

MSSH/Ghaziabad

21st June 2023

Chief Environmental Officer – Circle – 1
UP Pollution Control Board
Vibhuti Khand, Gomti Nagar
Lucknow (U.P.)

Sub: Submission of BMW annual Report for the period from 1st Jan 2022 to 31st Dec 2023 under BMW rule.

Dear Sir

We are enclosing herewith the Bio Medical Waste Annual Report for Max Super Specialty Hospital (a unit of Crosslay Remedies Ltd.), plot no- W3, Sector-1, Vaishali, Ghaziabad. (U.P.).

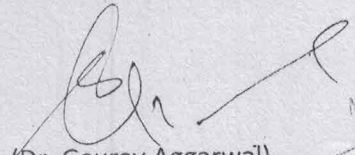
The details of the attached documents are.

1. Form – IV (Annual Report)
2. Form – I (Accident Nil Report)
3. Minutes of the meeting
4. Copy of Agreement “ Environ Waste Connections LLP.”

Thanking you,

Yours faithfully

For Max Super Specialty Hospital
(a unit of Crosslay Remedies Ltd.)


(Dr. Gaurav Aggarwal)
Sr. Vice President Operations

Dr. GAURAV AGGARWAL
(Unit Head)
Max Super Specialty Hospital-Vaishali
(A unit of Crosslay Remedies Ltd.)
W-3, Sector-1, Vaishali, Ghaziabad,
Uttar Pradesh-201012

Encl: As above

CC: Regional Officer, U.P. Pollution Control Board, Ghaziabad

Handwritten: 21/6/2023
REGIONAL OFFICE
U.P. Pollution Control Board
Ins-2 Sector-16, Vasundhara
Ghaziabad

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)]

S.No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	: Dr. Gaurav Aggarwal Sr.Vice President – Operations
	(ii) Name of HCF or CBMWTF	: Max Super Speciality Hospital (A unit of Crosslay Remedies Ltd.)
	(iii) Address for Correspondence	: Plot no. W3, Sector 1, Vaishali, Ghaziabad, UP- 201012
	(iv) Address of Facility	: Plot no. W3, Sector 1, Vaishali, Ghaziabad, UP- 201012
	(v) Tel. No, Fax. No	: 9717704457
	(vi) E-mail ID	: ramachandaran@maxhealthcare.com
	(vii) URL of Website	: www.maxhealthcare.in
	(viii) GPS coordinates of HCF or CBMWTF	: 28.6346° N, 77.3331° E (HCF)
	(ix) Ownership of HCF or CBMWTF	: Private Hospital
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: File no. of authorization and date of issue: No:- 9603513 and Date:-02/02/2021 valid up to 31/12/2023

No.	Particulars	
	(xi) Status of Consents under Water Act and Air Act	: (Water) 104900/UPPCB/Ghaziabad (UPPCBRO)/CTO/Water /GHAZIABAD/2020 01/01/2021 to 31/12/2023 (Air) 104898/UPPCB/Ghaziabad (UPPCBRO)/CTO/air / GHAZIABAD /2020 01/01/2021 to 31/12/2023
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: 436 Beds
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: N/A
	(iii) License number and its date of expiry	: 0914000003 valid up to 20 th May 2023 Expiry date has been extended by CMO Office till 20th May 2024.
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	: N/A
	(ii) No. of beds covered by CBMWTF	: N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	: N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: N/A
4.	Quantity of waste generated or disposed in Kg per annum (on	: Yellow category – 47407.26 kg / annum (3950.61 kg avg / month)

