



We'll Treat You Well

To,

The Regional Officer, Mahadevapura Karnataka State Pollution Control Board, Nisarga Bhavan, Thimaiah Main Road, 7<sup>th</sup> D Main, 3<sup>rd</sup> Stage, 2<sup>nd</sup> 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. 2, 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

THE HOSE



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 WOMEN & CHILDREN



We'll Treat You Well

To.

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

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

SI.	Particulars		
1.	Particulars of the Occupier		Aster Hospital
	(i) Name of the authorized Occupier	•	Dr. Prashant N. CEO Aster Hospitals Karnataka Cluster, Plot No. 2, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk 560066
:	(ii) Name of Facility	:	Aster Hospital
	(iii) Address for Correspondence	*	Plot No. 2, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk
	(iv) Address of Facility	:	Plot No. 2, Sy. No.76, Sadaramangala village, 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 30/09/2030
	(xi). Status of Consents under Water Act and Air act		Valid, Consent is valid till 30/09/2030
2.	Type of Health Care Facility		
	(i) Bedded Hospital		49 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					
٥.	(i) Number healthcare facilities		NA			
	` '		1973			
	covered by CBMWTF		NA			
	(ii) No of beds covered by CBMWTF		NA			
	301111111		NIA			
	(iii) Installed treatment and		NA			
	disposal capacity of CBMWTF		NIA			
	(iv) Quantity of biomedical		NA			
	waste treated or disposed by					
	CBMWTF		V. II	44202 1/	·	
4.	Quantity of waste generated in		Yellow Category:			III
	Kg per annum (on monthly		Red Category: 68			
	average basis)		White Category: 2			
			Blue Category: 91	-		
			General Waste: 2	6627./5	Kg per anr	ium
5.			01 4000			
	(i) Details of the onsite storage		Size: 100 Sq. ft.			
	facility disposal facility		Capacity: 98 kg p			
			Provision of on-si		_	
	ļ i		any other provision			
		:	dedicated storage			neir
			categories in thei	T		
			Type of	No of	Capacity	Quantity
			treatment	units	Kg/Day	treated or
			equipment			disposed
				214	N. 4	Kg/annum
			Incinerators	NA	NA	NA
			Plasma Pyrolysis			
			Autoclaves			
			Microwave			
			Hydroclave			
			Shredder		NIA	
			Needle tip	NA	NA	NA
			cutter or			
			destroyer			
			Sharps			
			encapsulation			
			or - concrete pit	NIA	NA	NA
			Deep burial pits Chemical	NA	IVA	IVA
			disinfection:			
			Any other			
			treatment	NIA	NA NA	NA
			equipment:	NA	INA	1//~\
	(***) 6		Dod Catagoni (III)	a plactic	gloss sts	
	(iii) Quantity of recyclable		Red Category (lik	e piastic	, grass 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 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	347		
	(iii) number of personnel trained at the time of induction	Every new memb	per joined will b	e inducted
	(iv) number of personnel not undergone any training so far	Nil, we shall train handling Bio-med 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	injury	
	(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 1st Jan 2024 to 31st December 2024.

Date: Place:



### INDIA NON JUDICIAL

### Government of Karnataka

### e-Stamp

Certificate No.

IN-KA36763052890534V

Certificate Issued Date

08-Apr-2023 03:09 PM

Account Reference

NONACC/ kakscsa08/ INDIRA NAGAR2/ KA-SV

Unique Doc. Reference

SUBIN-KAKAKSCSA0857244478101591V

Purchased by

ANU AUTOCLAVE AND INCIN SERVICES

Description of Document

Article 12 Bond

Description

**AGREEMENT** 

Consideration Price (Rs.)

First Party

(Zero) ANU AUTOCLAVE AND INCIN SERVICES

Second Party

ASTER DM HEALTHCARE LIMITED

Stamp Duty Paid By

ANU AUTOCLAVE AND INCIN SERVICES

Stamp Duty Amount(Rs.)

100

(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 GF, #854/F, 10th Main, Indiranagar 2nd Stage, Bangalore - 560038. Hereinafter referred to § as "AAIS" represented by its Business- Head Mr. PSS. Rao



AND



1 The authenticity of this Stamp certificate should be ventied at 'www.shotlestamp com' or using e-Stamp Mobile App of Stock Holding Any discrepancy in the details on mini Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.

