

Indraprastha Medical Corporation Limited

(Indraprastha Apollo Hospitals, New Delhi - A Joint Sector Venture of Govt. of Delhi)

Regd. Office : Sarita Vihar, Delhi-Mathura Road, New Delhi-110 076 (India)

Corporate Identity Number : L24232DL1988PLC030958

Phones : 91-11-26925858, 26925801, Fax : 91-11-26823629

E-mail : imcl@apollohospitals.com, Website : apollohospdelhi.com

Engg/CE/BMW/2024-25/02

May 31, 2024

Delhi Pollution Control Committee

Bio-Medical Waste Cell,
4th Floor, ISBT Building,
Kashmere Gate, Delhi-06.

Sumant Rawat
04/06/24
(ENQUIRY CONTROL)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Sub: Annual Report (Form- IV) for the year 2023 under Bio-Medical Waste Rule 2016

Please Find enclosed the Annual Report for the year 2023 (Form IV) as per Bio- Medical Waste Management & Handling Rules, 2016.

Thanking You

For INDRAPRASTHA MEDICAL CORPORATION LTD.

Viyom Kumar Gupta
Viyom Kumar Gupta
Chief Engineer



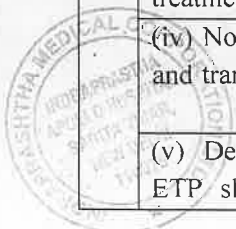
Form - IV
(See rule 13)
ANNUAL REPORT

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

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	P. Shivakumar
	(ii) Name of HCF or CBMWTF	:	Indraprastha Medical Corporation Ltd
	(iii) Address for Correspondence	:	Sarita Vihar, Delhi Mathura Road , New Delhi 110076
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	011-71791918
	(vi) E-mail ID	:	Viyom_g@apollohospitalsdelhi.com
	(vii) URL of Website	:	www.apollohospitalsdelhi.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) – Private in collaboration with Delhi Govt
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	BMW Authorization No DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/85673230 dated 28.06.2023 Valid upto 11.04.2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Consent # G-31704 issued on 28.06.2023 valid upto 19/12/2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:....718
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	Not Applicable
	(i) Number healthcare facilities covered by CBMWTF	:	Not Applicable
	(ii) No of beds covered by CBMWTF	:	Not Applicable
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day - Not Applicable



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____Kg/day - Not Applicable																																				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) – As per details attached in Annexure I (Jan 2023 – December 2023)	:	Yellow Category : 8511.43 Kg (Average per month) Red Category : 21438.81 (Average/ month) White: 521.93 (Average/ month) Blue Category 2482.72 kg (Average per month) General Solid waste:																																				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																						
	(i) Details of the on-site storage facility	:	Size : 830 Sqft Capacity : Provision of on-site storage : (cold storage or any other provision) - NO																																				
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <thead> <tr> <th>Type of treatment</th> <th>No of units</th> <th>Capacity Kg/yr</th> <th>Quantity of equipment treatedo r disposed day in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Autoclaves :</td> <td>2 Nos</td> <td>- 972 ltrs</td> <td>, 432 ltrs</td> </tr> <tr> <td>Microwave Hydroclave</td> <td>- No</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>-</td> <td>1 Nos</td> <td>50 KG</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment	No of units	Capacity Kg/yr	Quantity of equipment treatedo r disposed day in kg per annum	Autoclaves :	2 Nos	- 972 ltrs	, 432 ltrs	Microwave Hydroclave	- No			Shredder	-	1 Nos	50 KG	Needle tip cutter or destroyer	Yes			Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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Chemical disinfection:																																							
Any other treatment equipment:																																							
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	No																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Nos 1 - Twice a day																																				
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="0"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																		
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	during the treatment of wastes in Kg per annum	Incineration - No Ash - No STP/ETP - Sludge – sent to Common bio medical waste treatment facility
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s Biotic waste solutions pvt ltd.
	(vii) List of member HCF not handed over bio-medical waste.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes, copy of minutes attached in Annexure II
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	General Induction Program: 35 Session Contract Induction Program: 45 Session On-site Training on Bio-Medical Waste : 38 Session Departmental Training Session : 261 Session As a part of JCI Refresher Course: 65 Session Total : 444 Session
	(ii) number of personnel trained	General Induction Program: 960 Contract Induction Program: 814 On-site Session : 843 Departmental Training Session : 7286 As a part of JCI Refresher : 5142 Total: 15045
	(iii) number of personnel trained at the time of induction	General Induction Program: 960 Contract Induction Program: 814 Total: 1774
	(iv) number of personnel not undergone any training so far	All new entrants are covered in Induction Programs
	(v) Whether standard manual for training is available?	YES
	(vi) any other information)	
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	

