

21 March 2024

To,
The Regional Environmental Officer
KSPCB
RO – BNG
Bangalore South

Sub – Regarding submission of BMW Annual report – Sagar Hospitals – DSI

Dear Sir/ Madam,

This is with reference to the above subject we are here by submitting the Biomedical Waste Annual report for the period of Jan 2023 to Dec 2023.

Request you to kindly acknowledge the receipt of this letter.

Enclosed

1. Annual Report – Biomedical Waste
2. MOU with Maridi Bio Industries Pvt Ltd
3. BMW – Authorization (2021-2031)
4. Consent for Operation (CFO – Air, Water)
5. Picture of waste segregation area

Thanking You

Regards



Dr Deepak P Balani
Medical Director
Sagar Hospitals – DSI
Shavige Malleshwara Hills
Kumaraswamy Layout
Banashankari
Bangalore - 560078

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 authorised person (occupier or operator of facility)	:	Dr DEEPAK BALANI (MEDICAL DIRECTOR)
	(ii) Name of HCF or CBMWTF	:	SAGAR HOSPITALS - DSI
	(iii) Address for Correspondence	:	SHAVIGE MALLESHWARA HILLS, KUMARSWAMY LAYOUT, BANASHANILAKI
	(iv) Address of Facility	:	SHAVIGE MALLESHWARA HILLS, KUMARSWAMY LAYOUT, BANASHANILAKI
	(v) Tel. No, Fax. No	:	080 42999 009
	(vi) E-mail ID	:	md.bsk@sagarhospitals.in
	(vii) URL of Website	:	www.sagarhospitals.in
	(viii) GPS coordinates of HCF or CBMWTF	:	LATITUDE: 12.907950 N LONGITUDE: 77.565063 E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: KSPCB/RSEO/BNH-CITY/BMW/183575/ - 20.21.22/164..valid up to 30.09.2031
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/09/2031
2.	Type of Health Care Facility	:	HCF
	(i) Bedded Hospital	:	No. of Beds:..150
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	BLV02891ALSSH/17-01-2027
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day	NA																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 976 kgs Red Category : 1262 kgs White: 52 kgs Blue Category : 299 kgs General Solid waste: NIL																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility	:	Size : 150 sq.ft Capacity : 300 kgs Provision of on-site storage : (cold storage or any other provision) ROOM TEMPERATURE																																																	
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>1</td> <td>1.9 kg</td> <td></td> </tr> <tr> <td>Microwave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>NA</td> <td>-</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>NA</td> <td>-</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>1</td> <td>-</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>ETP</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	NA			Plasma Pyrolysis	NA			Autoclaves	1	1.9 kg		Microwave	NA			Hydroclave	NA			Shredder	NA			Needle tip cutter or destroyer	NA	-		Sharps encapsulation or concrete pit	NA	-		Deep burial pits:	NA			Chemical disinfection:	1	-		Any other treatment equipment:	ETP			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) HANDLED OVER TO M/S MARIDI BIO INDUSTRIES Pvt Ltd.																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 VEHICLE [MARIDI BIO INDUSTRIES]																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed																																																

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		M/S MARIDI BIO INDUSTRIES Pvt Ltd.
	(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 - Along with HIC Committee Minutes of meeting Attached
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		20
	(ii) number of personnel trained		208
	(iii) number of personnel trained at the time of induction		186
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		NO
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		9 (Needle stick Injury)
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		Post-exposure prophylaxis has been done for all the 9 candidates.
	(iv) Any Fatality occurred, details.		NIL
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. COMPLIANCE WITH STANDARDS
11	Is the disinfection method or sterilization meeting the log 4		YES.