NAFNT OF KARNATAKA GOVERNMENT

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. 2, 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:

- "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.
- "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 on 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. 2, Sadaramangala Industrial Area, off Whitefield Main Road, opposite ITPL, Whitefield, Bengaluru, Karnataka 560066, Karnataka, India having total 49 Beds. Anu Autoclave & Incin Services shall charge for 49 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. <u>Details for electronic payment</u>: -

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.

S-8 Man Service & Inc. 18 & Inc. 18

Page 2 of 3

Bangal 102

- 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).
- 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).,

Page 3 of 3

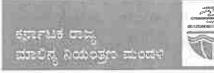
Office of the Senior Environmental Officer Kamataka State Pollution Control Exard Bangalore - East "NISARGA BHAVAN", 3rd Floor,

Thimmaiah Road, 7th 'D' Cross, Shivanagar, Bangalore - 560 079

Phone: 080-23228859

ಹಿರಿಯ ಪರಿಸರ ಅಧಿಕಾರಿಯವರ ಕಛೇರಿ ರ್ಯಾಟಿಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ವಾರ್ಯ ಬೆಂಗಳೂರು ಪೂರ್ವ "ನಿಸರ್ಗ ಭವನ", 3ನೇ ಮಹಡಿ, ತಿಮ್ಮಯ್ಯ ರಸ್ತೆ, 7ನೇ "ಡಿ" ಮುಖ್ಯರಸ್ತೆ, ಶಿವನಗರ, ಬೆಂಗಳೂರು- 560 079.

ರ್ಷೊನ್: 080-23228859



towards a cleaner Kamataka

//By RPAD//

Auth. No. KSPCB/ZSEO(BNG EAST)/BMW/2020-21 193

DT: 1 9 JAN 2021

FORM -III (See rule 10)

(AUTHORIZATION FOR OPERATING A FACILITY FOR GENERATION, COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIO-MEDICAL WASTES)

Ref: Authorization appln submitted Dt: 08.01.2021.

- 1. M/s Aster Hospital (M/s. Nambiar Enterprises LLP) at Plot No. 2, Sy No. 76, Sadaramangala Village, K R Puram Hobli, Bengaluru East Taluk, Bengaluru., is hereby granted an authorization for the activity of Generation, Segregation, Collection, Storage, Packaging, Disposal or destruction of Bio Medical Wastes.
- 2. M/s Aster Hospital (M/s. Nambiar Enterprises LLP) at Plot No. 2, Sy No. 76, Sadaramangala Village, K R Puram Hobli, Bengaluru East Taluk, Bengaluru..., is hereby authorized for handling of Biomedical waste generating from 49 bedded Health care facility.
- 3. The Bio medical wastes categories, segregation, collection, quantity, handling, treatment and disposal shall be as follows as specified in Part-I of Schedule I [See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2).

Category	Type of Wastes	Quantity permitted in Kg/Day	Type of Bags or containers to be used	Treatment and disposal options
1	2	3	4	5
Yellow	Human anatomical waste  Soiled Waste  Micro biology and bio	50 Kg	Yellow Coloured non-chlorinated plastic bags	To dispose to the operator of Common Bio Medical Wastes treatment facility (CBMWTF)
Red	Contaminated Waste (Recyclable)	25 Kg	Non-chlorinated yellow plastic bags or suitable packing material	To dispose to the operator of Common Bio Medical Wastes treatmen facility (CBMWTF)

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Bangalore - East Bangalore - East Kim taka State Pollution C airol Bourd Bangalore - 55, 010

### I. TERMS AND CONDITIONS OF AUTHORIZATION

- 1. The applicant shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
- 2. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the Board.
- 3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the Board.
- 4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
- 5. It is the duty of the authorized person to take prior permission of the Board to close down the facility and such other terms and conditions may be stipulated by the Board.
- 6. The applicant shall submit Annual report in Form IV on or before 30th June every year for the period from January to December of the preceding year
- 7. The 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 rules.
- 8. The 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, to 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 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.
- 9. The 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;
- 10. The applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;
- 11. The 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
- 12. The 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.

Senior Environment Officer Bengaluru East

- 20. The 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 to Regional Office.
- 21. The applicant shall make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of these rules.
- 22. The 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.
- 23. The 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;

### **GENERAL CONDITIONS**

### II. TREATMENT AND DISPOSAL

- a. The applicant shall ensure that the Bio-medical waste shall be treated and disposed of in accordance with Schedule I, and in compliance with the standards provided in Schedule-II
- b. The applicant shall hand over segregated waste as per the Schedule-I to common biomedical waste treatment facility for treatment, processing and final disposal: Provided that the lab and highly infectious bio-medical waste generated shall be pretreated by equipment like autoclave or microwave.
- c. The applicant intending to use new technologies for treatment of bio medical waste other than those listed in Schedule I shall request the Central Government for laying down the standards or operating parameters.
- d. The applicant shall phase out use of non-chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2011.

