



DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

7.1.4 - Biomedical waste

Dr. Ulhas Patil Medical College Jalgaon has designed methods for the management of waste generated in the campus using the basic waste management strategy

The waste generated is classified into the following types:

1. Solid waste Management

Solid waste includes both biodegradable and non-biodegradable components. The non –biodegradable solid waste generated in the campus include, paper, plastics, metal cans etc. Biodegradable waste includes food waste, vegetable peels, leaves etc.

'Use and throw' items like plastic cups, plates etc. used in the college canteen are replaced by reusable items steel glasses and plates. Regular collection of plastic cups, plastic bottles, Glass, paper and metal waste is done and sold for recyclers.

Food waste and non-biodegradable waste are collected in separate bins. Biodegradable waste is disposed off in three dumping yards of size 3m x 3m x 2m and especially food waste routed to biogas plant for generation of electricity and etc.

2. Liquid waste Management

Liquid waste that is generated in the institute falls into two following categories.

- 1) Septic tank effluents from various sanitary blocks, water used for washing and cleaning of utensils etc. from canteen. Wastewater from laboratories: waste water generated from the laboratories is very small in quantity: hence they are handled along with septic sewage after specific treatment.
- 2) As the college is located in rural un-sewered area, waste water generated from the sanitary facilities is disposed off into septic tanks located at different places in the campus and their effluents combined with canteen waste water is routed to own sewage treatment plant and then reuse for used for gardening, watering trees etc.

3. Biomedical waste management

Definition: Biomedical waste maybe defined as any solid, fluid or liquid waste material generated during short term and long-term care consisting of observational, diagnostic, therapeutic and rehabilitative services for a patients

3.1 Treatment and management of Biomedical waste

1. Proper segregation and collection of biomedical waste from all patient care areas of the hospital should be implemented and monitored. Use appropriate PPE when segregating, packing, transporting, and storing biomedical waste.
2. Biomedical waste should be transported in a closed container.
3. Human anatomical waste, soiled waste, all hospital waste Microbiology, biotechnology and other clinical laboratory waste should collect in yellow colored non chlorinated plastic bag. Contaminated Waste (Recyclable) should collect in red colored non chlorinated plastic bags or containers. Waste Sharps including metals should collect in Puncture proof, leak-proof, tamper-proof containers. Glass ware should collect in Cardboard boxes with blue colored marking
4. The biomedical waste of a hospital **outsourced to an authorized contractor** for the management and handling of biomedical waste as per rules designated by the State Pollution Control Board.

Dean

Dr Ulhas Patil Medical College, Jalgaon.

Dean

Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Chairman

Dr Ulhas Patil Medical College, Jalgaon.

PRESIDENT
GODAVARI FOUNDATION
JALGAON.(M.S.)

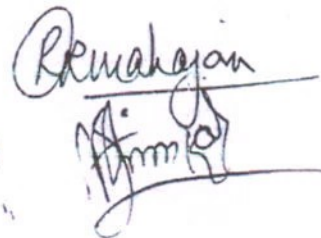
That the Generator have entered into an Agreement with the Operator in respect of S.no 413 admeasuring 40R. Situated at Shivaji nagar, Tal & Dist Jalgaon and situated within the Corporation limits of City Jalgaon. and Sub registration District of Jalgaon.

That the Generator have entered into an Agreement for the period of 20 years with the Operator in respect of Collection / Transportation /Disposal of Bio-Medical Waste generated at your Hospital as per the terms and condition mentioned below:-

- 1) The One time life membership fee will be Rs 310=00 (In words Rupees Three hundred and Ten only) for the period of 20 years.
- 2) The rates for Beds will be Rs 3.50 per bed per day whether it is occupied or vacant.
- 3) The generator should give all the waste including Human Tissues , Saline Bottles , Syringes , Disposable Items Waste Sharps , Catheters , to the operator segregated in Red & Yellow Biodegradable Bags as per CPCB & MPCB rules & as per our sticker indicating segregation of waste in red & yellow bags .
- 4) The Operator will send his vehicle daily to the Generator for the collection of Bio-Medical Waste.
- 5) The Generator will segregate the Bio-medical Waste as per Bio-Medical Waste (Management & Handling) Rules, 2000 and as amended 2003 guidelines.
- 6) Bio-Medical waste shall not be mixed with other wastes.
- 7) Bill will be produced on every 1st day of month and you will have to pay the full bill amount without deduction within seven days on receipt of bill.
- 8) The above rates are fixed for the first 2 years and after every 2 years there will be 10% increase in above Bed charges .
- 9) It should be noted that the generator should give all the waste including saline bottles otherwise it would be non complains of CPCB and MPCB rules .

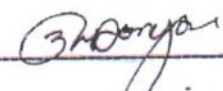
In witness where for the Operator have set his respective hand on this 26nd may 2015 at Jalgaon. (Type set by Manohar Bari.)

1) MANSAL BIOMEDICAL WASTE ENTERPRISES PVT LTD,
MR. RAJIV MAHAJAN, DIRECTOR.



2) Dr.ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,
N.H.6 (JALGAON - BHUSAWAL ROAD),

WITNESS

1) 
Ramesh W. Dongre.

2) 

Shri. Pramod P. Khirwad

जोडपत्र-१

फक्त प्रतिपत्रावली (अनुसूची-४)

प्रतिपत्र कोषावली

प्रतिपत्रावली

मुद्रांक विक्रम

रहिवाची पत्ता

मुद्रांक विक्रीपत्र

मुद्रांक उस्ते विक्रम

पत्ता

5000



जोडपत्र काउन्सिल जिल्हा
जिल्हा

200 दि. 24/1/2014

डी. प्रिन्स कोषा

मुद्रांक विक्रम

सही/वरते स.

त्या कारणात

मुद्रांक उस्ते

ऑफिस

कला

मुद्रांक

कासाठी

(आहे.)



महाराष्ट्र MAHARASHTRA

2020

AW 685786

अ.नं. 309 मु.शु.रु.: 400/- दि.: 20/11/2020

श्री: डॉ. उल्हास पाटील मेडिकल कॉलेज अँड हॉस्पिटल.

रा. जळगांव हस्ते विनोद पांडे.

मुद्रांक घेणाऱ्यांची
सही:

तुळशिराम पुना येवले
परवानाधारक मुद्रांक विक्रेता
नशिराबाद, ता. जि. जळगाव
ला.नं. 63/2000

जिल्हा कोषागार जळगाव
प्रमाणित करण्यात आलेला आहे

- 2 SEP 2020

मुद्रांक प्रमख लिपीक जळगाव

AGREEMENT FOR COLLECTION, TRANSPORTATION, TREATMENT AND DISPOSAL OF BIOMEDICAL WASTE

THIS AGREEMENT is executed on this 20th day of November 2020 at Jalgaon.

