar- Lead consultant NICU
- Dr Prabhakar- Lead Consultant Surgery
- . Dr Srinivasa Murthy- Lead consultant Paediatrics
- 10. Dr. Ajay- Consultant Anaesthesiology

- 12. Ms. Sowmya- M N- ICN
- 13. Ms. Ranjitha –Assistant Manager Quality
- 14. Ms. Stella M-ACNO
- 15. Dr. Soumya- Clinical pharmacologist
- 16. Ms Anupama- Nursing Quality
- 17. Mr Sanjay KB Support services
- 18. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
- 19. Dr. Vrushali S Executive Quality
- 20. Mr Kantharaj- CSSD in charge.
- Ms. Usharani M- Nurse Officer -Quality.

2.				P		S
Quality indicators presentation			of meeting	Review of previous minutes		Discussion point/ Department
*Average Multi Drug Resistant Organism Rate was 0.2%. *The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented.	*HAIs-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee. *Bundle compliance for CAUTI, CLABSI, VAP & SSI were within benchmark and found improvement. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen.	Availability of BMW bins in the A Block 2 nd floor ward. The committee has recommended to use DU near Nurses station C.	Flu vaccine shot to the high-risk employees. The committee has proposed to vaccinate the high-risk employees against flu on the Purchase cost. Vaccine should made available in the pharmacy who is willing to avail the vaccine on subsidised rate.	The committee suggested to ensure adequate number of Ambu Mr. Augubags in the critical care areas post usage or to arrange the disposal Manager Dr Venka Ambu Bags if it is reasonable cost. Ms. Anup Dr. Rashn	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys.	Action Plan
HIC Team		Mr Sanjay KB - Support services	Mr. Maheboob - Deputy 74-10-24 manager Pharmacy.	Mr. Augustine-Purchase 24-10-24 Manager Dr Venkatesh Guptha- consultant, Intensivist. Ms. Anupama -ACNO Dr. Rashmi-AMS	Mr .Ragesh -BME	Responsibility
30-10-24		24-10-24	24-10-24	24-10-24	15-11-24	Timeline
Ongoing		Closed	Closed	Closed	Ореп	Status



6. Percentage of Committee suggested increase the unit target from 75% to 95% Dr. Rakshitha-ICO Gases who received appropriate prophylactic prophylactic antibiotics as our compliance rate is good. 7. Percentage of Committee suggested decrease the unit target post discussion Gases who discontinued prophylactic as our compliance rate is below benchmark. 8. Safe handling of Only safety cannulas to be used in adult wards and ICUs to reduce Mr. Maheboob - Deputy Ms. Ranjie 1-CNO. Ms. Sowmya -ICN. 9. Percentage of Sommittee suggested decrease the unit target post discussion Ms. Ranjita -Deputy Manager Quality Manager			ف
for Percentage of Cases who received appropriate prophylactic antibiotics as our compliance rate is good. Of Committee suggested decrease the unit target post discussion who discontinued prophylactic as our compliance rate is below benchmark. Create an awareness on discontinued prophylactic antibiotics within 24 hrs to improve the Compliance. Only safety cannulas to be used in adult wards and ICUs to reduce Ms. Anita L-CNO. Ms. Sowmya -ICN. Dr. Rashmi-AMS Mr Arun Kumar -COO Dr. Rashmi-AMS Mrs. Ranjita -Deputy Manager Quality Manager Quality Manager Quality Manager Quality Manager Pharmacy. Single use of insulin pen to be reoriented to the Staff . Ms. Sowmya -ICN. Dr. Rashmi-AMS Mrs. Ranjita -Deputy Manager Quality Manager Pharmacy. Ms. Ranjita -Deputy Manager Pharmacy. Ms. Anita L-CNO. Ms. Anita L-CNO. Ms. Sowmya -ICN.			
Mr. Rakshitha-ICO Dr. Ashok BC- CMS Mr Arun Kumar -COO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality Dr. Rakshitha-ICO es Dr. Rashmi-AMS rgery Ms. Ranjita -Deputy Manager Quality duce Mr. Maheboob - Deputy 30-10-24 manager Pharmacy. Ms. Anita L-CNO. Ms. Sowmya -ICN.		Percentage of Cases who discontinued prophylactic antibiotics within 24 hrs. of surgery	of
	Only safety cannulas to be used in adult wards and ICUs to reduce NSIs. Non-safety cannulas are not issued to adult wards/ICUs. Single use of insulin pen to be reoriented to the Staff.	Committee suggested decrease the unit target post discussion from Dr. Anup warrior from 75% to 50% for Percentage of Cases who discontinued prophylactic antibiotics within 24 hrs. of surgery as our compliance rate is below benchmark. Create an awareness on discontinued prophylactic antibiotics within 24 hrs to improve the Compliance.	
	Mr. Maheboob - Deputy manager Pharmacy. Ms. Anita L-CNO. Ms. Sowmya -ICN.	Dr. Rakshitha-ICO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality	Dr. Rakshitha-ICO Dr. Ashok BC- CMS Mr Arun Kumar -COO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality
Open Open	y 30-10-24	10-11-24	30-10-24
	Open	Open	Closed