Senior Environment Officer Bengaluru East

- The applicant shall ensure that chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate Log<sub>10</sub>4 reduction efficiency for microorganisms as given in Schedule-III.
- j. The mutilation or shredding must be to an extent to prevent unauthorized reuse and there shall not be any chemical pretreatment before incineration, except for microbiological, lab and highly infectious waste.
- k. The applicant shall ensure that dead fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or health care establishment.
- I. The applicant shall ensure that the cytotoxic drug vials shall not be handed over to unauthorized person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolys is at temperature >1200°C.
- m. The applicant shall ensure that residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.
- n. The applicant shall ensure that on-site pre-treatment of laboratory waste, microbiological waste, blood samples, blood bags should be disinfected or sterilized as per the Guidelines of World Health Organization or National AIDS Control Organization and then given to the common bio-medical waste treatment and disposal facility.
- o. The applicant shall ensure that syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage. Wherever the occupier is not linked to a disposal facility it shall be the responsibility of the occupier to sterilize and dispose in the manner prescribed.
- p. The bedded health care facility applicants shall apply and obtain renewal of authorization one month in advance prior to expiry of the authorization validity period by filing prescribed authorization application in Form-II.

Senior Environment Officer Bengaluru East

### Form III -[Rule**10**] Authorisation for Bio-Medical Waste Management Rules, 2016

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

Valid upto: 30-06-2029

(This document contains 1 pages excluding additional conditions)

PCB ID: 20890 INW ID: 225295

Date:19/07/2024

Street, Bengaluru-560001

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

· Karnataka State Pollution Control Board

"Parisara Bhavana", No.49, Church

Tele: 080-25589112/3, 25581383

### 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 CBMWTF on 23-05-2024 at Regional Office.
- 2. Inspection of the project site/organization by Regional Officer, Hoskote on 02-07-2024
- 1. Authorization number and date of issue 344466 and 19-07-2024
- 2. 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
- 3. 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
  - ii. Installed treatment and disposal capacity: 8000.000 Kg per day
  - iii. Area or distance covered by CBMWTF: 75.000
  - iv. 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 rules 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 \*

1. 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.

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

4. 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.

- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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;

10. 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;

11. 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;

12. 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;
- 14. 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:

15. 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:

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

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

18. 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;

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

### 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:

- 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 21. 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 27. 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 by

### COPY TO:

The Environmental Officer, KSPCB, Regional Office, Hoskote for information and entire \$224.07. 17:29:59 HCF during your next visit to the area. +05:30

Master copy (Dispatch).

Office copy. 3

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1883.39	386	0	0	0	0	15.94	18	1218.57	246	571.69	94	77.19	28	Oct-24	10
1840.65	361	0	0	0	0	16.34	16	1205.76	231	526.05	86	92.5	28	Sep-24	9
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1979.32	504	0	0	0	0	27.37	25	1258.22	314	596.97	132	96.76	33	Mar-24	3
1761.88	421	0	0	0	0	19.8	14	1099.84	269	565.65	110	76.59	28	Feb-24	2
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Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Month	SL No
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					ALA ALA	BIO MEDICAL WASH-GULLEGI UN DA	FCOTTE	AL WASI	MEDIC	N.S.					



### ANNUAL REPORT

Τo, M/S. Aster Hospital., Plot No. 2, 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.