BETWEEN

MANSAI BIOMEDICAL WASTE ENTERPRISES PVT LTD,
JALGAON

Through Mr Rajiv Ramdas Mahajan (Director) appointed as the attorney/authorized signatory Aged 55 yrs R/O Jalgaon. Hereinafter called as service provider (Party No 1)

AND

Dr. Varsha Patil, Dean, Dr Ulhas Patil Medical College And
Hospital, Jalgaon (kh), Dist Jalgaon Hereinafter called waste generator
(Party No 2)

That the service provider/ party no 1 is having a Bio-Medical Waste disposal Facility at Gat no 413, kanakai shivar, shivaji Nagar, Jalgaon. Which is in association with Jalgaon Municipal Corporation.

That the waste generator / party no 2 is having its Hospital in the name and style of Dr Ulhas Patil Medical College And Hospital, Jalgaon Kd, Dist Jalgaon in the said hospital, waste generator is having 1110 beds of indoor patients out of which 400 Beds are reserved for COVID Patients and in the house services generated a Bio- Medical waste.

On the request of party no 2 , party no 1 has agreed to undertake the work of collection, transportation and disposal of Bio-Medical waste generated in the hospital/ clinic / laboratories of party no 2 on the following terms and condition.

1) Waste generator hereby declares that in his Hospital. He is having 1110 Beds for indoor patient out of which 400 Beds are reserved for COVID Patients and in house services like Pathology, Blood Bank, X-ray unit and OPD 1) Gynae 2) Ortho 3) Surgery 4) Ophthalmology 5) Pediatric i.e.

2) Service provider /party No 1 has accepted the work of collection, transportation, and disposal of entire Bio Medical Waste of the waste generator.

3) The waste generator will arrange itself non-chlorinated coloured plastic bags approved by pollution control board for stocking and packing of Bio Medical waste.

4) The waste generator will arrange collection and proper segregation of entire Bio-Medical waste i.e Category No 1,3,4,5,6,7,8,10 including Plastic Material generated in its various departments and wards as per the guidelines of the Bio-Medical waste management and disposal rules 1998, and its segregation as per details annexed Party No 2 shall keep the material ready at the collection end and Party No 1 has agreed to collect the Bio-medical waste during 9 am to 6 pm or any other time which may be mutually agreed upon. Party No 2 should provide BMW Store Room at the end point with their own cost.

5) The waste generator will pack the segregated Bio-Medical waste as per rules at the collection point in colour coded bags.

6) The waste generator undertakes to deliver to the service provider only the segregated Bio-Medical waste generated on daily basis. General waste i.e (Municipal solid waste) is not to be put into the service providers bags at all for any violation of the Bio-Medical rules in this regards the waste generator shall be exclusively responsible.

7) That the waste generated agreed that they would pay service provider disposal charges as per Annex-1 bill.

8) The Party No 1 should raised one separate montly bills in the name of Dr Ulhas Patil Medical College and Hospital, Jalgaon kd, Dist Jalgaon and the Party No 2 should pay bill on Monthly basis within 15 days from the receipt of the bill for that

particular month.

9) No change or modification or waiver of any of the terms of this agreement shall be effective unless agreed to in writing and signed by duly authorized officer of each of the parties herein.

10) Party No 1 the service provider and the waste generator agreed that this agreement is valid from 01/04/2020 to 31/03/2020 and after the expiry of the said period of this agreement, the parties will renew the agreement on fresh terms and conditions as would be mutually agreed upon.

11) All disputes and questions in connection with this deed arising between parties shall be referred to the arbitration of the two arbitrator one to be appointed by each party and in case of their disagreement to an umpire appointed by the said arbitrator or in case of their default by the parties.

12) In the event there is any abjection and/or notice for breach of the rules regarding transportation, treatment and disposal of the Bio-Medical waste Party No 1 shall be solely responsible in that behalf.

13) In case the waste collection programme is not attended by the Party No 1 for more than 2 days a penalty of Rs 100/- per day shall be recovered from Party No 1 by Party No 2 moreover the Party No 1 shall have to redress the backing by providing extra force on next day.

14) All the expenses with regard to stamp duty and registration charges if required and all legal expenses in respect of the preparation of the contract shall be exclusively borne and paid by the Party No 2.

15) In the event the Party No 1 commits any default in the service the Party No 2 shall be Liberty to discontinue this agreement with prior written notice of one month.

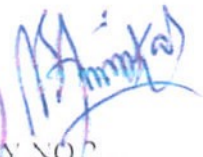
16) Timely clearing of the Medical waste from the Hospital is obligatory for Party No 2 beyond 10.00 am will be deemed as analyzable defaulter.

17) This agreement is executed in Triplicate one original signed copy will remain with Party No 2.

IN WITNESS WHEREAS the parties have put their signature on the day and year as above mentioned in presence of the following witnesses at Jalgaon.



PARTY NO 1
Rajiv Mahajan(Director)
Mansai Biomedical Waste T P I
Jalgaon.



PARTY NO 2
Dean Dr Ulhas Patil
Medical and Hospital
Jalgaon(Kd), Jalgaon.

Dean

Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



MANSAI BIO-MEDICAL WASTE ENTERPRISES PVT. LTD. JALGAON

Fact : Gat No. 413, Khankal Road, Shivaji Nagar, Near Resource Factory, Jalgaon - 425001
Off.: Hirapanna Apt. 1st Floor, Flat No.1, Pande Dairy Chowk, Omkar Nagar, Jalgaon Ph.(0257) 2221011

Date : 08 / 05 / 2019

CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

This is to certify that "DR. ULHAS PATIL MEDICAL COLLEGE HOSPITAL, Dr. Mrs Varsha U Patil, Jalgaon Khurd whose Reg. No. is J-59 is registered With "Mansai Biomedical Waste Enterprises Pvt. Ltd. For Jalgaon Municipal Corporation Jalgaon" a Common Bio-Medical Waste Treatment & Disposal Facility For - 750 Beds From - 03 / 04 / 2012. The Biomedical waste Generated in the hospital is collected & transported from the hospital and disposed off scientifically by "Mansai Biomedical Waste Enterprises Pvt. Ltd." as per the rules and regulation of Maharashtra Pollution Control Board and Central Pollution Control Board.

This Certificate is valid from 08/05/2019 to 07/05/2020.

Your's Faithfully,

Rajiv Mahajan

Rajiv Mahajan (Director)
Mansai Bio-Medical Waste
Ent. Pvt Ltd. Jalgaon.