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Signature of the Chairperson: Hospital Infection Control Committee

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Signature of Infection Control Officer (ICO) Hospital Infection Control Committee



Signature of the Convener: Hospital Infection Control Committee



Date of Meeting: 20th Nov -2024

Venue: A Block Conference Room

Time: 2:30 PM - 03:30 PM

Agenda:

- Review of previous minutes of meeting.
- HIC Indicators Oct-24.
- Hospital Infection control Surveillance activities.
- Notifying the Suspected or infected patients to multidisciplinary team.
- Health education handouts to the patients on devices.
- Open Discussion

Members present at the Committee meeting:

- Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- 2. Dr. Rakshitha Consultant Microbiologist and ID
- 3. Dr. Rashmi N.P- AMS
- Dr Topoti Mukherjee- Lead consultant nephrology
- Dr Latish Kumar- Lead consultant NICU
- Dr Prabhakar- Lead Consultant Surgery
- 7. Dr Srinivasa Murthy-Lead consultant Paediatrics
- Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
- Dr Aravinda A- Paediatric ER Lead consultant
- Dr. Ajay- Consultant Anaesthesiology
- 11. Ms. Anita L-CNO

- 12. Ms. Sowmya- M N-ICN
- Ms. Ranjitha Assistant Manager Quality
- 14. Ms. Stella M-ACNO
- 15. Dr. Soumya- Clinical pharmacologist
- 16. Mr Sanjay KB Support services
- 17. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
- 18. Mr Kantharaj- CSSD in charge.
- 19. Ms. Usharani M- Nurse Officer -Quality.
- 20. Ms. Sreelaksmi -Executive BME

2.			i,			No.
Quality indicators presentation			previous minutes of meeting	Review of		Discussion point / Department
Quality indicators *Average Multi Drug Resistant Organism Rate was 0.7%. presentation *The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented.	*Bundle compliance for CAUTI, CLABSI, VAP & SSI were within benchmark. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen.	*HAIS-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee.	Committee suggested session on Surgical prophylaxis from Dr. Anup warrior, to create an awareness on discontinued prophylactic antibiotics within 24 hrs to improve the Compliance.	Committee suggested that if any malfunction or deviation of the Mr. Somanna - quality from the product end users must give feedback via form to manager SCM. the pharmacy. The form must share to the end users by purchase team	In use Bedside equipment found rust after using a while. BME team confirmed that few rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys (304 grade).	Action Plan
HIC Team			Dr. Rakshitha-ICO Dr. Rashmi-AMS	Mr. Somanna - Deputy manager SCM.	Mr. Mr. Augustine- purchase Mr. Ragesh -BME	Responsibility
30-11-24			10-12-24	30-12-24	10-12-24	Timeline