	·				ASTER	HOSP	ITAL – (	C Bloci	K				
	P	eriod: Jai	n-2024: Dec	-2024				stablish	ment Typ	e- Bedd	ed Hospit	al	
SI		Yello	ow Bags	Rec	Bags	Blue N	lark Box	Wł	nites	Cytotox	dc Bags	1	Total
No.	Month	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan-24	249	1040.49	120	573.71	24	86.05	16	19.24	0	0	409	1719.49
2	Feb-24	269	1099.84	110	565.65	28	76.59	14	19.8	0	0	421	1761.88
3	Mar-24	314	1258.22	132	596.97	33	96.76	25	27.37	0	0	504	1979.32
4	Apr-24	266	1092.52	111	497.1	23	69.2	11	12.14	0	0	411	1670.9
<del></del>	May-24	269	1221.32	103	569.43	29	82.99	10	16.18	0	0	411	1889.92
_ <del></del>	Jun-24	261	1230.75	110	570.6	31	86.08	24	37.62	0	0	426	1925.05
	Jul-24	260	1353.72	122	729.01	39	87.22	24	22.99	1	4.09	446	2197.03
8	Aug-24	226	1123.86	94	554.23	24	76.93	16	22.55	0	0	360	1777.5
9	Sep-24	231	1205.76	86	526.05	28	88.5	16	16.34	0	0	361	1836.65
10	Oct-24	246	1218.57	94	571.69	28	77.19	18	15.94	0	0	386	1883.39
	Nov-24	247	1192.74	87	537.84	21	64.23	26	43.77	0	0	381	1838.58
11 12	Dec-24	246	1241.25	97	538.68	8	18.38	20	12.46	0	0	371	1810.7
	Total	3,084	14,279	1,266	6,831	316	910	220	266	1	4.09	4,887	22,291

For Anu Autoclave & Incin Services.,

PANGULUS !!

SAMBASIVA RAO Digitally signed by SAMBASIVA RAO PANGULURI Date: 2025.02.18 13:30:55

PSS Rao – Business Head.

Cell: 8861437446.

### Our motto "A Solution to Environment Pollution"

Aster Hospital C Block- Needle Stick Injury Jan 2024 to Dec 2024

Ш					
1		NSI/RLOOD &			
MUNI DATE OF		BODY PEDID		CATEGORY OF STAFF	
EXPOSURE	RE	EXPOSURE	LOCATION OF ODCURANCE	(NURSE/CLINICIAN ETC)	NAME OF STAFF
16/02/2024	024	Sharp Injury	OT -B block	House Keeping	Mr. Saidur Rehman Laskar
	1	Needle stick			
23/03/2024	024	injury	A block 2nd floor Ward	House Keeping	Ms. Nirmala
		Needle stick			
29/04/2024	2024	injury	General surgery OPD B Block	House Keeping	Ms. Mala
		Bodyfluid			
19:08-2024	2024	exposure	B Block Endoscopy	House Keeping Staff	Ms. Jyothi B
		Needle stick		il consequence and consequence	
80	8/26/2024 injury	injury	A Block Second floor Ward	House Keeping Staff	Mrs. Lalitha S
		Needle stick			
4	4/12/2024 injury	injury	OT -B block	HKStaff	Mr Aktarali



Date of Meeting: 28th Mar 2024

Venue: A Block – 4<sup>th</sup> floor training room

Time: 3:00 PM - 04:00 PM

### Agenda:

- Review of previous minutes of meeting.
- HIC Indicator for Jan & Feb-24.
- Infection Control Risk Assessment for 2024.
- 4. 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:

- 1. 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. Mis. 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

ώ	2.	1,2	SI No	50
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 -CMIS of NSI.  Mr. Gowramma -CNO  Mr. Sanjay KB - Support	Since Hand Hygiene trends are low, there should be scope for improvement. Committee targets to achieve 90% compliance in critical areas to prevent cross intection 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 Meeting 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	



SINO	Discussion point
SI No	Discussion point / Department
'n	Hand hygiene Campaign
2.	Shortage of Sterile sets for Procedure such as Catheterisation set, dressing set, catheter care and oral care sets.
ώ	Vaccination program for Support service staffs
.4	Awareness to all HK Infection control topics for the House kee staff regarding Infection staff and supervisor frequency should be Control practices increased as very less hospital experience background staff including supervisors to the practices. Dedicated HK staff to be gi critical areas.



Cleaning and  Committee suggested that after usage of Disinfection of Used laryngoscope initial cleaning to be done by end Laryngoscopes users then sent for disinfection purpose to the CSSD. Committee identified CSSD as the dedicated area for disinfection of Laryngoscopes except OTs. Extra set of laryngoscopes to be kept	of Used	of Used
Committee suggested that after usage of laryngoscope initial cleaning to be done by end users then sent for disinfection purpose to the CSSD. Committee identified CSSD as the dedicated area for disinfection of Laryngoscopes except OTs. Extra set of laryngoscopes to be kept	ittee suggested that after usage of oscope initial cleaning to be done by end hen sent for disinfection purpose to the Committee identified CSSD as the ted area for disinfection of Laryngoscopes to be kept Mr. Kantha raj-CSSD Incharge.	fter usage of to be done by end to be done by end on purpose to the CSSD as the con of Laryngoscopes Ms. Gowramma –CNO.  Mr. Shakti -Executive Biomedical Engineering. Mr. Augustine- Deputy manager Purchase. Ms. Gowramma –CNO. Mr. Kantha raj-CSSD Incharge.
	Mr. Shakti -Executive Biomedical Engineering. Mr.Augustine- Deputy manager Purchase. Ms. Gowramma –CNO. Mr. Kantha raj-CSSD Incharge.	ti -Executive al Engineering. stine- Deputy Purchase. ramma –CNO. ha raj-CSSD Incharge.