	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) NA

Certified that the above report is for the period from JANUARY 2023 - DECEMBER 2023

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DP Balani

Name and Signature of the Head of the Institution

Dr. DEEPAK P BALANI
 MEDICAL DIRECTOR
 SAGAR HOSPITALS-DSI
 BANASHANKARI
 BANGALORE - 560 078

Date: 21-03-2024
 Place BANGALORE

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MINUTES OF HICC MEETING MARCH 2024

Date : 08/03/2024

Time:02.30 PM

Venue : 5TH Floor Conference Hall

Members Present: 33	Members Absent: 11
Dr. Kavyashree S P (Intensivist) - Chairperson	Dr.Chandrappa H N (HOD Anaesthesia) - Member
Dr. Arati Kamble (Microbiologist / ICO) -Convener	Dr. Roopa M O (Lab medicine) - Member
Ms. Mary Elizabeth Job (Infection Control Nurse) - Member	Dr.Basavraj S.Kyavater (Orthopedician Consultant) - Member
Dr Priyadarsini R (Clinical Phatmacologist) - Member	Dr. Arun (Internal Medicine Consultant) - Member)
Dr. Deepak Balani (Medical Director) - Member	Dr Parashuram (Anaesthologist) – Member
Dr.Kamal Bhalla (Internal Medicine Consultant) - Member	Dr.Shanthala S (OBG Consultant) - Member
Mr. Satish M N/ Jolly Shinde (Housekeeping in- charge) - Member	Mr. Sanjay (Pharmacy Assistant Manager) - Member
Dr. Sudeep Bhandary (HOD Emergency) – Member	Mr Ravilochan (MRD Head) - Member
Mr. Shivananda HM (CSSD in-charge) - Member	Mr Praveen Y (Biomedical Head) - Members
Mr Pradeep Kumar H R (Manager Facility & Maintenance) - Members	Dr. Manjunath R (Internal Medicine Consultant) - Member
Mr. Lokeshwarappa (ICU Nurse in-charge) - Member	Ms Kala (ANS) - Member
Ms Saraswathi (Labour ward in-charge) - Member	
Ms Deepa (Medication Nurse) - Member	
Ms Triveni (PVT ward in-charge) - Member	
Ms Sharon Rosi Jude (Nurse Educatoe) - Member	
Mr Kumar Naik / Mr Sachin P J (ER Supervisor) - Member	
Ms Pavithra (PICU in-charge) - Member	
Ms Manasa S R (EDS) - Member	
Ms. Mala T (Nursing Superintendent) - Member	
Dr. Lakshmikanth (Deputy Medical Superintendent) - Member	
Ms. Kiranamai (Dept Clinical Nutrition in-charge) - Member	

Please bring this report during your visit to the Hospital / ಅಸ್ಪತ್ರೆಗೆ ಬರುವಾಗ ಈ ರಿಪೋರ್ಟನ್ನು ತನ್ನಿ

Above test Results pertain to the sample received, results should be clinically correlated as all test results are dependent on multiple variables and the quality of the sample received by the laboratory.

PLEASE COLLECT THE REPORTS WITHIN THREE MONTHS FROM THE DATE OF REPORTING

Ms. Suma -OT-in-charge) - Member	
Ms Lisy Mary B (Coordinator-Quality) - Member	
Ms Rangamma (Nursing Supervisor) - Member	
Ms Linda (Neuro ICU in-charge) - Member	
Ms Mariyamma (OPD In-charge) - Member	
Ms Reela (General Ward in-charge) - Member	
Mr Kulkarni Kiran (Manager -F&M) - Memeber	
Dr Roopa P (Patient Safety Officer) - Member	
Dr Seema (Neuro Critical Care) - Member	
Mr Ravi Pawar (G M Operation) - Member	
Mr Chethan (SPVT in-charge) - Member	
Mr Praveen / Amarjith (BME) - Member	

Point Discussed:


1. Review of minutes of last meeting held on 22nd Feb 2024
2. HAI statistics for the month of Feb 2024
3. Biomedical waste management observations for the month of Feb 2024
4. Hand Hygiene compliance of Feb 2024
5. Water quality test report of Feb 2024
6. MDRO's of Feb 2024
7. Sharp Injury & Blood and Body fluid Exposure of Feb 2024
8. Restricted Antibiotic usage and overall consumption
9. Surgical Prophylaxis
10. Antibiotic audit along with literature review

S.NO	Points Discussed	Action points	RESPONSIBILITY	TARGET DATE for closure
1	Surveillance of SSI	Should have surveillance of 30 days to 90 days surgeries	ICN / PCS	Informed to PRO
2	Screening tool for evaluating HAIs	Screening tool for evaluating HAIs to be briefed to all the Nursing Incharges	Nurse Educator	On going
3	Clinician to attend HIC meeting	Requesting the clinicians to take part in HIC meeting whose case will be presented for discussion	Medical Services	By next meeting
4	Surgical Prophylaxis	Analysis of non compliance to prophylactic antibiotic	CP / ICO	Done