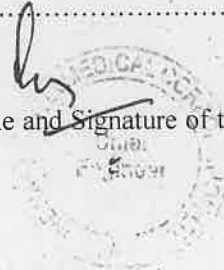
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not applicable
	Details of Continuous online emission monitoring systems installed	Not applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Liquid waste treatment by STP. Have been meeting standards
11	Is the disinfection method or sterilization meeting the log 4	Autoclaving is being done

	standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) – Not Applicable.

Certified that the above report is for the period from (January 2023– December 2023)

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Name and Signature of the Head of the Institution



Date: 31/05/24
Place: New Delhi

FORM I

(See rule 4(O), 5(i) and 15(2))

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : No such incident
3. Sequence of events leading to accident : No such incident
4. Has the Authority been informed immediately : No such incident
5. The type of waste involved in accident: : No such incident
6. Assessment of the effects of the accidents on human health and environment : NIL
7. Emergency measures taken : No such incident
8. Steps take to alleviate the effects of accidents : No such incident
9. Steps taken to prevent the recurrence of such an accident : No such incident
10. Does your facility has an Emergency control policy? If yes give details

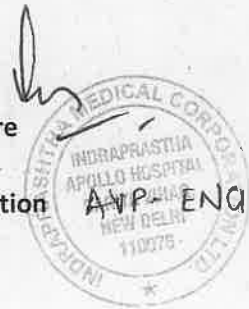
Yes, the organization has a protocol on management of Needle Stick injury, accident, inoculation and percutaneous, mucus, membrane, exposure to blood and body fluid. (P.50 Infection Control Manual)

Date 31/05/2023

Place NEW DELHI

Signature

Designation



APP-ENGINEERING

Indraprastha Medical Corporation Limited

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December 2023

CIRCULAR

This is for the information of all concerned as addition of new member in new Bio Medical waste management committee per requirement of Bio Medical Waste Management Rule 2016. The list of members is as following:

S.No	Name	Designation
1.	Mr. P. Shivakumar	Managing Director
2	Lt. Gen. Dr Bipin Puri	Director Medical Services
3	Dr (Brig.) Amit Roy	Deputy Director Medical Services
4	Dr. Gaurav Katyal	Chief Executive Officer
5	Mr. Sumit Grover	Head - HR
6	MR. Viyom Gupta	Associate Vice President
7	Dr. Leena Mendiratta	Infection Control Head
8	Mr. Sachin Patidar	Senior GM Materials
9	Sister Elizabeth	Asst. Director Nursing
10	Dr. Sanjeev Sharma	Senior GM.Clinical Pharmacologist
11	Mr. Sanjay Rout	Radiation Safety Officer
12	Satish Kumar	Chief Quality Officer
13	Mr. Ankit Abrol	Manager Housekeeping
14	Dr. Priti Bansal	Dy. Medical Superintendent
15	Aashish Sood	General Manager IT
15	Aarti Kalia	Engineering
15	Sonia Bhatia	Training Cell
16	Gursharan Singh	Engineering