Dr. Ulhas Patil

Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



**MANSAI BIO-MEDICAL WASTE ENTERPRISES
Pvt. Ltd. JALGAON**

Office : Hirapanna Apt, 1st Floor Flat No. 1, C/o. Pande Dairy Chowk Omkar Nagar, Jalgaon - 425001
Fact : Gat No. 413, Khankai Road, Shivaji Nagar, Near Resource Factory, Jalgaon - 425001



Date: 13/01/2018

CERTIFICATE

TO WHOME SOEVER IT MAY CONCERN

This is to certify that " DR. ULHAS PATIL MEDICAL COLLEGE HOSPITAL "
Dr. Mrs. Varsha U. Patil, Jalgaon whose Reg. No. is J-59 is registered With " Mansai
Biomedical Waste Enterprises Pvt. Ltd. Jointly With Jalgaon Municipal Corporation Jalgaon "
A Common Bio-Medical Waste Treatment & Disposal Facility for - 750 Beds From
03/04/2012 The Biomedical waste Generated in the hospital is collected & Transported from
the Hospital and disposed scientifically by Mansai BioMedical Waste Enterprises Pvt. Ltd. "
as per the rules and regulation of Maharashtra Pollution Control Board and Jalgaon Municipal
Corporation Jalgaon.

Your's Faithfully,

For 

Manoj Narkhede (Director)

Mansai Bio Medical Waste

Ent. Pvt Ltd. Jalgaon.


Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



MANSAI BIO-MEDICAL WASTE ENTERPRISES PVT. LTD. JALGAON

Fact : Gat No. 413, Khankal Road, Shivaji Nagar, Near Resource Factory, Jalgaon - 425001

Off.: Hirapanna Apt. 1st Floor, Flat No.1, Pande Dairy Chowk, Omkar Nagar, Jalgaon Ph.(0257) 2221011

Date: 16/07/2019

CERTIFICATE

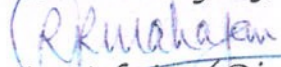
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This Certificate is valid from 01/07/2019 to 30/06/2020.


Dean

Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Your's Faithfully,

Rajiv Mahajan (Director)

Mansai Bio Medical Waste Pvt Ltd



Mansai Bio Medical Waste Enterprises Pvt. Ltd.
For Jalgaon Municipal Corporation

Fact. Gal No. 113, Khairat Road, Shivaji Nagar, Near Resource Factory, JALGAON-425001 Mob : 98231 87776
 Office: Hirapattana Apt. 1st Floor, Flat No. 3, Prando Durg, Chaus Omkar Nagar, JALGAON Ph: (0257) 2221011 98231 86668

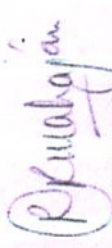
Hospital : DR. ULHAS PATIL MEDICAL COLLEGE HOSPITAL
 Doctor's Name : DR. MRS. VARSHA ULHAS PATIL
 Address : G. NO. 315, 316 JALGAON (KHURD)
 DIST. JALGAON. - 425001
 Period : FROM 01 / 04 / 2019 TO 30 / 04 / 2019

BED STRENGTH	RATE	TOTAL AMOUNT
750 BEDS	1) RS 3.50 / - PER DAY/PER BED (30 Days)	78,750.00
	PREVIOUS BALANCE	7,65,459.00
	TOTAL PAYABLE AMOUNT	8,44,209.00

Rs. (in words): **EIGHT LAKH FORTY FOUR THOUSAND TWO HUNDRED NINE ONLY**

The above amount should be paid to the Mansai Bio Medical Waste Enterprises Pvt. Ltd

Note:
 1) This bill is being sent to you only for your information. Non receipt of this bill is not an acceptable excuse for non payment of the bill.
 2) Payment should be done before 7th of every month, otherwise non payment of the bill will be liable for action as deemed necessary.
 3) It is mandatory to inform Health Department, JM, every year renewal record for your hospital registration.
 4) Any increase in the bed strength is to be immediately informed to this department.
 5) Non payment of this bill will render you in action under the existing Bi- Medical Waste disposal rule and Mumbai Provincial Municipal Corporation Act 1949 Sub-section 164.

For Mansai Bio Medical Waste Ent. Pvt. Ltd.

 Authorised Sign.


 Dean
 Dr. Ulhas Patil Medical College
 & Hospital, Jalgaon Kh.



MANSAI BIOMEDICAL WASTE ENTERPRISE Pvt. Ltd. JALGAON

Fact : Gat No. 413, Near Resource Factory, Shivaji Nagar, Khankai Road, Jalgaon - 425001.
Office : Hirapanna Apt. 1st Floor, Flat No.1, Pande Dairy Chowk, Omkar Nagar, Jalgaon - 425001.
Phone :- 0257 - 2957295

MBMWEPL/CERT/00194/2021-2022

Date : 11/03/2022

CERTIFICATE

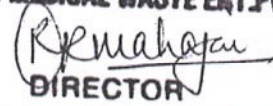
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This Certificate is valid from 11/03/2022 to 10/03/2023.


Your's Faithfully,

MANSAI BIO MEDICAL WASTE ENT.PVT.LTD.


DIRECTOR

Rajiv Mahajan (Director)




Clean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Godavari Foundation's

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,

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Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in




Waste bin in campus 7.1.4



Sewage Treatment 7.1.4




Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Godavari Foundation's

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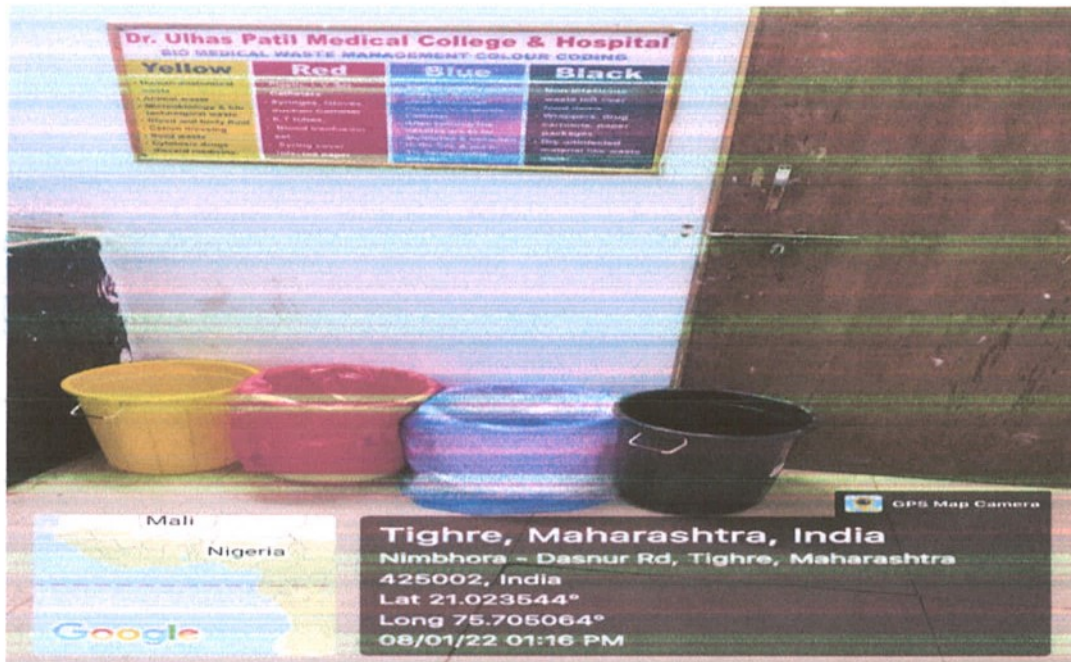
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Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