No.	Particulars																																																	
	monthly average basis) (# <u>Interpretation</u> – Month wise and Total Annual Quantity)	Yellow Category (Cytotoxic)- 6755.26 kg/annum (562.94 kg avg / month) Red Category -78367.05 kg / annum (6530.59 kg avg/ month) White Category -5025.14 kg / annum (418.76 kg avg/ month) Blue Category – 12969.4 kg / annum (1080.79 kg avg/ month) General solid waste - 144336.96 kg./ annum(12028.08kg avg/ month)																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility <i>#<u>Interpretation</u> – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) & rest of the points are for the operator of common Bio-medical Waste treatment facility.</i>																																																	
	(i) Details of the on-site storage facility	Size: 307 sqft Capacity: 2000 KG Provision of on-site storage : (cold storage or any other provision)– Dedicated FCU of 4TR																																																
	(ii) Disposal facilities	<table><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><tr><td>Incinerators</td><td></td><td></td><td></td></tr><tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr><tr><td>Autoclaves</td><td></td><td></td><td></td></tr><tr><td>Microwave</td><td></td><td></td><td></td></tr><tr><td>Hydroclave</td><td></td><td></td><td></td></tr><tr><td>Shredder</td><td></td><td></td><td></td></tr><tr><td>Needle tip cutter or destroyer</td><td></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></table>	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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No.	Particulars										
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category -78367.05 kg / annum (6530.59 kg avg/ month) Handed over to CBMWTF									
	(iv) No of vehicles used for collection and transportation of biomedical waste	N/A Authorized vehicle provided by the CBMWTF									
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table> <tr> <th></th><th>Quantity generated</th><th>Where disposed</th></tr> <tr> <td>Incineration Ash</td><td>-</td><td>-</td></tr> <tr> <td>ETP Sludge</td><td>83.8</td><td>Bharat oil & waste management lt.</td></tr> </table>		Quantity generated	Where disposed	Incineration Ash	-	-	ETP Sludge	83.8	Bharat oil & waste management lt.
	Quantity generated	Where disposed									
Incineration Ash	-	-									
ETP Sludge	83.8	Bharat oil & waste management lt.									
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Environ waste connections LLP									
	(vii) List of member HCF not handed over bio-medical waste	N/A									
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes – Minutes of meeting's copy attached									
7.	Details trainings conducted on BMW										
	(i) Number of trainings conducted on BMW Management.	22 Training session conducted									
	(ii) number of personnel trained	Covered all staff who handle BMW									
	(iii) number of personnel trained at the time of induction	All new staff has been given training while induction.									
	(iv) number of personnel not undergone any training so far	Nil									
	(v) whether standard manual for training is available?	Yes									
	(vi) any other information)	N/A									

No.	Particulars	
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	N/A
	(iv) Any Fatality occurred, details	N/A
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Yes
	Details of Continuous online emission monitoring systems installed	N/A
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes – Standards met all the time
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 – Standards met all the time
12.	Any other relevant information	N/A

Certified that the above report is for the period from **1st Jan 2022 to 31st Dec 2022**

Date: 21st Jun 2023

Place: Vaishali - Ghaziabad

Name and Signature of the Head of the Institution

Dr. GAURAV AGGARWAL
(Unit Head)
Max Super Speciality Hospital-Vaishali
(A unit of Crosslay Remedies Ltd.)
W-3, Sector-1, Vaishali, Ghaziabad,
Uttar Pradesh-201012

FORM - I
ACCIDENT REPORTING
FOR PERIOD FROM 1ST JAN 2022 TO 31ST DEC 2022

1. Date and time of accident
2. Type of Accident
3. Sequence of events leading to accident
4. Has the Authority been informed immediately
5. The type of waste involved in accident
6. Assessment of the effects of the accidents on human health and the environment
7. Emergency measures taken
8. Steps taken to alleviate the effects of accidents
9. Steps taken to prevent the recurrence of such an accident.
10. Does your facility has an Emergency Control policy? If yes give details

NIL

Date : 21ST JUN 2022

Place: Max Super Specialty.

Signature

DR. GAURAV AGGARWAL
(Unit Head)

Max Super Speciality Hospital-Vaishali
(A unit of Crosslay Remedies Ltd.)
W-3, Sector-1, Vaishali, Ghaziabad,
Uttar Pradesh-201012

Designation-Sr. Vice President - Operations

Bio Medical Waste Record - From Jan 2022 to Dec 2022
Max Super Speciality Hospital, Vaishali Ghaziabad-201012

