



OFFICE OF THE DISTRICT MEDICAL OFFICER(MEDICAL SERVICES)
CUM SUPERINTENDENT
DISTRICT HEAD QUARTER HOSPITAL, KEONJHAR
Department of Health & Family Welfare, Govt of Odisha



Letter No 1680

Date: 27.06.2022

TO,

The Member Secretary
State Pollution Control Board
Paribest Bhaban, A/118, Nilakantha Nagar
Unit-8, Bhubaneswar-751002, Odisha

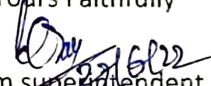
Sub-Submission of annual report of Bio- Medical waste management activities of DHH, Keonjhar
Sir,

In inviting a reference to the subject cited above, I am submit the annual report of Bio-Medical waste Management activities of DHH Keonjhar for the year 2021 i.e 01.01.2021 to 31.12.2021.

This is favour of your kind information and necessary action.

Enclosure: Form IV.


Yours Faithfully


27/6/22
DMO (MS) Cum superintendent
DHH, Keonjhar

Memo No...1681

Date...27.06.2022


Copy forwarded to DPHO, Keonjhar for information and Necessary action.


27/6/22
DMO (MS) Cum superintendent
DHH, Keonjhar

Memo...1682

Date...27.06.2022

Copy to Regional office, SPCB Keonjhar for information and necessary action.

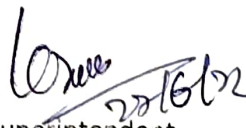

27/6/22
DMO (MS) Cum superintendent
DHH, Keonjhar

Memo...1683

Date...27.06.2022

Copy Submitted to CDM & PHO, Keonjhar for kind Information.

Copy submitted to DPH, Odisha for kind information.


27/6/22
DMO (MS) Cum superintendent
DHH, Keonjhar

Proceeding of Bio Medical Waste Management Meeting for the month of September -2021

The monthly Bio-Medical Waste Management Meeting was held on 06.11.2021 for the month of September—2021 under the chairmanship of CDM& PHO , Keonjhar at DTU at 4 pm.

The Following participants were present in the BMW Management ,Meeting-2021.

- CDM &PHO ,Keonjhar
- DMO(MS) CUM SUPERINTENDENT
- DPM
- Dr. Himanshu Sahu
- DPHO
- Dr.B.B Mishra
- Hospital Manager
- Quality Manager
- Nursing Officer
- Additional Nursing Superintendent
- BMW Supervisopr
- House Keeping Supervisor
- TB & Chest Diarohea Incharge

At the very outset CDM & PHO Apprised about the aims & objective of review meeting regarding smooth-cum- safe management of Bio-Medical waste of DHH & said to HM To elaborate minutely on this activity as well as its purpose of BMW Management.

The following point of issue was discussed one by one.

- Role & Responsible of staff on BMW & Maintenance of record Properly.
- Precaution at the time segregation of infected Waste.
- Tricks of personal Protective Equipment (PPE).
- Process of Segregation.
- Use of Steriliser & its measurement of readings
- Validation of BMW Authorisation.
- Frequency of Floor MUPPING.
- Properly use of Hypochloride Solution.
- Management of Placenta Waste.
- Use of colored coded Polythene.

- Management of Small & large spill.
- Management of Mercury Spill
- Immunization.

Role & Responsibilities of staff on BMW:

In the presence of all DHH Staff both technical and non technical the duty roll was identified and disburse the duty among all the staff of DHH.He is disburse the role & responsibility are as follows:

S.L No	Name & Designation of staff	Work Assigned	Remarks
1	BMW Handler	Segregation, Transportation to containment Area, Bush Cutting in the containment area, Composition of body parts in to the Burial pit, Properly management of sharp material into the sharp pit, Preparation of hypochloride solution etc.	If any doubt comes at the time of working the incharge of bio medical may consult.
2	Attendant	To educate and intimate all the patient for the proper use of color coded bin & normally they will be educated about the general waste in the dressing room that when the liquid waste drainage out side shock pit the hypochloride solution must be added for 30 minutes minimum through the tap system whatever installed at all infectious area.	If more Black bin will need at knot point they can indent immediately.
<u>3</u>	Sweeper	All sweeper should mopping 3-times in a day with 0.5% Hypochloride solution in proper process means in-to -out system& back to-back process withuse of 3-bucket system (one bucket contain plane water, 2 nd one contain detergent water, & 3 rd one will contain bleaching solution.)	If the process can understand by the nay the sweeper can take help of House keeping supervisor.