5	Restricted Antibiotics	Patient wise data on restricted antibiotic should be tracked and presented	CP /ICO	Next Meeting
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Infection Control Convener

Infection Control Chairperson



Signature:



Signature:

Needle Stick Injury Incidents - 2023

SL No	NSI / RSI	DATE TIME	DEPT	STAFF NAME	STAFF GROUP	SOURCE	INCIDENT	RESOLVED
10	NSI	23.04.23 11:00 PM	Pvt.	SASHIKALA S.	STAFF NURSE	KNOWN SOURCE	After administering insulin (pen) she tried to recap & sustained injury	23.04.23 04.06.23 23.07.23 23.10.23
11	NSI	9.7.23 8:20 PM	Residence	MR. RAMAKRISHNAN	STAFF NURSE	KNOWN SOURCE	Diving w/ Cannulation, the needle fell	09.07.23 Source Negative 20.03.23 09.09.23 09.12.23
12	NSI	16.09.23 6:45 AM	Pvt.	Ms GOVINDAMMA. 9611867654.	HOUSE KEEPING	UNKNOWN SOURCE	While clearing the injection tray she sustained needle stick injury.	16.09.23 23.10.23 16.12.23 20.03.24 16.03.24
13	NSI	16.09.23 12:20 PM	NICU	MS. MAHADEVAMMA.	STAFF NURSE	KNOWN SOURCE	While drawing sample from baby, baby moved the hand & sustained NSI	16.09.23 28.10.23 16.12.23 19.03.24 16.03.24
14	NSI	25.10.23 6:45 PM	MICU	MR. LAKSHMANA.B UHID 80300798	HOUSE KEEPING	UNKNOWN SOURCE	While clearing the garbage. Sustained NSI from red bag. Opened and saw a needle with syringe was present.	25.10.23 21.12.23 25.01.24 25.04.24
15	NSI	25.10.23 11:00 AM	MICU	MR. RAMANA.S. UHID - 80300777	HOUSE KEEPING	UNKNOWN SOURCE	While labeling the garbage Sustained NSI from red bag	25.10.23 6.12.23 25.01.24 25.04.24

S No	NSI / BAR	Date	Time	Dept	Staff Name	Staff Group	Staff No	Source	INCIDENT	Remarks	Expiry
16.	NSI / BAR	2024	11:30	MICO	Ms DEEPA	STAFF NUR		KNOWN SOURCE	During epid line insertion concern staff seen switching when she pulled the guide wire blood splashed into the victims eye.	26.10.23	24.10.23
17.	NSI.	2024	10:30	PVT.	Ms. DEEPA. S.G. MOM - UHD 30301129	STAFF NUR		KNOWN SOURCE	While drawing after drawing the blood sample dislaid NSI.	15.11.23	15.11.23
18.	NSI	2024	7:00	SPRT	Ms. SHIVKUMAR. (giver)	HOUSEKEEPING		UNKNOWN SOURCE	Needle. Prick happened when removing the acid line in the study utility.	5.1.24	02.01.24
19.	NSI.	2024		OT	Dr. KIRAN. UHD 30305983 Ther 7500.	ANESTHETIC		UNKNOWN SOURCE	Not reporting to duty. So she not able to do the duty while giving iv injection.	02.02.24	02.02.24
											02.02.24
											15.03.24
											02.05.24
											02.08.24

30302605



Post Exposure Follow-Up



FOR MICROSOFT ACCESS
EXPOSURE PREVENTION
INFORMATION NETWORK

Injury ID: (for office use only) 30298000 Facility ID: (for office use only) _____
Email address: _____
Date of Injury/exposure: 16/9/12

Access 2010 US

4/2014

Source Patient:

1. Was the source patient identifiable?
 1 source known and tested 2 source known but not tested, reason: _____ 3 source not known