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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



	7	6	'n
	,	·	•
Cytotoxic waste disposal policy	Adequate number of Biomedical waste posters on or Near Biomedical disposal.	Hand hygiene Campaign Pictures and videos should be displayed in the video wall.	Pending lab reports should be mentioned in the Discharge form
Committee suggested standardizing the Cytotoxic Mr. Sanjay KB – Manager waste disposal policy by discussing with the vendor.  Dr. Rakshitha -ICO	Adequate number of  Biomedical waste bins should've Posters of Biomedical waste in bigger font and may also or Near Biomedical disposal. have a pictographical representation.	Dr. Ashok suggested that the Hand Hygiene  Campaign Picture and videos should be displayed Manager -Engineering and on the video wall to create awareness to the public.  Mr. Suresh Gouda -Assistan Manager -Engineering and Maintenance.  Maintenance.  HIC team.	Committee suggested that pending reports will be written in the discharge summary and explained to the patient.
h.	Mr. Sanjay KB – Manager Support services	† †	Dr. Rohini Paul & team- Cluster   30-05-2024   Open Nursing head
30-05-2024	30-06-2024 Open	30-05-2024 Open	30-05-2024
Immediate	Open	Open	Open



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

Tam Its

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

		Contraction of watercounty and Thank	17 1911	
6.	CSSD Recall mock	The committee suggested conducting CSSD Recall mock every month.	Mr. Kantha raj-CSSD Incharge	Ongoing
7.	Bedside Bio-Medical equipment Cleaning by End users	In use Bedside equipment cleaning should happen promptly on daily basis if its shared intermittent cleaning after each use. Same should ensue via documentation by allocated staff and departmental Incharges.	Ms. Gowramma-CNO	Ongoing
ò	Necessary Biomedical disposal access in Dressing trolley.	During the procedure dressing trolley must contain with basin and a basin covered with Biomedical waste covers	Ms. Gowramma-CNO	Closed
9.	Dedicated Service Lift transporting Biomedical waste & other goods.	The committee suggested streamlining the practices in the Service lift and training all HK and Security Staffs.	Mr. Sanjay KB - Support services	Partially
10.	Notifying the Communicable diseases by Treating Physician.	The committee suggested notifying the suspected /Confirmed communicable diseases by the Clinician to the Nursing team to ensure isolation precautions at the time of suspect.	Dr. Ashok -CMS Dr.Rashmi-AMS	Ongoing
12	Cleaning and Disinfection of Used Laryngoscopes	The committee suggested that after usage of the Ms. Gowramma –CNO laryngoscope initial cleaning to be done by end users then for disinfection purposes it has shifted to the CSSD. The committee identifies CSSD as the dedicated area for disinfection of Laryngoscopes except OTs.	charge	Partially



# HIC Committee Minutes of meeting 22<sup>nd</sup> May- 2024

### Members absent at the Committee Meeting:

- 1. Dr.Kavitha Kovi -Senior Consultant OBG
- 2. Dr Venkatesh Guptha- consultant, Intensivist
- Dr Topoti Mukherjee- Lead consultant nephrology
- 4. Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
- Dr Kumardev Aravinda Rajamanya- Lead consultant Orthopaedics
- 6. Dr. Sai Vivek-Consultant Medical Oncology
- Dr. Yathish- Lead consultant Rheumatology

### Invitees Present at the Committee Meeting:

- . Mr. Christy MICU Incharge
- Ms. Manju -BMT Nurse
- 8. Ms. Sushmitha -MICU Nurse
- . Ms. Rathnamma-OT Manager

- 8. Mr Arun Kumar -Chief Operating Officer
- 9. Dr Topoti Mukherjee- Lead consultant nephrology



## HIC Committee Minutes of meeting 23rd Jul- 2024

Date of Meeting: 23rd Jul-2024

Venue: A Block – 4<sup>th</sup> 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:

- L. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
- 2. Dr. Rakshitha Consultant Microbiologist and ID
- 3. Dr. Rashmi N.P- AMS
- 4. Dr Venkatesh Guptha- consultant, Intensivist
- 5. Dr Latish Kumar- Lead consultant NICU
- 6. 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
- Ms. Usharani M- Nurse Officer -Quality.