Biomedical waste collection facility 7.1.4



Biomedical waste collection and segregation 7.1.4



AA
Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



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Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

- **The ICT consists of the following members: for the year of 2021 to onwards**

-

Chairperson

Head of the institute -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- Mr.Prashant kumar

Infection control officer- Mr.Bitopan

- **All heads of Department Members**

Dr.Angha amale/Dr.Neha Mahajan HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT


Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Dr. Dillip Dhekale HOD Dept. Of Community medicine


Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

Other

Nodal officer HMW Members

Mr.Jitendra Patil

- Nursing in charges all patient care units Members

Mrs. Aruna R. Karosiya

- CPWD Incharge Members- Mr. sanjay bhirud
- Infection Control Nurses Members- Mr. Arun kumar


Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

- **The ICT consists of the following members:**

Chairperson

Head of the institute -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- Dr.Harshda shaha

Infection control officer- Mr.Prashant kumar

- **All heads of Department Members**

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT

Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Dr. Dillip Dhekale HOD Dept. Of Community medicine

Other


- **Nodal officer HMW** Members
Mr.Jitendra Patil
- **Nursing in charges** all patient care units Members
Ms.Manisha Kharat
- **CPWD Incharge** Members- Mr. sanjay bhirud
- **Infection Control Nurses** Members- Mr.Chinmay shukla



Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

- **The HWMT consists of the following members:**

Hospital Waste Management team comprised of

- • Medical Superintendent Chairman
- • Waste Coordinator AMS/DMS Member
- • Nursing Superintendent Member
- • Registrar Surgical Member
- • Registrar Gynae/Obs. Member
- • Registrar Peads Member
- • Pathologist Member
- • Radiologist Member
- • Sanitary Inspector Member
- • Ward Master Member
- • Representative of Sanitation Department of District Govt.
- The Waste Coordinator AMS/DMS has an overall responsibility for implementing the waste disposal policy. Each member of staff must ensure that they are aware of and abide by therequirements of that policy. SOP's should be followed.


Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

	Dr .Ulhas Patil medical college Jalgaon	Document no	HICC/NO/01
		Date of issue	25/04/2020
Approved by :	STANDARD OPERATING PROCEDURE Hand hygiene	Version	1.00
HICC, Dept of Microbiology		Page no	1 TO 2

1.1 Aim: To guide the staff how and when to wash hands in a proper technique.

1.2 Scope and objective: Healthcare workers should wash hands with soap and water when hands are visibly dirty, contaminated or soiled and use an alcohol-based handrub when hands are not visibly soiled to reduce bacterial counts.

Handwashing with soap and water-Steps.

- 1 Wet hand with water
- 2 Apply enough soap to cover all hand surfaces
- 3 Rub hands together, palm to palm.
- 4 Right palm over left dorsum with interlaced fingers and vice versa
- 5 Palm to palm with fingers interlaced backs of fingers to opposing
- 6 Palms with fingers interlocked
- 7 Rotational rubbing of left thumb clasped in right palm and vice versa
- 8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
- 9 Rinse hands with water
- 10 Dry thoroughly with a single use towel

1.3 Cleaning with alcohol-based hand rub-Steps

- 1 Apply a palmful (2-5ml) of the product in a cupped hand and cover all surfaces.
- 2 Rub hands together, palm to palm.
- 3 Right palm over left dorsum with interlaced fingers and vice versa
- 4 Palm to palm with fingers interlaced backs of fingers to opposing
- 5 Palms with fingers interlocked
- 6 Rotational rubbing of left thumb clasped in right palm and vice versa
- 7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Dry it properly.


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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED; OTHERWISE, USE HANDRUBS



Duration of the handwash (steps 2-7): 15-20 seconds



Duration of the entire procedure: 30-60 seconds



Wet hands with water.



Apply enough soap to cover all hand surfaces.



Rub hands palm to palm.



Right palm over left dorsum with interlaced fingers and vice versa.



Palm to palm with fingers interlaced.



Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water.



Dry hands thoroughly with a single use towel.




Use towel to turn off faucet.



Your hands are now safe

 **World Health Organization** | **Patient Safety**
A World Alliance for Safer Health Care | **SAVE LIVES**
Clean Your Hands


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STANDARD OPERATING PROCEDURE

Location : Hospital campus
BIOMEDICAL WASTE MANAGEMENT

Approved by :
Dept of Microbiology HICC

Document no	HICC/NO/02
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2. BIOMEDICAL WASTE MANAGEMENT

2.1 Definition

Biomedical waste maybe defined as *any solid, fluid or liquid waste material including its container and any other intermediate products which is generated during short term and long term care consisting of observational, diagnostic, therapeutic and rehabilitative services for a person suffering from disease or injury or during research pertaining to production and testing of biologicals during immunization of human beings.*

Hospital waste includes garbage, refuse, rubbish and biomedical waste.

There should be a person or persons responsible for the organization and management of waste collection, handling, storage and disposal. Waste management should be conducted in coordination with the infection control team. Steps in the management of hospital waste include:

- Generation
- Segregation/Separation
- Collection
- Transportation, Storage
- Treatment
- Final disposal

HIC PROTOCOL for biomedical waste disposal should be followed as defined in the State Guidelines. **Bio-Medical Waste (Management and Handling) Rules, 2016 notified on 28th March 2016 provided uniform guidelines.** The biomedical waste are divided into 4 categories according to the color coded bags as defined by the CPC BMW 2016 rules.


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2.2 Principles of Waste Management

1. Develop a waste management plan that is based on an assessment of the current situation and which minimizes the amount of waste generated.
2. Segregate clinical (infectious) waste from nonclinical waste in dedicated containers.
3. Transport waste in dedicated trolleys.
4. Store waste in specified areas with restricted access.
5. Collect and store sharps in sharps containers. Sharps containers should be made of plastic or metal and have a lid that can be closed. Mark the storage areas with a biohazard symbol.