, [∞]	7.	9
Oncology surgery team member to add in HICC	Safe handling of Sharps.	Flu vaccine shot to the high-risk employees.
Committee suggested to include Oncology surgery team in the HIC Ms. Ranjita - Assistant Committee.	Due to non-availability of 500ml Puncture proof container, HIC team is planning to introduce 1.5 ltr Puncture proof container with tray, after confirmation with Arun sir.	The committee has proposed to vaccinate the high-risk employees Mr. Shivaprasad -Deputy against flu on the Purchase cost. Vaccine should made available in Manager-HR the pharmacy who is willing to avail the vaccine on subsidised rate. HR team to take a lead on FLU Vaccination drive to get list who is willing to get vaccine by July/Aug every year.
	Mr. Augustine- purchase 10-12-24	Mr. Shivaprasad -Deputy Manager-HR Mr Arun Kumar -COO Dr. Rashmi-AMS
30-11-24	10-12-24	10-12-24

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Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

town the

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore



Signature of the Convener:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore



AWF/HR/DOC/001-01



Topic: Bio Medical Waste Management

Name of the Trainer: Sowmya

Signature of the Trainer: Sowmya

Training Venue: Training room

Date of Training: 08-07-2024

Duration of Training: 0:40 Hrs

Sl. No:	Name of the employee	Employee ID:	Designation	Department	Signature
	Shanthi	R\$\$547	Housekeeping	Support Service	ଦେଉ
2	Chikamma	RSS502	Housekeeping	Support Service	JOHN KIR
3	Mamtha	RSSS01	Housekeeping	Support Service <	
14	Minjula	R=511	Howekeeping	Support Strvice	Lide Balleting
5	Sumithra	RS-522	Househeeping	Support Summe	Sandre
6	Sijatha Rani	R\$\$541	Howekseping	Support Selvice	120023
7	Rajiya Bibi	R\$\$\$\$42	Homschaping	Support Survice	()
8	Basanima	R\$\$569	Howekeeping	Support Service	BOTTOMA
9	Shilpa	R\$\$568	Housekeaping	Support Service	1 augus
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11	Sakeena	RS-53	Housekeeping	Suppor Service	
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13	Tapan Kumar	RS\$5.27	Hhusek eening	Support Service	Talam
14	Rajama	RIS\$546	Plowel ceoling	Stabort Service	70.07(4)
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16	Kishor T	RSS556	Housekeeping	ISENDUM Strvice	the k
17	Venkatesh	RSS590	Housekeeping	Support Service	ventally
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22	Selvamani	11605	Housekeeping	Support Service	W.S.A.
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25	Vani A	11255	Housekeeping	Support Service	Julian LA
26	Soniya	11603	Housekeening	Support Service	Kont 40
27	¹ Sulochana	11773	Homekeeping	Support Service	Stachen
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38	Manjula M	11819	Full-thing	Support Service	Magnetala