## HIC Committee Minutes of meeting 23rd Jul- 2024

SI No		Þ		þ	·ω	4.
SI No Discussion point / Department		Review of previous minutes of meeting		2. Annual Infection Control budget	3. Hospital Approved Disinfectants	Cleaning and disinfection practices of the Stainless-steel trolleys across the hospital.
Action Plan	(Cleaning and Disinfection of Used Laryngoscopes)  Laryngoscopes post use will be sent to CSSD for high level disinfection. Adequate sets should be made available in the departments.  CNO  Anux  Nurs	Committee suggested that pending reports will be written in the discharge summary and explained to the patient.	Biomedical waste bins should've Posters of Mr. Sanj 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.	Hospital Approved Disinfectants been discussed and approved by the committee.	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolley will be taking back from Manufacturer and replacing by good medical quality trolleys.
Responsibility	CNO Ms. Stella M, Ms. Anupama-ACNO. Ms. Usharani –Quality Nurse.	Dr. Ashok -CMS Dr. Rashmi-AMS	Mr. Sanjay-Support Services	Dr. Rakshitha-ICO b Mr. Sanjay-Support Services	Dr. Rakshitha-ICO	Arjun Shakthi-Assistant 30-08-2024 Manager -BME
Timeline	15-08-2024	15-08-2024	30-08-2024	15-08-2024	23-07-2024	30-08-2024
Status	Open	Open	Open	Open	Closed	Open



## HIC Committee Minutes of meeting 23rd Jul- 2024

MS 05-08-2024 Ms. NO. —Quality 05-08-2024 poort 05-08-2024
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 has recommended enhancing the safety and awareness of TPN Infusion practices to label the infusion set with colour coded sticker.  Iabel the infusion set wit



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

town isc

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

Dr. Krishna- Consultant Anaesthesiology

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.
- Ms. Usharani M- Nurse Officer -Quality.



### HIC Committee Minutes of meeting

2	P	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 been 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.  *AMIS 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	Status



### **HIC Committee Minutes of meeting**



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
- 3. Mr Arun Kumar Chief Operating Officer
- Dr. Rakshitha Consultant Microbiologist and ID
- 5. 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
- 11. Ms. Anita L-CNO

- 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.
- 21. Ms. Usharani M- Nurse Officer -Quality.

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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 <sup>nd</sup> 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 24-10-24 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	Open	Status



,00	7.	6.
Safe handling of Sharps.	Percentage of Cases who discontinued prophylactic antibiotics with 24 hrs. of surge	Percentage of Cases who received appropriate prophylactic antibiotics
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.	Percentage of Committee suggested decrease the unit target post discussion Cases who discontinued who discontinued prophylactic as our compliance rate is below benchmark.  24 hrs. of surgery within 24 hrs to improve the Compliance.  Dr. Rakshitha-ICO Dr. Rakshitha-ICO Dr. Rashmi-AMS Dr. Rashmi-AMS Dr. Rashmi-AMS Dr. Ranjita -Deputy Ms. Ranjita -Deputy Ms. Ranjita -Deputy Manager Quality Manager Quality Manager Quality within 24 hrs to improve the Compliance.	Committee suggested increase the unit target from 75% to 95% [for Percentage of Cases who received appropriate prophylactic antibiotics as our compliance rate is good.
Mr. Maheboob - Deputy manager Pharmacy. Ms. Anita L-CNO.	Dr. Rakshitha-ICO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality	Or. Rakshitha-ICO Or. Ashok BC- CMS Or. Arun Kumar -COO Or. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality
30-10-24	10-11-24	30-10-24 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



# HIC Committee Minutes of meeting 20th Nov- 2024

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
- Dr. Rashmi N.P- AMS
- Dr Topoti Mukherjee- Lead consultant nephrology
- Dr Latish Kumar- Lead consultant NICU
- 6. Dr Prabhakar- Lead Consultant Surgery
- Dr Srinivasa Murthy- Lead consultant Paediatrics
- 8. Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
- Dr Aravinda A- Paediatric ER Lead consultant
- 10. Dr. Ajay- Consultant Anaesthesiology
- 11. Ms. Anita L-CNO