Date	Yellow		Blue				SHARP-White		Yellow (Cytotoxic)		Total	
	No. of Bags	Weight (in kg)	No. of Bags	Weight (in kg)	No. of Bags	Weight (in kg)	No. of Bags	Weight (in kg)	No. of Bags	Weight (in kg)	No. of Bags	Weight (in kg)
Jan-22	839	4437.85	202	932.98	1019	6037.35	175	544.18	136	526.37	2371	12478.73
Feb-22	857	4363.46	202	1012.76	953	6246.99	174	531.64	154	667.3	2340	12822.15
Mar-22	918	4171.61	206	1320.09	1036	6719.72	149	403.43	157	666.98	2466	13281.83
Apr-22	873	4087.35	183	1236.12	993	6794.68	140	491.76	144	622.28	2333	13232.19
May-22	861	3967.69	166	1003.63	990	6911.92	138	446.6	140	647.02	2295	12976.86
Jun-22	860	4008.18	160	1139.8	953	6685.16	135	423.11	138	620.93	2246	12877.18
Jul-22	789	3830.03	159	808.25	908	6489.48	165	428.62	117	454.98	2138	12011.36
Aug-22	798	3866.97	173	976.02	922	6583.2	142	393.34	126	505.52	2161	12325.05
Sep-22	763	3748.78	157	1037.86	893	6464.62	141	362.86	126	524	2080	12138.12
Oct-22	759	3711.59	152	1019.27	875	6550.58	130	316.1	112	472.59	2028	12070.13
Nov-22	773	3555.66	164	1131.41	886	6533.75	143	351.1	114	494.06	2080	12065.98
Dec-22	749	3658.09	167	1351.25	858	6349.6	143	332.4	119	553.23	2036	12244.57
Total	9839	47407.26	2091	12969.4	11286	78367.05	1775	5025.14	1583	6755.26	26574	150524.15

General Waste Record - From Jan 2022 to Dec 2022
Max Super Speciality Hospital, Vaishali Ghaziabad-201012

Date	Navy Blue Bags	Navy Blue Kg	Cardboard	Kg	News paper	Kg	Total
Jan-22	3647	8243.54	2161	2578.45	2154	2120.19	12942.18
Feb-22	2836	8479.9	2807	1760.041	3408	1417.63	11657.571
Mar-22	3155	9228.585	3136	2458.11	3605	1784.82	13471.515
Apr-22	3051	7711.73	3069	2408.075	3451	1608.79	11728.595
May-22	3049	7348.539	3072	1853	3297	1569.57	10771.109
Jun-22	3039	6787.47	3022	2537.11	3371	1555.41	10879.99
Jul-22	3016	7697.38	2995	2012.28	3599	1758.19	11467.85
Aug-22	3057	6859.88	3130	1838.67	3517	1653.08	10351.63
Sep-22	2920	7642.06	2898	1636.97	3479	1601.76	10880.79
Oct-22	3110	9643.125	3108	3272.735	3291.48	2073.02	14988.88
Nov-22	2956	8717.7	2985	2339.306	3331	1541.44	12598.446
Dec-22	3075	8171.529	3095	2579.478	3467	1847.4	12598.407

Barry

S. No	Region	Unit Name	Type of Training	Category	Program name	Designed by	Start Date	Trainer	Month	Training Duration (hrs)	Participant Group
1	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	3-Jan	Supervisor	Jan	0.5	Non Clinical
2	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	14.02.2022	Supervisor	Feb	0.5	Non Clinical
3	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	28.02.2022	Supervisor	Feb	0.5	Non Clinical
4	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	14.03.22	Supervisor	March	0.5	Non Clinical
5	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	28.03.22	Supervisor	March	0.5	Non Clinical
6	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	14.04.2022	Supervisor	April	0.5	Non Clinical
7	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	28.04.2022	Supervisor	April	0.5	Non Clinical
8	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	12.05.22	Supervisor	May	0.5	Non Clinical
9	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	26.05.22	Supervisor	May	0.5	Non Clinical
10	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	13.06.22	Supervisor	June	0.5	Non Clinical
11	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	27.06.22	Supervisor	June	0.5	Non Clinical
12	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	4-Jul	Supervisor	july	0.5	Non Clinical
13	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	11.08.22	Supervisor	Aug	0.5	Non Clinical
14	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	25.08.22	Supervisor	Aug	0.5	Non Clinical
15	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	12.09.22	Supervisor	Sept	0.5	Non Clinical
16	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	26.09.22	Supervisor	Sept	0.5	Non Clinical
17	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	13.10.22	Supervisor	OCT	0.5	Non Clinical
18	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	27.10.21	Supervisor	OCT	0.5	Non Clinical
19	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	11.11.22	Supervisor	Nov	0.5	Non Clinical
20	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	25.11.22	Supervisor	Nov	0.5	Non Clinical
21	NCR	VSH	Functional Program	Waste Management	How to Handle BMW/GW	HK Department	8.12.22	Supervisor	Dec	0.5	Non Clinical
22	NCR	VSH	Functional Program	Waste Management	Segregation of waste as per BMW protocol	HK Department	15.12.22	Supervisor	Dec	0.5	Non Clinical

HIC Committee Meeting
Minutes of Meeting

VENUE

: CONFERENCE ROOM

DATE AND TIME OF MEETING

: 26 APRIL 2022 (2:30-3:30 pm)