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2.3 Biomedical wastes categories and their segregation, collection, treatment, processing and disposal options

Category	Type of Waste	Type of Bag or container to be used	Treatment and Disposal options
Yellow	<ol style="list-style-type: none"> 1. Human anatomical waste. 2. Animal anatomical waste 3. Soiled Waste 4. Expired or discarded medicines[#] 5. Chemical waste 6. Chemical liquid waste* 7. Discarded linen, mattresses, beddings contaminated with blood or body fluids. 8. Microbiology, biotechnology and other clinical laboratory waste.[¥] 	<p>Yellow coloured non chlorinated plastic bags</p> <p>*Separate collection system leading to effluent treatment system.</p> <p>¥ Autoclave safe plastic bags or conainers</p>	<p>Incineration or plasma pyrolysis or deep burial.</p> <p>[#]Expired cytotoxic drugs and items contaminated with cytotoxic drugs returned back to manufacturer for incineration @1200°C.</p> <p>*Pre treat with non chlorinated chemicals on site as per NACO or WHO guidelines.</p>
RED	Contaminated Waste (Recyclable)	Red coloured non chlorinated plastic bags or containers	<p>Autoclaving or microwaving/hydroclaving followed by shredding or mutiliation.</p> <p>*Plastic Waste should not be sent to landfill sites.</p>
WHITE Translucent	Waste Sharps including metals	Puncture proof, leak proof, tamper proof containers	Autoclaving or Dry heat sterilization followed by shredding or mutiliation or encapsulation in metal container or cement concrete
BLUE	Glassware Metallic body implants	Cardboard boxes with blue colored marking	Disinfection (soaking washed glass waste after cleaning with detergent and sodium hypochlorite treatment) or autoclaving or microwaving or hydroclaving and then sent for recycling



Fig A: BIOHAZARD SYMBOL

- Ensure that the carts or trolleys used for the transport of segregated waste collection are not used for any other purpose – they should be cleaned regularly.
- Identify a storage area for waste prior to treatment or being taken to final disposal area.

2.4 Treatment of hazardous and clinical/infectious waste

Each healthcare facility should identify a method for the treatment of clinical/infectious waste. This may consist of transportation of infectious waste to a centralized waste treatment facility or on-site treatment of waste.

1. The biomedical waste of a hospital *should be outsourced to an authorized contractor* for the management and handling of biomedical waste as designated by the State Pollution Control Board.
2. Proper segregation and collection of biomedical waste from all patient care areas of the hospital should be implemented and monitored. The Biomedical Waste Treatment Facility should be outsourced to an Authorized Contractor.
3. Use appropriate PPE when segregating, packing, transporting, and storing biomedical waste.
4. Biomedical waste should be transported in a closed container.

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A handwritten signature in blue ink, appearing to be 'Ulhas Patil', is located above the printed name of the Dean.

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Dr .Ulhas Patil medical college Jalgaon
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	Dr .Ulhas Patil medical college Jalgaon	(SOP) Document no	HICC/NO/03
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Approved by :	STANDARD OPERATINGPROCEDURE Biomedical waste management Process	Version	1.00
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03.Process:

1. Duties of the Occupier
2. Bio-Medical Waste Management
3. Segregation of Waste
4. Waste Removal & Transportation
5. Waste storage
6. Treatment and Disposal
7. Licensing and other requirement for Bio-medical Waste Management

3.1. Duties of the Occupier

It shall be the duty of every occupier to –

- (a) Take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with these rules
- (b) Make a provision within the premises for a safe, ventilated and secures location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Table I, to ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Table 1;
- (c) Pre-treat the laboratory waste, microbiological waste, blood sample and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDS Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;
- (d) Phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of Bio-Medical Waste Management Rules, 2016; (i.e. latest by 27 th March 2018).
- (e) Notes to give treated bio-medical waste with municipal solid waste;
- (f) Provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;
- (g) Immunize all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste.
- (h) Establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose within one year from the date of the notification of Bio-Medical Waste Management Rules, 2016.

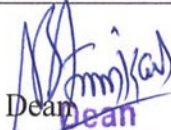
- (i) Ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralization prior to mixing with other effluent generated from health care facilities;
- (j) Ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);
- (k) Ensure occupational safety of all its health care workers and others involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments;
- (l) Conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio-medical waste and maintain the records for the same;
- (m) Maintain and update on day to day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Table 1;
- (n) Report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the record relevant thereto, (including nil report) in Form I to the prescribed authority, and also along with the annual report ;
- (o) Make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of Bio-Medical Waste Management Rules, 2016; (i.e. latest by 27 th March 2018 for Hospital which do not already have a Website).
- (p) Establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months, The record of the minutes of the meetings of shall be submitted along with the annual report to the prescribed authority.
- (q) Maintain all record for operation of incineration, hydro or autoclaving etc., for a period of five years;
- (r) Existing incinerators (where applicable) to achieve the standards for treatment and disposal of bio-medical waste as specified in Annexure 3, for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification.

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3.2 III.Definitions:

Sl. No	Term	Definition
1	Authorisation	Authorisation means permission granted by the prescribed authority for the generation, collection, reception, storage, transportation, treatment, processing, disposal or any other form of handling of bio-medical waste in accordance with these rules and guidelines issued by the Central Government or Central Pollution Control Board as the case may be.
2	Authorised person	Authorised person means an occupier or operation authorized by the prescribed authority to generate, collect, receive, store, transport, treat, process, dispose or handle bio-medical waste in accordance with these rules and the guidelines issued by the Central Government or the Central Pollution Control Board, as the case may be.
3	Bio-medical waste	Bio-medical waste means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps, including the categories mentioned in Schedule I appended to these rules
4	Handling	Handling in relation to bio-medical waste includes the generation, sorting segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal of such waste.
5	Major Accident	Major Accident means accident occurring while handling of bio-medical waste having potential to affect large masses pf public and includes toppling of the truck carrying bio-medical waste, accidental release of bio-medical waste in any water body but exclude accidents like needle prick injuries, mercury spills.
6.	Management	Management includes all steps required to ensure that bio-medical waste is management in such a manner as to protect health and environment against any adverse effects due to handling of such waste.
7	Occupier	Occupier means a person having administrative control over the institution and the premises generating bio-medical waste, which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, health care facility and clinical establishment, irrespective of their system of medicine and by whatever by whatever name they are called.
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 Approved by :	Dr .Ulhas Patil Medical College Jalgaon STANDARD OPERATINGPROCEDURE Biomedical waste management Segregation of Waste	Document no	HICC/NO/04
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4. Segregation of Waste

Objective: Segregation of Bio-medical waste as per guidelines

Job Responsibility: Doctors, Nurses, Technicians, all employees handling BMW.

Description:

1. BMW will not be mixed with other non-infections wastes. If by mistake this has occurred, this non-infectious waste will then be treated as BMW.
2. The bio-medical waste shall be segregated as per categories applicable, into containers or bags at the point of generation e.g., all patient care activity areas, Diagnostic service areas, operation theatre areas. Treatment rooms etc. prior to its storage, transportation, treatment and disposal.
3. Non-chlorinated bags will be used for collection of biomedical waste.
4. All bags, containers of bins directly used in the collection of bio-medical waste are labeled with appropriate biohazard Symbol (Annexure 1) which will be non-washable and prominently visible.
5. Bins used for holding the colour coded bags should be of the same colour.