- 12. Ms. Sowmya- M N- ICN
- 13. 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

# HIC Committee Minutes of meeting 20th Nov- 2024

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Quality indicators presentation		previous minutes of meeting	Review of		Discussion point / Department
*Average Multi Drug Resistant Organism Rate was 0.7%.  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. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen.	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



# HIC Committee Minutes of meeting 20th Nov- 2024

œ	7.	<u>.</u>
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.	Safe handling of Due to non-availability of 500ml Puncture proof container, HIC Sharps. 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.
Ms. Ranjita - Assistant Manager Quality	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

Bangalore

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



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



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16	Johnie B	018578	H.W.	-1110-	90 July
14	Monina	11903		~~~	
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10	HAMSAVENI	11848		μ	Aury
20	PUIUL ROS	11856		، تېرالدو.	e d'a
21	Nirmala	20296	Shace Share Share	1 - 1	NO tu
22	Suballasia	11909	No.	qqqs, sameroody	3459
25	Growits	012212	-	ация маругот	Greens
24	Jyokki	and the second	7.1	Marie Marie Marie	56000
25	Haseima	20294	44000	Less for the possible was before the	Mestyr
26	Padhmavathanna	1) 738			6815 eth
4	RoJuma	549			0000
28	LAKSINALIP	11961	(1) Annual	, i	
79	Not make	20296		inity	Hair
31	ROLLYA	2028	Manager		Retur



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4:	Name of the employee	Employee Id:	Designation	Department	Signature
1	Chachol Konti	11865	HL	HK	Character
2	AU	11.861	-11-	HK	Alla
A")	Deele Ruman		11-	A December	Deelpkur
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5	Rajana		4	11	Rojan
6	Chadan Kumal	1847-9	14	In.	Q ha
7	Rama	9955	),	and the second s	丰
2	Shanthi	@ 25900	)	11	Shedi
a	Garlotha:	11911		1)	confect
U	Lakshman	11901	12	11	.fellser
Abraga	Radina	5 46	N)	11	Ball
12	Sakeena	53/			galver
3	Kumaki	60900	10		[40 k104]
4	Jothi B	7078		No.	* 16
5	Shashikla	70 18212			288.6
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#### TRAINING ATTENDANCE SHEET

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2	Sugara	AND TO	412	HID	CATA BY
32	Rajya	017/65			228
33	Lumar	10920			Kemes!
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Arm)	Rama Kr. Sha	11905			PRO
36	Sy Kumar	11857			90
37	Abudl	017162		Appendix Spring	1
3	Rallana	N/I			RACE
39	Tapan	Say	-11-	Agricultural company of the second company o	Sou
10	Rejona	SHO		querre. Al	Roo
**************************************	San / / V	19660			<b>&amp;</b>
12	NonayanPPa	1832			Naryay
13	Gayatris	1/91	garanna garanna	3344	Ge
१५	Radhamma	19650			00
W. S. Lawrence					

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#### TRAINING ATTENDANCE SHEET

Topic: BNW reargement

Name of the Framer

Significa of the Trainer

Training Vernic Besenvert Support Service

Date of training:

Duration of training: 30 Miles 1-8

Nei2	Name of the employee	Laployee	Designation	Department	Signature
16	lak-shmma	11901	HIC	4)10	e gre
47	Tapar	527		airine war	证中
42	Rajiya	542		4 Accounts.	,
64	lajyo	547		Application	Riva
5	Komala	11863	- SEE - SEEDELEE BENEFIC - SEEDELEE		Election
51	Soniya	11603			Single
SL	Famalamma	11722		s sorder kloviken vider år av ave	frank.
\$3	yastur,	11852	Minima de proprio de la companya del companya del companya de la c	Strange Property Commencer	42
SY	Telange	20297		anne government dur	1899
55	Sancinga	11897	straplak filmmögal karnya vari karnya filmmaga ki	Gladina, sank quan chia khilifa khilif	304
	Ray K	12 (1896		\$ Annual Control of the Control of t	a
F	Sayin	11238		Sealings	Age of the second
	Pajanna	546		ena primo	Fage
59	Basamma	559		and place defended and the second	aspone
90	ya. Sodha	20164	Minteres report	= 11-	Yasad