MEMBERS PRESENT

1. Dr Harmeet Singh
2. Dr. Sanjay Goel
3. Dr Manish Gupta
4. Mr Manoj Verma
5. Mr Umesh Sharma
6. Dr Danish Ahmed
7. Ms. Nidhi Sahai
8. Mr Manoj Kumar
9. Mr. Kapil Tyagi
10. Gaurav Mittal
11. Ms. Rajani Panicker
12. Ms Neeru Koul
13. Dr Vikky Jaiswal
14. Dr Sharad Joshi
15. Dr Anaidya Jain
16. Dr. Ashish Pawar
17. Mr Anish Kumar
18. Dr Ashish Garg
19. Sudama Prasad
20. Mr Abhay Narayan
21. Soumya Mathew
22. Ashli Thomas
23. Prem Singh
24. Kiran Babu
25. Dr. Saloni Sehgal
26. Dr Sanjay Saxena

AGENDA:

- Update on previous meeting open points
- TOR
- CQI trends
- Monthly update of HIC activities done
- Infection Control Self-Assessment Tool (ICAT)
- Goals For Infection Prevention And Control Programme
- AMSP Interventions
- Autoclave for BMW management.

Update on previous meeting points discussed on 29 Mar 2022

S. No.	Agenda/Issues	Discussion	Responsibility	Timelines and Date	Status update
1.	HIC policy update	Alignment of HIC policies with reference to NABH 5th edition.	ICO	To be done by Jan 2022.	All the policy is updated and is available in shared folder NABH- Policy Closed
2.	Budget for FY 22-23 for infection control activities.	Proposal to be shared for review based on previous expenditures.	ICT	7 days	Budget is submitted for approval Open
3.	Nursing Empowerment Introduction of link nurses	It was decided that all team leaders will be given training on IPC practices and they will work as a link nurse with ICT.	ICT, NURSING, HR	15 days	All the TL has been trained to be a link nurse. Pre and post assessment of training is done. Certificates is also provided for the same. Closed
4.	Community education and outreach programme	Brochures to be designed for distribution in OPD and health camps. Marketing to arrange some training activities with involvement of ICT for Community education and outreach programme.	ICT and marketing.	30 days	Brochures designed were approved by ICT. Physical copy of brochures is awaited from printing agency. Activity to be planned with marketing. Partially closed- WIP
5.	Infection control risk assessment Evaluation for renovation/ construction activity in the hospital with regards to infection control (PICRA AND ICRA))	The process of any construction/ renovation activity in hospital to be streamlined among various stakeholders. Pre assessment of risk (picra) to be done before the start of any activity. The pre-construction part	Med Admin Engineering Infection control Nursing Housekeeping BME IT	7 days	Separate meeting was conducted with all the stake holders. Purpose was explained and roles and responsibility is assigned to them.

		of the process needs strengthening			To be reviewed in upcoming renovation/ construction activity. Open
6.	ANTIMICROBIAL STEWARDSHIP PROGRAMME(AMSP) Subcommittee needs to be approved. Purpose of the committee is a below 1. All restricted antibiotics need to be analyzed for their indication. 2. Indication needs to be documented for all antimicrobials (including antifungal, antiviral, antiprotozoal etc). 3. Review of antimicrobials after 48-72 hrs with or without culture reports needs to be documented and audited. 4. Conversion of therapy from iv to oral, escalation or de-escalation have to be captured. 5. Surgical prophylaxis - Name, dose and time of antibiotic needs to be captured in the surgical safety checklist	Committee approved as a subcommittee of HICC. Intensivists, MD internal medicine and clinical pharmacologist need to be part of it.	HICC	15 days	Proposed team members are approved by HIC chairperson Members are as below: Dr Saloni Sehgal Dr Manish Gupta Dr Ajay Gupta Manoj Verma ICN Closed

7.	Use of AMS app as guide to antimicrobial prescribing practices to be promoted.	Current compliance should be reviewed. Total eligible doctors for app installation V/S no. of app installed.	To be followed by Dr Saloni	15 days	App is under development from central IT team. Open
8.	Linen management	Segregation at source not happening at the place of generation.	Nursing	15 days	Appropriate bins required was made available and is in use now. Nursing to start the process of segregation at source HIC team to review the same and update in next meeting. Open