Annexure II**TOTAL QUANTITY OF BIO MEDICAL WASTE GENERATED /KG/ANNUM**

MONTH - 23	Autoclavable (Kg.) (Red Bags)	Autoclavable (Kg.) (BlueBags)	Incinerable (Kg.) (Yellow Bags)	B.D Boxes (Sharp Containers)	Cyto
JANUARY	20892	2363	8314	458.8	227.3
FEBRUARY	19646.9	2294.4	7655.6	437.7	275.9
MARCH	24926.1	2549.4	9185.3	559.3	364.6
APRIL	22531	2508.8	8159.3	548.5	258.2
MAY	22051.3	2277.6	8466.7	573.8	169.59
JUNE	21849.62	2163.74	7952.6	531.7	165.6
JULY	22139.86	2759.05	9134.4	861.57	209.74
AUGUST	22108.44	2679.54	9470.96	544.43	244.9
SEPTEMBER	19716	2568	8415	550.7	253.8
OCTOBER	21565.47	2689.48	9002.3	550.87	353.04
NOVEMBER	19648	2341.6	7768	388.8	296
DECEMBER	20191	2598	8613	343.4	289.3
TOTAL	257265.69	29792.61	102137.16	6349.57	3107.97
Average / month	21438.81	2482.72	8511.43	529.13	259.00
Average / day (30 days)	714.63	82.76	283.71	17.64	8.63
Average @ 365 days	704.84	81.62	279.83	17.40	8.51



Annexure II

Date:	15.03.2024
Time:	10.00 AM
Location:	Engineering Conference Room
Attendees:	Mr. Satish Kumar (Chief Quality Officer), Aarti Kalia, (Engineering) Gursharan Singh , Leena Mendiratta (Labs), (Gopal (HK),

Agenda Item	Details
Introductions	Opened the meeting by introducing themselves and their roles related to biomedical waste management.
Review of Current Waste Management Practices	Biomedical Waste Management committee members outlined the objectives of the biomedical waste audit, emphasizing compliance with regulatory standards and improving waste management practices. Discussed an overview of the current biomedical waste management procedures, including segregation, collection, transportation, treatment, and disposal, staff training and adherence to waste segregation protocols. Highlighted the logistical aspects and challenges of waste handling and transportation.
Audit Findings	Findings of the audit were discussed Strengths: Proper segregation of waste in most departments. Adequate labeling and color coding of waste containers. Regular training sessions for staff. Areas for Improvement: Inconsistent segregation practices in some floors Need for more frequent internal audits. Improvement in record-keeping and documentation. Non-compliance Issues: Instances of mixed waste in certain areas specially dialysis , HDU and OPD Areas Improper storage conditions in some temporary holding areas.
Action Plan and Recommendations	Short-term Actions: Immediate re-training sessions for staff in identified departments Review and update of waste segregation guidelines Enhancement of storage conditions in temporary holding areas (Long-term Actions: Implementation of a more robust internal audit schedule by Quality and infection control team Regular review meetings to ensure compliance and address ongoing issues
Open Discussion	Nursing raised a concern about needle cutters condition – a preventive team will check and replace all the needle cutters which are not working properly or in a bad condition, rusted etc. Nursing in charges to inform the areas where needle cutter needs to be put up and HK to shift the faulty ones to engineering workshop for repair / replacement.
Conclusion and Next Steps	The next meeting was scheduled for September to review progress on the action plan.



ATTENDANCE SHEET

DEPARTMENT:

PROGRAM:

TRAINER:

DATE :

TIME :

BMW waste mgmt

Committee Meeting

15/03/2024. / Board Room 12:00

S.NO.	CL.NO	NAME	SIGNATURE	DEPARTMENT
1	1054106	Aarti Kalio	<i>[Signature]</i>	Engg.
2	1054016	Chaitanya Maran Singh	<i>[Signature]</i>	Engg.
3	1056946	Amit Redwan	L&D	Art
4	1128443	Satish Kumar	C&O	Art
5	1081085	ANKIT ABROL	H.K	Art
6	1054279	Harish Singh	H.K	Art
7	1055256	Dr. Seena Mendiratta	<i>[Signature]</i>	Microbiology and Infectious Control
8	1290088	Pragya Sharma	Materials	Art
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