2. Was the source patient positive for the pathogens below? (even if tested before this exposure?)

Pathogen	Test (circle)	Result (circle result)			Date drawn
Hepatitis B	HbsAg	1 positive	2 negative	3 not tested	__/__/__
	HbeAg	1 positive	2 negative	3 not tested	
	Anti HBs	1 positive	2 negative	3 not tested	
	Anti HBc	1 positive	2 negative	3 not tested	
Hepatitis C	Anti-HCV EIA	1 positive	2 negative	3 not tested	__/__/__
	PCR-HCV	1 positive	2 negative	3 not tested	
	RNA	1 positive	2 negative	3 not tested	
HIV	Anti-HIV	1 positive	2 negative	3 not tested	__/__/__
	#CD4 cell count	count _____		3 not tested	
	Antigen load	RNA copies/ml _____		3 not tested	
Other				__/__/__	

3. If source patient was believed to be in high risk group for blood borne pathogens, check all that apply:

- Blood product recipient Elevated enzymes Sexual Dialysis
- Injection drug use Hemophilia Other, describe: nil

4. If the source patient was HIV positive, had he been treated with any of the following before exposure?

- Unknown 3TC IDV
- AZT ddC Other anti-retroviral: nil

5. Additional source patient comments: Admitted in ICU.

Healthcare Worker:

1. Healthcare worker was seen by: 1 Employee health 2 Emergency room 3 Other, describe: _____

2. Was the healthcare worker vaccinated against HBV before exposure?
 0 No 1-dose 2-doses 3-doses 4-doses 99 More than 4 doses
If yes, antibody level upon completion, if tested: _____ Date tested: __/__/__

2a. Was healthcare worker pregnant? 1 Yes 2 No 3 Not applicable
If yes, which trimester? 1 First 2 Second 3 Third

12/9
1/11

3. Results of baseline tests:

Pathogen	Test (circle)	Result (circle result)	Date drawn	# days to next test
Hepatitis B	HbsAg	1 positive 2 negative 3 not tested	16/9/23	1/11/23
	HbeAg	1 positive 2 negative 3 not tested		
	Anti HBs	1 positive 2 negative 3 not tested		
	Anti HBc	1 positive 2 negative 3 not tested		
Hepatitis C	Anti-HCV EIA	1 positive 2 negative 3 not tested	16/9/23	1/11/23
	PCR-HCV RNA	1 positive 2 negative 3 not tested		
		1 positive 2 negative 3 not tested		
HIV	Anti-HIV	1 positive 2 negative 3 not tested	16/9/23	1/11/23
Other				
Other				

4. Circle all post exposure treatment/prophylaxis given to the healthcare worker and FILL IN THE DOSAGES

Treatment	Dose	Date given	Duration/Comments
HBIG	1. _____ 2. _____	____/____/____	_____
HBV vaccine	1. _____	____/____/____	_____
	2. _____	____/____/____	_____
	3. _____	____/____/____	_____
	Booster: _____	____/____/____	_____
HIV antiretroviral specify:	_____	____/____/____	_____
HIV antiretroviral specify:	_____	____/____/____	_____
HIV antiretroviral specify:	_____	____/____/____	_____
Other, specify	_____	____/____/____	_____

already vaccinated

5. Result of follow-up tests: (Space provided for repeated test results, however, testing protocols may vary in different institutions.)

Pathogen	Test (circle)	Result (circle result)	Date drawn	# days to next test
Hepatitis B	Panel 1			
	HbsAg	1 positive 2 negative 3 not tested	27/11/23	16/12/23
	Anti HBs	1 positive 2 negative 3 not tested		
	Anti HBc	1 positive 2 negative 3 not tested		
	Panel 2			
	HbsAg	1 positive 2 negative 3 not tested	2/1/23	_____
	Anti HBs	1 positive 2 negative 3 not tested		
	Anti HBc	1 positive 2 negative 3 not tested		
	Panel 3			
HbsAg	1 positive 2 negative 3 not tested	27/11/23	16/12/23	
Anti HBs	1 positive 2 negative 3 not tested			
Anti HBc	1 positive 2 negative 3 not tested			
Hepatitis C	Anti-HCV (test 1)	1 positive 2 negative 3 not tested	27/11/23	16/12/23
	Anti-HCV (test 2)	1 positive 2 negative 3 not tested		
HIV	Anti-HIV (test 1)	1 positive 2 negative 3 not tested	27/11/23	16/12/23
	Anti-HIV (test 2)	1 positive 2 negative 3 not tested		
	Anti-HIV (test 3)	1 positive 2 negative 3 not tested		