New points discussed in Meeting conducted on 26 Apr 2022

S No	Agenda / Issues	Discussion	Responsibility	Timelines and Date
1	CQI trends HAI rate	Case of VAC captured during active surveillance. 1 case of SSI reported HAND Hygiene compliance 67.8%. Structured activity will be performed on the occasion of hand hygiene day	ICT	Ongoing
2	Update on HIC activities done	Audit was done in the T 1 OT- 2nd floor. Deficiency found were corrected on site with training and awareness session. Users were given the	ICT	Closed

		responsibility to correct and prevent the repetition of these behaviors Housekeeping supervisors were trained on disinfectant dilutions and asked to monitor their staff. • Project Avan initiated to reduce the needle stick injury		
3	Infection Control Self-Assessment Tool (ICAT)	WHO self-assessment tool was used Scored 765/800 IPC level was assigned as advanced (range 601-800) Policies updated as per the trends of previous data and current guidelines	Done by ICO along with help from various stakeholders	Closed
4	Goals For Infection Prevention And Control Programme	As per the trends of the last year and ICAT, the following points were taken up	ICT	Work in progress
	Active Surveillance	Active Surveillance to be strengthened, a structured approach should be followed along with action plan for closure.		Process already started closed
	VAE Tracking	VAE related parameters to be made available in CPRS	Banti	WIP
	CAUTI	Urine catheter with sample collection port should be used.	Nursing team	Requirement shared with Store department.
	SSI	Case tracking to be strengthened. Process for follow up call to be made. Who will ask basic questions to all operated patients need to be decided.	ICT with help from coordinators of various departments	Follow up with central medical quality for other unit process. Process of E mail / SMS with timeline/ automation to be seen. Critical surgeries can be started first. Open

	CLABSI	- Baseline samples requirement within 48 hr. of line insertion. - Blood culture contamination -many blood culture samples are contaminated with skin flora - Data presented and was suggested to conduct training to reduce such contamination.	Doctors and nursing ICT for training	Process initiated
	Antimicrobial Stewardship Programme	Action plan for strengthening antimicrobial stewardship programme Enrolled with ICMR project with Sir Ganga Ram Hospital for strengthening it is IPC and AMSP practices CLINICAL AUDIT Started on antimicrobial prophylaxis in LSCS patients as a low hanging fruit of AMSP intervention	ICT	Done
5.	Antimicrobials- Usage report according to culture flash	Extraction of culture flash from LIMS & CPRS. Under process. Mail raised for approval & IT Support.	ICT, IT	Awareness created and will be followed up by the AMSP team
6	BMW	Common daily findings related to BMW labels issues, mixing issues and all others, BMW Chart Availability etc. need to be closed. Discard autoclave is needed in the central waste collection site. All the waste for pretreatment should be autoclaved at one particular site Proposal made to buy a new bigger autoclave	Mr. Manoj Mr Gaurav (BME)	BMW Chart Received, need to check the water proof ability and will place in next few days closure date - 30th of APRIL
7.	Environment Sample	Environmental sample - swabs collection obsolete and only picking the Air culture. Catheter tips are excluded in parameters - not going to be used.	ICT	Started

HIC Committee Meeting
Minutes of Meeting

VENUE

: CONFERENCE ROOM

DATE AND TIME OF MEETING

: 20 July 2022 (2:00-3:30 pm)

MEMBERS PRESENT

1. Dr Manish Gupta
2. Dr Piyush Chandel
3. Mr. Umesh Sharma
4. Mr Manoj Verma
5. Dr Ajay Jain
6. Ms. Nidhi Sahai
7. Ms. Rosamma Paul
8. Dr Shweta Gupta
9. Dr Manish Marda
10. Dr Sharad Joshi
11. Dr Neeru P Aggarwal
12. Dr Hemant Gupta
13. Mr. Ullas Muralidharan
14. Ms. Sreedevi Sunil
15. Dr Vandana Garg
16. Dr Sanjay Saxena
17. Dr Nidhi M dev
18. Ms. Krishna Kumari
19. Ms. Sreekala
20. Ms Shiny T k
21. Dr. Prachi Jain
22. Ms. Indu
23. Dr Anaidya Jain
24. Dr Ashish Pawar
25. Ms. Soumya Mathew
26. Mr. Kiran Babu
27. Ms Ashli Thomas

AGENDA:

- Update on previous meeting open points
- TOR
- CQI trends
- Monthly update of HIC activities done
- Audit For Reuse Equipment

- Ergonomics of the equipment used
- Recurring availability of hand hygiene products and PPE
- AMSP
- Clinical Audit
- SSI tracking post discharge
- Route map for BMW and linen

MINUTES:

Update on previous meeting points discussed on 15JUNE 2022

S. N.	Agenda/Issues	Discussion	Responsibility	Timelines and Date	Status
1.	Housekeeping Surveillance	In order to check for surface cleanliness and disinfection procurement of Florescent Marking gel from HIC budget was proposed. Quotation to be taken and procured ASAP	Mr. Nitin	Open Mail has been sent to Commercial for Online purchase none of the registered vendor provides it locally as per Mr. Nitin	Process of procurement started Ongoing
2.	AMSP orientation	Meeting Is planned with internal medicine to start the process of orientation It will be focused on capturing the indication of starting antimicrobials and then review after 48-72 hrs.	Dr Saloni	WIP	Meeting conducted with internal medicine and emergency doctors and ICU in charges

New points discussed in Meeting conducted on 20 JULY 2022

S. N.	Agenda/Issues	Discussion	Responsibility	Timelines and Date
1.	TOR	TOR has been reemphasized to all committee members.	NA	NA
2.	CQI trends HAND Hygiene compliance	HAND Hygiene compliance Rate-72% NO HAI reported	ICT	Ongoing.
3.	Update on HIC activities	Influenza vaccination process initiated. hard copy of	ICT	Orientation of doctors done. Forms available in shared folder

		antibiotic justification form with review started		NABH. Audit will be started to monitor compliance Closed. Ongoing.
4.	Audit For Reuse Equipment	Audit Done On 18th July by Mr. Sudama from CSSD. Variations observed were discussed with concern stakeholders	ICT	Under monitoring for adherence to process as per policy.
5.	Ergonomics of the equipment used In CCU the sharp container is on the floor and is always cluttered with needles on the floor.	Placement of sharps containers and the hand rub should be within easy reach and at the level which is most easily reached and therefore utilized	ICT and engineering	Rounds done. Placement WIP. ICT has made preliminary rounds and suggested areas of placements. Closed
6.	Recurring availability of hand hygiene products and PPE	It has been noticed and also multiple complaints have been received that these products are not available round the clock	Team Leaders. Housekeeping. Users Of The Department	All team leaders addressed. Have instructed to keep appropriate buffer stock available. Compliance will be checked on daily rounds Closed Ongoing
7.	AMSP	PROJECT AUSHADHI started. To monitor the indication of starting antimicrobials. to monitor the review of treatment and to capture escalation and de-escalation of antimicrobials	ICT, user departments. all stakeholders using antimicrobials	Antibiotic log and review form stated. This process will be incorporated in CPRS also. WIP (with developmental team). Hard copy form is available on the system (NABH folder) for use. Closed Ongoing.

8.	Clinical Audit	Clinical audit on surgical prophylaxis was successful in implementing both the appropriate antibiotic and appropriate time. Data shared with the committee	ICT	Closed With Positive Results
9.	SSI tracking post discharge	Tracking of surgeries started post discharge. coordinators of various departments identified for follow up	ICT AND Coordinators	WIP
10.	Route map for BMW and linen	Segregation at source and then transportation for laundry and sluicing discussed.	Housekeeping. Mr Manoj and team	Process reviewed, adherence to be monitored. WIP
11.	Reporting Of Microbiology Results On Priority	Gram staining and preliminary reports to be released by technical staff before final report. Newer diagnostic rapid tests to be started in house.	Microbiologist	Will Be Discussed In Separate Forum
12.	Influenza Vaccination	As per HR, influenza vaccine is one of the recommended vaccine and will not be provided free of cost. Status of vaccinations will be discussed and then final decision will be taken	HR	Open



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

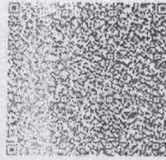
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Certificate No.	: IN-UP66492946503259T
Certificate Issued Date	: 13-Dec-2021 06:32 PM
Account Reference	: NEWIMPACC (SV)/ up14072304/ GHAZIABAD SADAR/ UP-GZB
Unique Doc. Reference	: SUBIN-UPUP1407230421916078836612T
Purchased by	: ENVIRON WASTE CONNECTIONS LLP
Description of Document	: Article 5 Agreement or Memorandum of an agreement
Property Description	: BN 102-104, PHASE-3, UPSIDC MG ROAD, INDL AREA GHAZIABAD HAPUR UP-201015
Consideration Price (Rs.)	:
First Party	: ENVIRON WASTE CONNECTIONS LLP
Second Party	: Not Applicable
Stamp Duty Paid By	: ENVIRON WASTE CONNECTIONS LLP
Stamp Duty Amount(Rs.)	: 10 (Ten only)



Please write or type below this line.