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93	Stenshila	G017513	Housekeeping	Suprom Service	
94	Shashikala	(3017790	Housekeeping	Support Service	<u> </u>
95	Maala	(G218)07	Touse (seping	Support Service	ಚಾಲ
96	Gowri Mithra	G018212	Housekeeping	Support Service	gonin
97	Jyoyhi	G018578	Housekeeping	Support Service	1 (4)
98	Amaravathi	G018/224	Housekering	Surport Service	
99	Arthi	G018642	Housekeeping	Support Service	18-01-8
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101	Shanjib Mahnto	G019660	Housekeeping	Support Service	1 30
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103	Dipankar	G 188.:	Housekeeping	Support Service	diga
104	Saddam Haldet	G016946	Housekeeping	Support Service	18
105	Ahmed Hassan	G018109	Housekeeping	Support Service	4-4
106	Kasim Almed	G018397	Homereaping	Support Service	
107	Chandan Kumu	G0[8479]	Housekeeping	Support Service	
108	Rahül Kumar	G018478	Mousekeeping	Support Service	-3-2-M
109	Mithlesh Kumar	G018476	Housekeeping	Support Service	
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113	Pravcen Kumer	G021026	Lousekechig	Support Service	Bun
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115	Roopa T	G021409	Housekeeping	Support Service	
116	Sabitha Tripura	GU31408	How earing	Support Service	Palle.
117	Akther Ali	G021410	Honsekeeping	Suppliet Service	
118	Prakash	G02 i	Houseke-ping	Support Service	ICA 1
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121	Adi Lakshmi	Few	Housekeeping	Support Service	and
122	Pavarianma	New	Housekeeping	Support Service	ಕ್ಯಾರಿಸ್
123	Son Kumar	G018889	Houskeeping	Support Service	Twa
124	Avanish Kumar	G018778	Howeleaning	Support Service	The same of the sa
125	Ainapuria	3048	Nurse Aide	I Support Service	
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195	Shashi Kuma	3020747	Pharmacy Aide	Support Service	
196	Pajail Ahmed	G021033	Pharmacy Aide	Support Service	
197	Arun Biswas	G021032	Figrmasy Aide	Supper Service	
198	Shivappa	New	Pharmacy Aide	Support Service	
199	Daniel	New	Pharmacy Aide	Support Service	
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201	Kunal Roy	184.W	Pharmacy A de	Septem Service	
202	Madhusudhna	New	Piamac Aide	24100 rf Service	MAC Cum
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Start Date	Duration (in hrs)	Trainer Name	Emp ID	Employee Name	Department	Gender	Signature
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MW management	18-Oct-2024	00:45:00	Sanjay	G019951	SURESH	HIC Accendant	Male	Samh
ANN management	18-Oct-2026	00:45:00	Santiny	6010059	RACHAMMA	HK Attendent	Emele	Lacord.
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MW management	16-00-2024	100:45:00	Sangy	G017163	Anchia	HA Afterdard	Mee	Modul
MW management	18-Oct-2024	00.45:00	San y	G021628	PRAVEEN KUMAN	Store Adle	Male	FEHALERY
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MW.marusamem	18-Oct-207	00:45:00	Sanjay	G021409	ROOPAT	H. Attendan	remale	Rospa
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SMW management	18-Oct-2024	00:45:00	Senjey	6021410	ARTHER ALI	HK Attendant	Male	Akithex
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MW management	1 Oct-202*	00:45:00	Sanjay	G021502	PAVITHRA	NK Attendant	Remale	Asia
New management	18-Get-2028	00:45:00	Sanjay	COLASSO	SONSHKUMAR	BK Attendant	hfale	Serve