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	Dr .Ulhas Patil Medical College Jalgaon	Document no	HICC/NO/05
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5. Biomedical Waste Removal & Transportation

Objective: Biomedical Waste removal & transportation to minimize the risk of any infection.

Job Responsibility: Housekeeping staff

Description:

1. The staff handling waste must use PPE while handing the biomedical waste.
2. The bags must be removed when $\frac{3}{4}$ full, if not earlier.
3. The waste bag is tied up & transferred in a closed designated closed trolley to central storage area.
4. The Housekeeping staff to ensure that all bags are tied when being transported & there is no spillage or leakage.
5. In case any bags have a cut or tear, ensure that double bagging is done before moving it.

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6 : Biomedical waste storage


Objective: Waste storage at biomedical waste treatment facility.

Job Responsibility: Housekeeping Staff/ Sanitation officer

Description:

1. Storage of biomedical waste should not extend 48 hrs.
2. Bio-medical waste is not mixed with other waste. There is differentiation between the storage areas for different categories of Bio-medical waste.
3. The Bio-medical waste is stored in safe, ventilated and secured location for storage of segregated biomedical waste in colored Bags or containers as per color coding norms.
4. Weighing will be done at the central area and weight mentioned on a register maintained for this purpose.

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	Dr .Ulhas Patil Medical College Jalgaon STANDARD OPERATINGPROCEDURE Biomedical E waste management	Document no	HICC/NO/07
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7.1 PURPOSE

The purpose of this SOP is to provide a frame work for management of electrical and electronic waste generated and Research Center as a Bulk consumer, defined under E-waste (Management) rules 2016, Ministry of Environment, Forest & Climate Change, and Government of India to contribute towards environmental sustainability for the conservation of the environment.

7.2 SCOPE

2.1 Electrical and electronic waste refers to all the Electrical and Electrical and Electronic Equipment (EEE) or component waste specified in Schedule-1 of E-waste (Management) rules 2016, Ministry of Environment, Forest & Climate Change, and Government of India.

2.2 This SOP will be useful for the hospital staff as a guide for electrical and electronic waste management which includes collection, storage and return of E-waste generated in different areas of the hospital to the collection center, dismantler, recycler or product of the electrical and electronic equipment or component.

7.3 MANAGEMENT RESPONSIBILITY:

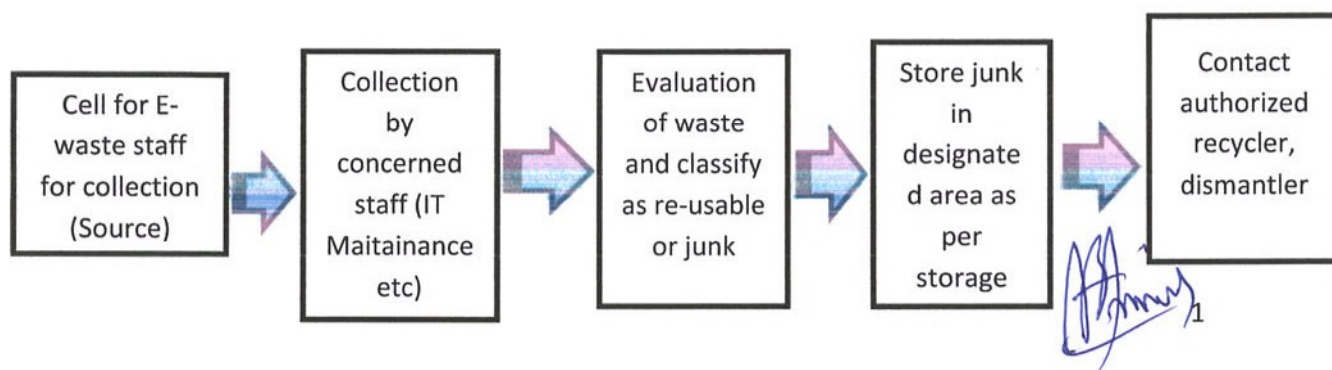
3.1 The EEE or component waste management team is responsible for overall electrical and electronic waste management at Dr.Ulhas Patil Medical College and Hospital Jalgaon.

3.2 It is the responsibility of E-waste management team to sensitize hospital employees for E-waste management related protocols.

7.4 ELECTRICAL AND ELECTRONIC EQUIPMENT (EEE) OR COMPONENT WASTE

4.1 The following categories of electrical and electronic equipment or component are covered under the Schedule-1 of electronic waste management rules 2016.

7.5.FLOW DIAGRAM OF THE E-WASTE MANAGEMENT



7.6. COLLECTION AND STORAGE:

6.1 All Central Government and State Government departments including hospitals are classified as bulk consumers under the E-waste (Management) rules 2016. A bulk Consumer means bulk user of electrical and electronic equipment or component.

6.2 Bulk Consumer of electrical and electronic equipment listed in Schedule-I are required to ensure that e-waste generated by them is channelized to authorized collection center or registered dismantler or recycler or is returned to the pick-up or take back service provided by the producers.

6.3 It is ensured that such end of life electrical and electronic equipment do not contain Radioactive material as covered under the provisions of the Atomic Energy Act 1962.

6.4 Upon detection of any non-working electrical and electronic equipment or its component, the hospital staff posted in that area shall inform the designated person assigned for handling the E-waste in hospital.


6.5 The E-waste so generated, if classified as junk or non-reparable, is the responsibility of the E-waste management team, for safe storage in the designated area as defined, until transportation to the authorized recycler, dismantler etc.

6.6 It is the responsibility of the E-waste management team to ensure the storage of the E-waste in a manner to avoid damage to the equipment so as to prevent the release of harmful substances such as refrigerant gases, mineral or synthetic oils, mercury, asbestos and ceramic fibers depending upon the type of equipment.

6.7 No used lamp, CFL, bulb or tube light shall be discarded in municipal bin or the general waste bin of the hospital's biomedical waste management system.

6.8 Such end of life bulbs, tube light etc can be stored either in the boxes in which new bulbs, tube light are brought or they can be stored in specialized boxes that ensure that they do not break while being stored or transported to the recycles, collection center or dismantler etc.

6.9 These bulbs should be stored in an upright position until transportation to the E-waste recycling or dismantling facility.


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7.7. SAFETY CONSIDERATIONS:

It is the responsibility of the E-waste management team to ensure that

7.1 The storage area must be a covered place.

7.2 In case of equipment such as computers, laptop etc. equipment with hard drives and memory systems for data storage, the IT wing personal shall be consulted for erasing such data in order to minimize or avoid the stored data getting into the hands of unauthorized persons at subsequent stages of recycling or dismantling.

7.8. TRANSPORT TO RECYCLER, DISMANTLER OR PRODUCER:

It is the responsibility of the E-waste management team to ensure that-

8.1 E-waste collected shall be periodically transported to the authorized recycler, dismantler who has a tie up/contract with the University.