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Duran	ion of training. 30 MIWLF			- volume	
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62	Sugara	N/T	+114	HK	Z SMED
63	Punithanna	11741			e Sicilian
6ф	Ravi, x	11996		Standard Sta	Ray
65	Norganluan	トル/丁	Market	- Allegarinana	Naut
66	Sanifi	11601			2-7
67	Won/Ka_	19954	**************************************	-	w352.9-8
68	balan;	19662		deplikatoryny.	920
69	Proven	21026	ggapinningstas	Medicalistic Melicalist	and the strong
90	Yalla PPa			Carloman.	$\vee a$
4	Pathanna.k	11 801	(training and an area of a second	fragterense.	534-6-2
72	hemavaths			-	Bruss
93	Chikkamma	502	, sadra MAGA MAGA MAGA MAGA MAGA MAGA MAGA MAG	₩eenshii/indys	chikke-
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-16	1 1 11 11 1 1 1 1 1 1	Col	Name - 1	- Inc.	3



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No: Name of the employee Employee Id: Designation Department Signature  44 866	Dorat	·····			# (Ant)	Fishet
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99 Providency 516  80 Abrith 12665  1 Santa 1944  82 Rathannel 11534  83 Yallppa Ya	44	the second	ger 'in-	+10-	++ 16	* * *
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10	La dea	11802	with the second of the second	No North Address of State of S	Cole
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12	Kortolery	11863		von Annapass	leanial !
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#### TRAINING ATTENDANCE SHEET

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Duration of training: 20 Kill M. 48

Nor	Name of the employees	hmplovec 1d.	Designation	Department	Signature
16	Kumari	10920	414	416	Runie
14	A.G. maula	18207			Au
18	Mirmala	20296	Management of a special	and the same and t	Nesmab
19	Manjula		Arrana sa	Alle Control (Agency of Agency of Ag	बस्मेहरू
20	Dradeup	11862	Management des Const.	1949 p. do 20 a.a.	Patz
21	Nach (a)	20293		4	pli de
22	Yoshadla	20/66			ALBHOOK)
25	controlle		all formers and the second	**************************************	Usu
24	20in v	14165			120/2
2.5	ER9	545			AN
16	ODOP	11861			Phler
24	arandre	totar S. S. Sandaranana			Ejzan
2.8	Zinul	18305	Manner of the second	~ // promise	2 0
29	aidii —				West
30	Diver		Maringarore		DYLL





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32	in the second	11903		Vo:	July He
33	Sapera	Specific Control of Co	The state of the s	abblication de production de la financia per un conserva con esserva con esser	Sygnomen System
30	Battaniaya.	11408			ें देखां <u>चा</u>
35		10499		19	*
36	Pashal	18478	- Albertaine representation out	11	
37	R140.	the control of the co	The second secon	reserves assessment of the second sec	receive (color)
38	manlija	Sti	Hill	the control of the second seco	wayord) X
39	Schochank	11773	,	11 %	Merilde
40	Rushan	12025	maganifatan (anti-tunke) ( an elega elega ingi agan ala gira aga sanagaan aga an B	**************************************	Additional of the Section of the Sec
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42	Pau;	111 \$9.6	₩/k	1	8.0
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42	100000	11903	getigen het Gegene verde de gegene det de verde de production de des verdes de verdes de verdes de verdes de v	e en general concesso a contributo coste que processo antre capamente de la contributo de l	656/was



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No:	Name of the employee	rmpoyer k:	Designation	Department	guatu e
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49	Shilpa	568		- Vandens	e service de la companya de la compa
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53	Rajemna	546	Analysis of the state of the st	it.	(803)
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44	Chardran	18479			Charles
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62	ನಾನೇ ಶ	11902			- K1.42
63	samminga	1894	appropriate to the appropriate	Beauty	SALVE
64	Rasakiaio	5 69			i Samuel
45	South	18829			Some
66	\$ 800 0036	1995	Monormatur	Marie Sancier	am
6	5.05	11967			502.0
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69	padament	11738	Bourpoles	- Marine	Pulle -
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4	they i choma	11864			- Hurth
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#### TRAINING ATTENDANCE SHEET

Topic: BMW WOUNGPENETER

Name of the France:

Veuk steel

Signature of the limiter.

Trining Carrier Standard

SCHOOL HIKW

thate of training:

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Duration of training 20 U Well

	30 *UVC				
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2	Sade	544	2000		gelidic
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7	Mayick	11819	218	1/1	RECEIPT
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27	COUL	182/2			ypuson?
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29	lalespu	11783			Lukstin
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