This E-Stamp Paper forms an integral Part of this agreement executed on 20th June 2022 between Environ Waste Connections LLP and Crosslay Remedies Ltd and agreement will be effect from 22nd July 2022.



[Signature]



This Stamp certificate should be verified on 'e-Stamp' website or using e-Stamp Mobile App of Stock Holding Corporation of India. If the legitimacy is on the user's side, the website / Mobile App renders it invalid. In any case, please inform the Competent Authority.

Renewal of AGREEMENT

That the previous agreement executed on 16th July, 2021, is renewed on 16th July, 2022 and shall be valid only when endorsed through a SEAL of Environ Waste Connections LLP.

BY AND BETWEEN

M/s Environ Waste Connections LLP, (hereinafter referred to as "Service Provider") having its Registered office at D-27/1, Street No.-9, Near 30 Feet Road, Johripur Extn., Delhi-110094 and Plant address at: BN: 102-104, Phase -III, UPSIDC, M.G. Road Indl. Area, Ghaziabad-Hapur UP-201015, duly represented by - Director or its representative.

AND

Name of Health Care Establishment (HCE) :- **CROSSLAY REMEDIES LIMITED**
(Hereinafter referred to as "Waste Generator")

Full Address:- W-3, SECTOR-1, VAISHALI, GHAZIABAD U.P.

Authorized Representative of Waste Generator: -

Designation: -(DIRECTOR)

Contact No.: -

Email Id: -

WHEREAS the "Service Provider" has been selected and duly authorized by U.P. State Pollution Control Board (UPSPCB) under the provisions of BMW Rules for providing services of the collection, transportation, storage, treatment and disposal of Bio-Medical Waste.

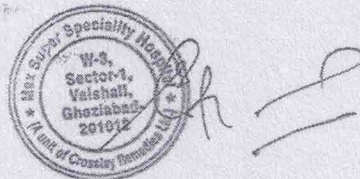
AND WHEREAS WASTE GENERATOR is desirous to outsource the disposal of Bio-Medical Waste generated by them and have approached "Service provider" for providing its services at its treatment facility located at BN: 102-104, Phase-III, UPSIDC, MG Road Indl. Area, Ghaziabad-Hapur, U.P.-201015.

And both the parties are agreed to enter this agreement on the terms and conditions narrated hereinafter.

NOW THIS INDENTURE WITNESS ETH and it is hereby covenant as follows:

Validity of the Agreement:

This agreement shall remain in force for a period of One (01) Year w.e.f. 16/07/2022 to 15/07/2023 (both days are inclusive) and can be further renewed with mutual consent of both the parties.



Responsibilities of the "Service Provider":

1. "Service Provider" shall meet all the rules and regulations as stipulated by the SPCB And "Service Provider" alone is liable for any violation of the Environment (Protection) Act 1986 and the relevant rules made there under, after collection of BMW from the GENERATOR.
2. "Service Provider" shall collect the segregated bio-medical waste from the identified common waste collection point within the premises of GENERATOR on daily basis. "Service Provider" shall provide assistance to finalize the pick-up location to the GENERATOR. The GENERATOR shall be fully responsible for keeping the BMW under lock and key and protecting it from any sort of mishandling before it is handed over to any authorized person of Service Provider.
3. Service Provider shall schedule the timings for collecting the waste in consultation with the GENERATOR. In case "Service Provider" fails to collect the BMW within a time frame of 24 hours of the designated time due to any reason, the GENERATOR shall inform "Service Provider", who shall ensure to collect the BMW from the premises of the GENERATOR within the next 24 hours of the intimation.
4. "Service Provider" shall transport the segregated waste in closed container vehicle to its treatment facility in enclosed bins.
5. On the written request of the GENERATOR, "Service Provider" shall undertake to provide/educate the generator and its staff, at no extra cost, the initial training about segregation /method of collection of BMW in designated color coded plastic bags.
6. "Service Provider" shall not be held liable for any kind of the violation made by the generator / or its staff under the Environment (Protection) Act 1986 or any similar regulations/norms.
7. "Service Provider" shall be responsible for appropriate treatment and shredding of disinfected waste at the centralized facility as per Schedule-1 of the BMW Rules 2016.
8. "Service Provider" shall be responsible for the disposal of treated waste into secured landfills or recycling plants as applicable.

