

Government Of West Bengal
M R Bangur District Hospital
241 DPS Road, Tollygunje, Kolkata-700033
☎-033 24733354

✉ districthospitalspg@gmail.com
Website: www.mrbangurhospital.org

Memo No: MRBH / 165

Date: 03/5/19

To
The Chief Engineer
Waste Management cell
West Bengal Pollution Control Board
Paribesh Bhawan
10, Block -LA, Sector -III
Kolkata- 700098

Sub: Annual report of M R Bangur Hospital for bio medical waste for the period of Jan 2018 – Dec 2018.

Respected Sir,

Annual report of M R Bangur Hospital for bio medical waste for the period of Jan 2018 – Dec 2018.

With Regards

10/3/19

Superintendent

M R Bangur District Hospital

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)	: SUPERINTENDENT, M R BANGUR HOSPITAL
	(ii) Name of HCF or CBMWTF	: M R BANGUR HOSPITAL
	(iii) Address for Correspondence	: 241, DPS ROAD, TOLLYGUNGE, KOLKATA-33
	(iv) Address of Facility	: 241, DPS ROAD, TOLLYGUNGE, KOLKATA-33
	(v) Tel. No, Fax. No	: 08820207070
	(vi) E-mail ID	: districthospitalspg@gmail.com
	(vii) URL of Website	: www.mrbangurhospital.gov.in
	(viii) GPS coordinates of HCF or CBMWTF	: Through Green Tech Environ Management Pvt. Ltd.
	(ix) Ownership of HCF or CBMWTF	: State Government
	(x). Status of Authorization under the Bio Medical Waste (Management and Handling) Rules	: Authorisation No: 03/25(BM)-1180/2001, Dated 16/01/2018 Valid upto : 31/08/2022
(xi). Status of Consents under Water Act and Air Act	: Valid upto : 31/08/2022	
2	Type of Health Care Facility	
	(i) Bedded Hospital	: No. of Beds : 600
	(ii) Non-bedded hospital 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	
	(i) Number of health care facilities covered by CBMWTF	: NA
	(ii) No. of Beds covered by CBMWTF	: NA
	(iii) Installed treatment and disposal capacity of CBMWTF	: NA Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	: NA Kg / day
	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	Yellow Waste : 30,614 Kg / Annum
		Red Category : 18,929 Kg / Annum
		White : 3,628 Kg / Annum
		Blue Category : 5,353 Kg / Annum
		General Solid Waste : NA

SI No.	Particulars			
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility			
(i)	Details of the on-site storage facility	Size : NA		
		Capacity : 48 Hours		
		Provision of on-site storage : (Cold storage or any other provision)		
(ii)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day
				Quantity Treated or disposed in kg per annum
		Incinerators	NA	NA
		Plasma Pyrolysis	NA	NA
		Autoclaves	NA	NA
		Microwave	NA	NA
		Hydroclave	NA	NA
		Shredder	NA	NA
		Needle tip cutter or destroyer	NA	NA
		Sharps	NA	NA
		Encapsulation or concrete pit	NA	NA
		Deep burial pits	NA	NA
		Chemical disinfection	NA	NA
		Any other treatment equipment	NA	NA
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	: Red Category (like plastic, glass, etc.) - NA		
(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		Quantity Generated	Where disposed
		Incineration	NA	NA
		Ash	NA	NA
		ETP Sludge	NA	NA
(vi)	Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of	: Green Tech Environ Management Pvt. Ltd.		
(vii)	List of member HCF not handed over bio-medical waste.	: NA		

Sl No.	Particulars	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	: Yes (Copy Enclosed)
Details trainings conducted on BMW		
7	(i) Number of trainings conducted on BMW Management	: 15
	(ii) Number of personnel trained	: 324
	(iii) Number of personnel trained at the time of induction	: 20
	(iv) Number of personnel not undergone any training so far	: 176
	(v) Whether standard manual for training is available?	: BMW Rules, 2016 and Amendment Rles'2018
Details of the accident occurred during the year		
8	(i) Number of Accidents occurred	: NA
	(ii) Number of persons affected	: NA
	(iii) Remedial Action taken (Please attach details if any)	: NA
	(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?	: NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	: NA
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from (1st January,2018 to 31st December 2018)