8.2 Transportation shall be arranged periodically once sufficient quantity of waste is collected.

8.3 The transport of the electronic waste shall be accompanied with 3 copies of Form-6 i.e. E- Waste manifest duly signed and stamped by the component authority*2.

8.4 The responsibility of safe transportation of E-waste is also the responsibility of the E-waste management team. It should also be ensured that all E-waste shall be carefully packed before transport to avoid damage during transport to the processing center i.e. recycling or dismantling facility.

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Approved by :	STANDARD OPERATINGPROCEDURE Disposal of Hazardous waste	Version	1.00
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8.1. PURPOSE:

The purpose of this SOP is to institutionalize the effective segregation and disposal of hazardous waste generated in Dental facility/Radiology at Dr. Ulhas Patil Medical Collge and Hospital Jalgaon to minimize the risk of occupational exposure and environmental contamination with such waste.

8.2 SCOPE:

The Use of heavy metal containing chemicals or compounds in the dentistry or radiology etc makes the disposal of these compounds critical to prevent any risk of environmental contamination. Dental amalgam particles are a potential source of mercury in the sewer. Amalgam particles are created when old fillings are removed and new fillings are mixed. Because mercury and other heavy metals cannot be effectively removed by local wastewater treatment plants, it is recommended that any amalgam particle removed is recycled to prevent environmental contamination with mercury which can be eaten by fish. Mercury contaminated fish are the most likely source of infection. Similarly, X ray fixer, which is used in dentistry, is a source of silver. Lead foil contain hazardous materials are hazardous waste unless they are recycled for their scrap metal content. This document will be used along with the SOP No.3 the revised document on disposal of BMW.

8.3. RESPONSIBILITY:

All doctors including Residents nursing staff and hospital employees posted in various concerned units are being trained, time to time and guided to follow this SOP.

8.4 SOURCES OF HAZARDOUS WASTE:

4.1. Amalgam waste:

- 4.1.1. Amalgam particles generated from removal of old filling or during creation of new filling must be recycled.


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- 4.1.2. If recycling not possible then all the amalgam particles must be collected in labelled Plastic containers. These containers will be collected by the biomedical waste management team for adequate disposal of these hazardous waste.
- 4.1.3 Amalgam must be stored in small amount of photographic fixer in a closed container labeled scrap amalgam.
- 4.1.4. Empty amalgam capsules without any visible amalgam can be disposed of in the Garbage.
- 4.1.5 Following points must be kept in mind regarding the disposal / handling of amalgam.
 - 4.1.5.1. Do not put scrap amalgam in the sharps container or red biohazard bag or trash.
 - 4.1.5.2 Does not rinse scrap amalgam down the drain.
 - 4.1.5.3 Do not remove excess amalgam from the amalgam well with the high-speed suction (the vacuum line).
 - 4.1.5.4 Do not clean up a mercury spill using a vacuum cleaner.
 - 4.1.5.5 Do not place extracted teeth with amalgam restorations in the red biohazard bag. They should be placed in the labeled container.
 - 4.1.5.6 Use universal precautions when handling extracted teeth (glasses, gloves and mask).

4.2. Free Mercury / Elemental Mercury:

- 4.2.1 The pre capsulated alloy is to be used to eliminate the possibility of an elemental mercury spill.
- 4.2.2 For disposal of free mercury initiate a reaction with amalgam alloys to form scrap amalgam, which can then be collected as scrap amalgam and can be discarded.
- 4.2.3 The following points must be kept in mind while handling free elemental mercury
 - 4.2.3.1 Do not rinse elemental mercury down the drain.
 - 4.2.3.2 Do not dispose of elemental mercury in the trash.
 - 4.2.3.3 Never dispose of elemental mercury in the sharps container, or as medical waste.

4.3. Mercury spill

- 4.3.1 In the event of a mercury spill, put on personal protective equipment.
- 4.3.2 Secure the spill area and restrict access to avoid spreading the mercury further, and avoid

contaminating shoes or other clothing or equipment. Close lab doors, alert other workers in the area to leave until spill is cleaned up.

- 4.3.3 If the mercury is in a hot environment (e.g. in a heating block or incubator), turn the heat off, and fetch respirator in addition. Heating will make mercury enter the vapor phase, where it poses an inhalation risk.
- 4.3.4 Carefully gather up all the broken glass fragments if any and put these in a zip lock plastic.
- 4.3.5 Assuming mercury is on a flat smooth surface (e.g. bench or floor), use plastic scoop to collect the mercury droplets in one place. Check under and around benches and equipment in a wide area to ensure all the droplets are accounted for — these can travel a long way!
- 4.3.6 If the spill is not on a flat, smooth surface, cleanup may be more difficult. Consult the spills officer or the safety officer for assistance in this case.
- 4.3.7. Use a plastic 5 ml or 10 ml syringe to suck up as much of the mercury as possible. When it's all collected, tape up the syringe nozzle with masking tape or similar so that mercury can't leak back out.
- 4.3.8 Put the mercury-containing syringe into the plastic. Bag that has the broken glass in it.
- 4.3.9 If there is residual mercury add Zinc powder over it. Followed by addition of 5-10 percent sulfuric acid.
- 4.3.10 Use the scoop and scraper to collect the powder back into its original bag, and label as "Mercury contaminated", put in with rest of waste in plastic bag.
- 4.3.11 Use detergent to clean the area with moist paper towel to mop up the area impacted by the spill.
- 4.3.12 Add this paper towel into the waste bag same waste bag.

4.4 X ray Fixer:

- 4.4.1 X ray fixer should never be drained in the sewer
- 4.4.2. All the fixer should be collected and stored in a closed plastic container labeled: Hazardous Waste - Used Fixer.
- 4.4.3 The collected used fixer should be recycled in silver recovery unit and the liquid then be drained off.

4.5 X ray Developer

- 4.5.1 Developer solutions should not be mixed with fixer solutions.
- 4.5.2 Waste developer can be drained if it is not mixed with X Ray Fixer.
- 4.5.3 Flush the drain thoroughly as developer is discharged down the drain.
- 4.5.4 The fixer can be recycled and the developer can be drained.

4.6 Lead foils

- 4.6.1 Lead foil that shields X-ray film or protective lead shields should not be disposed of in the garbage
- 4.6.2 Lead foils should be stored after proper labeling and then sent for recycling.


4.7 X ray cleaners

- 4.7.1 X-ray cleaner should be checked for presence of chromium.
- 4.7.2 The chromium based fixers are to be collected in plastic containers with label Hazardous waste- Chromium based fixer. This plastic container will be collected by biomedical waste management team for appropriate disposal.
- 4.7.3 The non-chromium based fixer can be drained off in the sewer.

4.8 Other waste:

- 4.8.1 All the other infectious waste can be disposed off using the revised SOP on Biomedical Waste Management Guidelines which has been issued.