Responsibilities of the "Waste Generator":

1. The WASTE GENERATOR shall segregate the waste at the point of generation in accordance with the BMW Rules 2016 and in compliance with the standards prescribed thereunder.
2. The WASTE GENERATOR shall collect and hand over the segregated BMW in plastic bags as stipulated by the State Pollution Control Board (SPCB) norms.
3. All consumables like bags, needle cutters, disinfectants etc. shall be procured by the WASTE GENERATOR at its own cost.
4. All the bags shall be sealed tightly and labeled as per the rule by the WASTE GENERATOR and "Service Provider" will collect the sealed bags only from a secured designated point within the premises of the WASTE GENERATOR.



5. The WASTE GENERATOR shall disinfect the sharps, mutilate them and hand over in Puncture Proof Containers to "Service Provider".
6. The WASTE GENERATOR shall take all steps to ensure that the waste is handled without adverse effects to human health and Service Providerment.
7. The WASTE GENERATOR shall establish a common secured waste collection point within its premises for collection and handing over to "Service Provider".
8. The WASTE GENERATOR shall furnish annual report on "Form-IV" regarding generation, collection and storage of Bio-Medical wastes in the prescribed format to State Pollution Control Board.
9. The WASTE GENERATOR shall maintain all the relevant records and make reports of the accidents to SPCB, if any, on "Form-I" as prescribed under the rules.
10. The WASTE GENERATOR shall designate a "Nodal Officer" to interact with "Service Provider".
11. The Bio-Medical Waste handed over by the WASTE GENERATOR may be checked and suggestions, if needed, may be provided for improvement in the segregation of waste by "Service Provider".
12. The WASTE GENERATOR shall obtain authorization from the State Pollution Control Board.
13. The WASTE GENERATOR shall be solely responsible for the number of beds being declared to "Service Provider", which must be same for which the authorization is obtained from State Pollution Control Board. The WASTE GENERATOR shall inform "Service Provider" and SPCB within 7days about any change in the number of beds. Service Provider shall not be responsible for any under/over declaration by WASTE GENERATOR on this account.

Terms & Conditions:

1. The WASTE GENERATOR shall pay One Time Non-Refundable Membership Registration Fee of Rs. NIL/-.
2. The WASTE GENERATOR shall pay amount equal to NIL months of service charges as refundable / adjustable security deposit.
3. Service Provider shall charge Rs. 19000/- (Rupees Nineteen Thousand Only) Per Month, from date 16/07/2022 to 15/07/2023 Rs. (Rupees)
per month, from date.....to.....&Rs. (Rupees.....)
per month, from date.....to.....For the service of collection, transportation, treatment & disposal of BMW, subject to the condition of maximum weight limit of NIL KG per month. The quantity of waste over & above the limit shall be charged @ Rs. NIL
The service charges mention herein is applicable for the declared capacity of 345 beds only.
4. The above rates shall be increased annually by 10% on previous year's rates.
5. The no. of beds as well as quantity of waste shall be reviewed annually. The agreement may be amended suitably, if required.



6. If the Waste Generator by virtue of any reason fails to make the payment within 30 days of submission of bills, "Service Provider" shall charge a late payment fee of Rs. 100 per day.
7. Service Provider would be at liberty to serve the notice of termination of agreement/suspension of services offered at any time to the WASTE GENERATOR if the WASTE GENERATOR fails to make the payment to "Service Provider" within a time frame of 3 months from the date on which they became so payable.
8. In the case of the termination of the agreement by virtue of applicability of Para 6 above, the security deposit/ advance paid by the WASTE GENERATOR shall stand forfeited without impacting the original claim of the "Service Provider".
9. All payments shall be made through crossed a/c payee demand draft or cheque, favoring "Environ Waste Connections LLP" only.
10. All bounced cheques shall be charged @ Rs. 590/- extra in addition to the actual bank charges.
11. The jurisdiction of Court in all disputes would be the place of registered office of Service Provider only.

Termination Clause

Both the parties would be at liberty to terminate this contract by serving a notice of 3 Monthswell in advance or alternately compensating the other party by an amount equal to the average of 3 month billing.

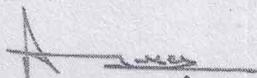
IN WITNESS WHEREOF, this Agreement has been executed by the Parties here to on the day and year first above written.

Signed and Delivered by:

For and on behalf of "Service Provider"

"For and on behalf of "Waste Generator"

Sign:



Sign:



Name: ASHUTOSH KUMAR. CALL

Name:

Designation:



Designation:



SP VASUNDHRA SD <201012>
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