4	Staff Nurse	Absolutely these work should be accomplished in the presence of staff nurse always means in the labour room placenta should at first disinfected by the Hypochloride solution for 30 minute of 10% hypochloride solution then that should transport in to the containment area.	All staff nurse should supervise that sweeper may use the said body parts in to the yellow coded burial or not after the use of yellow bin it may be use of sand, CaCO ₂ , Soil properly or not?
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Precaution at the time of segregation of infected Waste:

Normally, the waste handler person should take precaution properly before segregate of bio-medical waste means they should use Gum Boot, Utility Gloves, Mask, Glass aprone properly unless they may maximum chance to affect by the infection.

Action to be taken by :BMW, Sweeper & Attendant.

Tricks of Personal Protective Equipments(PPE) :

Unanimously decided in the review meeting that all the staff should mandatory to use the PPE strategic before joining of wok at any section in the hospital like Lab, LabourRoom, OT, containment area, Dressing room, Indoor, Out door, X-ray dept etc.

Action to be taken by : All staff of DHH

Process of Segregation:

The education like Process of segregation was discussed by Dr.Sahu

- Black coded bin will contain-All general waste like Paper, banana leaf etc.
- Yellow Color coded bin will Contain-All infected body parts even expired medicine can be use this bin.
- Blue color coded bin will contain- Plastic materials & iron pin etc.
- Red color coded bin will contain – Infected saline ,bottle, syringe tubing & cathetor etc.

Action to be taken by: All staff & Patients attendant

Use of Steriliser & its measurement of readings;

Check about awareness of recommended temperature, duration, & pressure for autoclaving instruments-121 degree C, 15 pound pressure for 20 min.(30min if wrapped) linen 121C, 15 pound for 30 min check if the staff know the protocol for sterilization.

Action to be taken by : All attendants.

Chemical sterilization of instruments done as per protocol:

Check if the staff know the protocol for sterilization of laproscope soaking it in 2% glutaraldehyde solution for 10 hours.

Adherence to protocol for high level disinfection

Check with the staff process about high level disinfection using boiling for 20 minutes with lid on soaking in 2% glutaraldehyde/ chlorine solution for 20 minutes.

Staff immunization

All the staff should be immunised within the 7 days like Hepatitis B & TT who are not taken within 6 months.


DMO (MS) CUM SUPERINTENDENT

KEONJHAR

Dist. Medical Officer (Medical Services)
Cum-Superintendent, D.H.H., Keonjhar

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)	:	D.M.O. cum superintendent
	(ii) Name of HCF or CBMWTF	:	DHH, Keonjhar
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	DHH, Keonjhar, pin-758001
	(v) Tel. No, Fax. No	:	06766-258029
	(vi) E-mail ID	:	dhh, kir@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: applied for renewal Valid upto:
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: applied
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 320
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 17732.050kg. Red Category: 7166.025kg White: 757.220kg Blue Category: 7842.210kg. General Solid Waste: 1,224,860kg.
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: 9000sqft.

facility

Capacity
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	0		
Plasma Pyrolysis	0		
Autoclaves	1		
Microwave	0		
Hydroclave	0		
Shredder	1		
Needle tip cutter or destroyer	22		
Sharps	2		
Encapsulation or concrete pit			
Deep burial pits	3		
Chemical disinfection:	2		
Any other treatment equipment:			

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum

: Red Category (like plastic, glass, etc.)

(iv) No. of Vehicles used for collection and transportation of biomedical waste

: 3 wheel barrow for collection

(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		
Ash		
ETP Sludge		

(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of

(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

Details trainings conducted on BMW		
(i)	Number of trainings conducted on BMW Management	05
(ii)	Number of personnel trained	60
(iii)	Number of personnel trained at the time of induction	50
(iv)	Number of personnel not undergone any training so far	
(v)	Whether standard manual for training is available?	
8	Details of the accident occurred during the year	
(i)	Number of Accidents occurred	Nil
(ii)	Number of persons affected	Nil
(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?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4 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)

Certified that the above report is for the period from

January-2021 to December-2021


 Name and Signature of the Head of the Institution
 Dist. Medical Officer (Medical Services)
 Cum-Superintendent, D.H.H., Keonjhar

Date: 27.6.22

Place: Keonjhar