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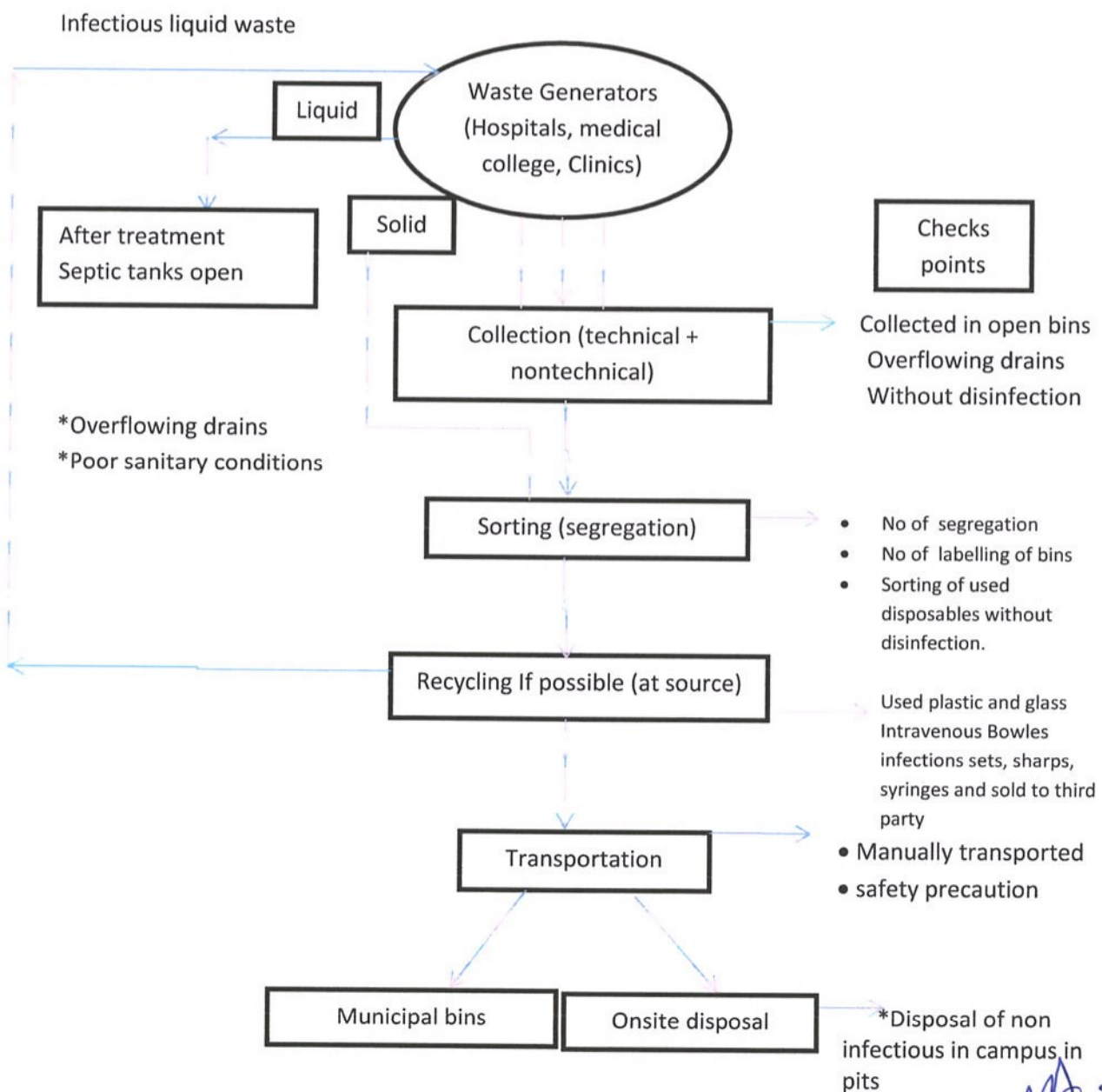
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Microbiology

OPERATINGPROCEDURE
FLOW CHARTS OF HOSPITAL WASTE MATRIAL

Page no

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Dr. Ulhas Patil
Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,

Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648

Email ID : dupmcj@yahoo.in Web Site : www.dupmc.ac.in

- The ICT consists of the following members: for the year of 2021 to onwards

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Chairperson

Head of the institute -Dean - Dr. N.S.Arvikar

Medical Superintendent -Dr. Chandraya Kante Medicine

Secretary- Dr. Kailash wagh HOD Microbiology

Senior Microbiologist.- Dr.Harshda shaha

Infection control officer- Mr.Prashant kumar

- All heads of Department Members

Dr.Angha amale HOD Dept. Of Pathology

Dr.Devendra Chaudhari HOD Dept. Of Pharmacology

Dr.Sunil Chaudhari HOD Dept. Of General Medicine

Dr.Jeevan Kulkarni HOD Dept. Of Paediatrics

Dr. Deepak Patil HOD Dept. Of TB Chest

Dr.Nilesh Bhirud HOD Dept. Of Skin VD

Dr. Mayur Muthe HOD Psychaitry

Dr.Shivaji Sadulwad HOD Dept. Of General Surgery

Dr.Dwarkadas Tapadiya HOD Dept. Of Orthopedics

Dr.Bhalchandra Paike HOD Dept. Of ENT

Dr. Narayan Arvikar HOD Dept. Of Ophthalmology

Dr.Maya Arvikar HOD Dept. Of OBGY

Dr.Jayant Deshmukh HOD Dept. Of Anaesthesia

Dr. Kiran Patil HOD Dept. Of Radiology

Dr. DiIlip Dhekale HOD Dept. Of Community medicine


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Other


Nodal officer HMW Members

Mr.Jitendra Patil

- Nursing in charges all patient care units Members

Mrs. Aruna R. Karosiya

- CPWD Incharge Members- Mr. sanjay bhirud
- Infection Control Nurses Members- Mr. Arun kumar


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Mr.Jitendra Patil

- **Nursing in charges all patient care units Members**

Ms.Manisha Kharat

- **CPWD Incharge Members-** Mr. sanjay bhirud


- **Infection Control Nurses Members-** Mr.Chinmay shukla


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- **The HWMT consists of the following members:**

Hospital Waste Management team comprised of

- • Medical Superintendent Chairman
- • Waste Coordinator AMS/DMS Member
- • Nursing Superintendent Member
- • Registrar Surgical Member
- • Registrar Gynae/Obs. Member
- • Registrar Peads Member
- • Pathologist Member
- • Radiologist Member
- • Sanitary Inspector Member
- • Ward Master Member
- • Representative of Sanitation Department of District Govt.
- The Waste Coordinator AMS/DMS has an overall responsibility for implementing the waste disposal policy. Each member of staff must ensure that they are aware of and abide by therequirements of that policy. SOP's should be followed.


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