Anti-HIV (test 4) 1 positive 2 negative 3 not tested -- / -- / ----

Additional comments:

Follow-up of prophylaxis serological results:

Time	Date	HIV	HBsAG	HCV
9:16 am	21/11/23	Negative	Negative	Negative
11 am	21/11/24	Negative	Negative	Negative
1:52 pm	19/3/24	Negative	Negative	Negative

Follow-up of HBV vaccination:

- one dose
- base vaccination
 - date -- / -- / ----
 - injection after 1 month → date -- / -- / ----
 - injection after 2 months → date -- / -- / ----
 - injection after 1 year → date -- / -- / ----

Follow-up of anti-HIV prophylaxis: (last 4 weeks in total)

Compliance? 1 good 2 poor/non 3 testing continues

Interruptions? 1 yes → AZT stopped from -- / -- / ---- to -- / -- / ----

Reductions of dosage? 1 yes → AZT reduced from ____ mg to ____ mg

Toxicity or side effects? 1 yes → which? _____ how serious? _____ date beginning : -- / -- / ---- date ending : -- / -- / ----

Action taken as result of side effects:

- AZT → reduction of dosage -- / -- / ----
- 3TC → reduction of dosage -- / -- / ----
- Indinavir → reduction of dosage -- / -- / ----

Last date taken:

- AZT → stopped -- / -- / ----
- 3TC → stopped -- / -- / ----
- Indinavir → stopped -- / -- / ----

nil

TRAINING ATTENDANCE

FF-NSG-091

DATE OF TRAINING: 11.04.23

TRAINING TOPIC: Biomedical Waste Management

TIME: 12.00hrs - 12.30hrs

NAME OF THE TRAINER: Mary Elizabeth Job

DURATION: 30min

TRAINING MODULE: Lecture

VENUE: Lab 1st floor

SL.NO	NAME OF THE STAFF	ID BSK NO.	DEPARTMENT	SIGNATURE	REMARKS
1	Maenade deevika	JNR 3566	Laboratory	[Signature]	
2	Panchami S.S	JNR 4773	Laboratory	[Signature]	
3	Tejaswini HD	JNR 4886	Laboratory	[Signature]	
4	Shreelha S	JNR 4350	Laboratory	[Signature]	
5	Rishma P.R	JNR 4766	Laboratory	[Signature]	
6	Hemamaheshwari K.N	JNR 4492	Laboratory	[Signature]	
7	Dimpal	JNR 4683	Lab	[Signature]	
8	H. Anusha K. K. K.	JNR 4195	Lab	[Signature]	
9	P. P. A. K. K.	JNR 4182	Cad	[Signature]	
10	P. P. A. K. K.	JNR 4682	Laboratory	[Signature]	
11	M. M. A. L. O. R.	JNR 4789	Laboratory	[Signature]	
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[Signature]
SIGNATURE OF THE TRAINER

TRAINING ATTENDANCE

FF-NSG-091

DATE OF TRAINING: 11.04.23

TRAINING TOPIC: Biomedical Waste Management

TIME: 12.00hrs - 12.30hrs

NAME OF THE TRAINER: Mary Elizabeth Job

DURATION: 30min

TRAINING MODULE: Lecture

VENUE: Lab 1st floor

SL.NO	NAME OF THE STAFF	ID BSK NO.	DEPARTMENT	SIGNATURE	REMARKS
1	Maenade deevika	JNR 3566	Laboratory	[Signature]	
2	Panchami S.S	JNR 4773	Laboratory	[Signature]	
3	Tejaswini HD	JNR 4886	Laboratory	[Signature]	
4	Shreelha S	JNR 4350	Laboratory	[Signature]	
5	Rishma P.R	JNR 4466	Laboratory	[Signature]	
6	Hemamaheshwari K.N	JNR 4492	Laboratory	[Signature]	
7	Dimpal	JNR 4683	Lab	[Signature]	
8	H. Anusha K. K. K.	JNR 4105	Lab	[Signature]	
9	P. P. A. K. K.	JNR 4120	Cad	[Signature]	
10	P. P. A. K. K.	JNR 4682	Laboratory	[Signature]	
11	M. M. A. L. O. R.	JNR 4789	Laboratory	[Signature]	
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[Signature]
SIGNATURE OF THE TRAINER