Date : 02/MAY'2019

Place : TOLLYGUNGE, KOLKATA-33


Name and Signature of the Head of the Institution

Superintendent
M.R. Bangur Hospital
Kolkata 700033


RESOLUTION OF THE BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING HELD ON 28/05/2018 AT THE OFFICE OF THE SUPERINTENDENT AT 3 P.M IN THE PRESENCE OF THE SUPERINTENDENT, MEDICAL OFFICER, NURSING SUPERINTENDENT, ALL ASSISTANT SUPERINTENDENT (N/M), Dy. NURSING SUPERINTENDENT, INFECTION CONTROL NURSE (ICN), FACILITY LEVEL QUALITY MANAGER, HOUSE KEEPING SUPERVISOR

1. Segregation of BMW must be done maintaining protocol.
2. Waste handlers must be in proper uniform, gum boots, industrial gloves etc.
3. Spill management must be judiciously handled.
4. Service providers must be trained in spill management.
5. Used needles must be burnt and disposed in the PPC filled with chlorine solution.
6. BMW bins must be covered.
7. Linens must be condemned followed by cutting / shredded, kept in yellow plastic bags, tied and discarded.
8. Regular BMW vehicle must collect the waste.
9. BMW waste must be kept in Red or Blue vat , Vat must be locked with Bio-hazard symbol on it.
10. Kitchen / Domestic waste must be discarded in black plastic bags and thrown in corporation vat.
11. BMW must be collected twice from all the wards, L- R, OT'S or whenever required.
12. Manifestos must be stuck in BMW register.
13. All BMW registers must have page numbering and certified by the authority.
14. Toilets must be cleaned after every one hour.


28/5/2018
Superintendent
M R Bangur Hospital

RESOLUTION OF THE BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING HELD ON 07/09/2018 AT THE OFFICE OF THE SUPERINTENDENT AT 2.30 P.M IN THE PRESENCE OF THE SUPERINTENDENT, MEDICAL OFFICER,NURSING SUPERINTENDENT, ALL ASSISTANT SUPERINTENDENT (N/M), Dy. NURSING SUPERINTENDENT, INFECTION CONTROL NURSE (ICN), FACILITY LEVEL QUALITY MANAGER, HOUSE KEEPING SUPERVISOR

1. Brooms must not be used in the IPD or patient areas.
2. Checklist must be supervised thoroughly.
3. Ward Sister-in-Charges must write the name of the scavenger on duty.
4. Certificates of BMW i.e pollution, NOC, consent to operate authorization must be up to date.
5. BMW must be transported in covered trolley.
6. Immunization must be given to the waste handlers for their safety.
7. PEP must be made available in the ER, LR, OT.
8. Monthly / Annual BMW report must be sent regularly.
9. Six steps of hand washing must be taught to service providers.
10. BMW committee must perform meeting every two month.
11. Training schedule of the service providers and waste handlers must be done and implemented.
12. BMW posters and hand washing posters must be displayed at the point of used.
13. Liquid hand wash must be available at every hand washing basin.


Superintendent
M R Bangur Hospital

RESOLUTION OF THE BIO MEDICAL WASTE MANAGEMENT COMMITTEE MEETING HELD ON 19/12/2018 AT THE OFFICE OF THE SUPERINTENDENT AT 2 P.M IN THE PRESENCE OF THE SUPERINTENDENT, MEDICAL OFFICER, NURSING SUPERINTENDENT, ALL ASSISTANT SUPERINTENDENT (N/M), Dy. NURSING SUPERINTENDENT, INFECTION CONTROL NURSE (ICN), FACILITY LEVEL QUALITY MANAGER, HOUSE KEEPING SUPERVISOR

1. Chlorohexidine hand rub must be made available in all the wards, L-R, OT'S and all wards.
2. Staff must be made aware of needle stick injury and how to handle it.
3. No BMW waste must be stored for more than 48 hrs.
4. BMW Vat must have hand washing facility.
5. Disposal of Radiographics developer and fixer must be done maintaining norms.
6. Hospital must have be carried HAI surveillance.
7. BMW waste must be carried out through a separate passage to the BMW Vat and not through the patient area.
8. All the BMW bins must have Bio- Hazard symbol.
9. Unused blood bags must be disposed off maintaining BMW norms at yellow colour coded bags.
10. Unidirectional mopping must be followed in 'S' pattern.
11. Three bucket trolley must be used.
12. Scrubbing machine may be used for corridors and staircase landing.

19/12/2018
Superintendent
M R Bangur Hospital