WW management	18-Oct-2024	00:45:00	Sanjay	G018778	AVANISH KUMAR	Hr Attendant	Male	AVONEM
Mary management	180a-2014	00-45-00	Sallay	GU1709	KOMIO MORINE	HICARIII ICINI	nosie	Itomo
MW management	18-Oct-2024	00:45:00	Sanjay	G020745	NARAYANA SWAMY	HKAttendant	Male	18
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BMW managiment	18 Oct-1024	00:45:00	Santily	3095	HAUASAIIFE	le toutsing alde	Female	Dorch
SMW management	LB-Oct-2024	20 ,45,00	Saujuy	3071	TIRANGA KUMARI	Ir Nursini Alde	Female	The second
gaeW management	18-00-2026	00:45:00	Sargey	1000	AND MATHOD	Kristini Ade	Mile	ANT
8MW management	18-Oct-2024	00:45:00	Súnjay	3092	MANUMATHN	Ir Norsing Aide	Male	
Shot V management	18-001-2074	00:15:00	Sanjay	1093	GOVINDAS	Jehimshij Alde	Stale	Charling
BMW management	18-Oct-2024	00:45	Saniny	3094	RAKSHITHA PATIL	ir Nursing Aide	Female	Rakahifa
BMW/monagepeent	18-Oct-2024	90545100	Simple	3095	SANDERH KUMAR	ir Nijrsing Aide	Male	Carnotal
BMW manua neot	18-Oct-2024	00:45:00	Sanday	3099	THANA MEMITRIPLE	gan Nursing Alde	Male	1 1 m
bleyy management	18-001-2034	60.45.00	Stingry	3100	MALLESH	In Norsing Aide	Male	mallel
BMW management	18-Oct-2024	00:45:00	Sanjay	4003	MEGHA MANDHAR	JII Nursing Alde	female	Meah-
NAW management	IB-Get-2024	00:49:00	Sanjage	4004	HADAMAAN DE	Jr Niirskij Alde	Selijule	Bokala
Blev mantement	18-0;: 3324	00:45:00	Sanjay	4006	RAVI KUMAR	ir Numing Aide	Male	Rowa
BANY multigemeint	18 Oct 2024	20 H5 00	Satisty	4007	FUNNA KENGR	Ir Nutting Aide	Mile	Parsona
IMW management	18-Oct-2024	00:45:00		4008	RASHMITHA M	Ir Mursing Aide	Female	Pue
SalW management	18-Oct-2024	00:45:00	Sanday	1051	RAHEBARKAN	If Norsing Aide	Milale	POL
MW managamunt	18-Oct-2074	00 45 00		3087	PARWAT! KUMARI	ir Nurring Aide	Female	10350
BMW risinals mont	18-0et 2004	00:45(00)	11277	72165	ASHISH YUNXAR	Jir Mursang Alde	Ctale	Del VI
III W mana - ment	- 15-001-2024	00:45:00		22168	SUMITA KISKU	îr Nursine Aide	Female	Conita
MrW manage ent	14-Oct-2024	00.45/00		22171	5 T JBM4	Murson Aude		Shooke
iMW management	18-Oct-2024	00:45:00		22172	RUKMINI KAPAGAL	Ir Nursing Aide	Female	Pulkack
MW management	18-Cre-2024	00:45:00	DINES IN	32173		Or Norsing Aisid	Name of the last	
/ management	18-0a-2024	00:45:00		22174	SHRAVANI	M Nursin Ma	Fomale	
Www.management	18-0ct-201	00:45:00	100-1	22175	HARISI	in Nursing Alde	Fernals	Horneth
. W many ement	15-Oct-2024	00:45:00		3043	RUKMINI			RUM
thiw summersely	1#-Oct-2024	00 45:00		23000		ir tursing Aide	Female	TUTTON
Www.management	18-Oct-202	00:45:00		31001	SANTANU BERA	Is Name and Assess	Anna	D . 0
* Charles are and a		100000		31002	ANUSHA	Ir Nursing Aide	Female .	M
MW management	18-00-201	an tenà	11.5	31003	SRINIVACIO	Ir februng Ante	Male	Minne
	18-Oct-202	00:45:00		31004		Jr Norsing Alde	Male	e had al
NFW minnagement	18-0c6-2024	00/45/00		31005		le Nursine Alise	Fernald	I kaybakli
MW management	16-Oct-2024	00,45:00	AND DESCRIPTION	31206		Ir Narsing Aide	Female	Mahalde
MWindspeller	== 01+-24*4	00.45/00		31007		ir Norsmal-Me	Female	Ruke
MW management	18 Oc -2024	00:45:00		31008		Ir Mursing Aide	Female	Chausen
MVI manigrapint	18-005-2074	OC 45:00		31009	ASIITA	ic Narsing Aide:	Female	Man
WW management	18-Oct-2024	00:45:00	Sanyay		MAHESH	Ir Nursing Alde	Male	ve steeting
MW.management	15-Oct-2034	00:45:00	Sinjay	31010	TAUHIE ANSAR	Ir Nillalag Alde	Mule	Tallowin