



Terms and Conditions

(IMAGE Affiliation for Biomedical Waste Management Service - HCEs)

1. The affiliation of IMAGE for the biomedical waste management service of HCE will be as per the rules & regulations stipulated by the **Biomedical Waste Management Rules notified by the Government of India, MoEF.**
2. On affiliation with IMAGE CBWTF, the HCE (Healthcare Institution) should simultaneously register with the **Kerala State Pollution Control Board.** IMAGE will facilitate this process by sanctioning the "IMAGE Affiliation Letter / Certificate".
3. IMAGE is responsible for the collection, transportation, treatment and safe disposal of biomedical waste, generated only by the particular affiliated institution. The biomedical waste of any other establishment should not be mixed with that of an affiliated institution, and if this is proved, the service of IMAGE & the affiliation of the institution with IMAGE will be cancelled immediately without further notice.
4. The **Service of IMAGE doesn't extend to:**
 - i. *Radioactive waste, Hazardous chemicals covered under the Hazardous Chemicals Rules*
 - ii. *Solid wastes covered under the Municipal Solid Waste Rules*
 - iii. *Lead-acid batteries covered under the Batteries Rules*
 - iv. *Hazardous wastes covered under the Hazardous Wastes Rules*
 - v. *Waste covered under the e-Waste Rules*
 - vi. *Hazardous or genetically engineered micro-organisms & cells*
5. IMAGE reserves the **Right to inspect the HCE** as and when it requires. (Refer **Annexure 2** for the duties and responsibilities of HCEs as per Biomedical Waste Management Rules 2016)
6. All **incinerable biomedical waste** (Ref. Schedule I, Part 1, Biomedical Waste Rules, 2016) should be collected in the **YELLOW** colour coded, barcoded bags/containers.
7. All contaminated **autoclavable biomedical waste** ((Ref. Schedule I, Part 1, Biomedical Waste Rules, 2016) should be collected in **RED** colour coded, barcoded bags. These should not be thrown away or sold to plastic vendors or scrap dealers. [punishable as per the BMW M Rules 2016, Schedule I, Part I {See Rules 3[c], 4[b], 7(1), 7(2), 7(5), 7(6), 8 (2)}]
8. All biomedical **waste sharps** (needles, scalpels, blades) to be collected in puncture-proof, leak-proof, tamper-proof, **WHITE** / Transparent containers specially designed for this purpose.
9. **Glass & Metal biomedical waste** should be collected separately in **BLUE** colour coded leak-proof boxes specially designed for this purpose. Glass and Metals should not be mixed with any other biomedical waste.
10. **Discarded Medicines and Cytotoxic drugs** (outdated, discarded and contaminated medicines) to be collected separately in **YELLOW** colour coded, barcoded, "**cytotoxic**" **labelled bags/containers** and should not be mixed with any other category of biomedical waste. Solid and liquid medicines should be packed separately and handed over separately.
IMAGE shall facilitate the supply of non-chlorinated colour-coded, bar-coded plastic bags/containers, as per the BMW M Rules, to the affiliated institutions on chargeable basis.
11. **i) Designated storage point:** The affiliated institutions should make a provision within its premises for a safe, ventilated and secured room for the temporary storage of segregated biomedical waste. Provision of adequate storage space for the biomedical waste with a display board (Biomedical Waste Storage Room) and easy accessibility of waste collection vehicles to the storage room has to be provided. The HCE shall ensure no secondary handling, pilferage of recyclables or inadvertent scattering or spillage of biomedical waste by animals.
ii) HCE shall facilitate easy & safe collection of segregated biomedical waste by the IMAGE collection team without any delay, and also has to permit visual inspection of the segregated waste for confirming the proper segregation of the biomedical waste. If the HCE is closed before the collection of biomedical waste, then the waste shall be kept at the designated storage point with proper protection by wired mesh accessible to the collection staff. If such waste storage/collection facility is not provided, the service of IMAGE shall be discontinued, and affiliation will be cancelled without further notice.

Signature of the Authorised Person / Owner:

Date:

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iii) **IMA - IMAGE HCE Mobile App** will serve the purpose of scanning the entire barcoded bags containing biomedical waste from the institution. To retrieve the information of the bags generated & collected from the institution, bar code scanning of the bags has to be carried out by the respective healthcare institutions before handing over the biomedical waste to IMAGE and the scanned data can be obtained directly from the customer portal of the HCE. Bag scanned report and collection report can be retrieved by the HCE as and when required. Also, all customer services including the provision to view the accounts ledger details, invoices and receipts, request for name/address changes, ownership changes, certificate request, annual report, training request, bag requests, etc., are available through this Mobile App. You can download the application from the Google Play Store (IMA - IMAGE HCE App) or by using the attached link from your mobile phone <https://play.google.com/store/apps/details?id=com.rblite.ima>

iv) Provision to affix the QR Code on the Storage Room – After getting the affiliation a QR Code will be generated for the institution. In the IMAGE Customer portal, there is a provision to download the QR code, which shall be printed and affixed at the front of the storage room. The biomedical waste collection can be done only after scanning the QR code of the institution.

12. **Non-availing of service** after getting affiliated to IMAGE: Once the HCE is affiliated with IMAGE for their biomedical waste management, the HCE should start availing the service of IMAGE immediately and the colour coded, barcoded waste containers & bags procured by the HCE from the IMAGE authorised dealers. Any delay from the HCE side to start the IMAGE service within Three month will attract a Service Fee of Rs 2,000/- or Rs.430/- per month (whichever is higher) from the date of “Service not Availed”. Also, this **non-availing of service after getting affiliated** to the IMAGE, will be reported to the District Pollution Control Board & the concerned ULBs.
13. **Any discrepancy in the Accounts/Billing** should immediately be intimated to IMAGE Administrative Office, Thiruvananthapuram immediately. The HCE is not authorised to make any alteration or deduction in the Invoices or Bills. Any clarification regarding the Accounts can be had from the office at request during office hours (9.30 AM to 5.30 PM, except Sundays & Holidays).
14. **The maximum quantity of biomedical waste** served under this service is **250 gm per bed per day for bedded HCEs** or **1.25 Kg per day for non-bedded HCEs**. If the quantity is above the prescribed limit; each additional 250gm will be charged [Rs.6.35 for bedded HCE and Rs.7.16 for non-bedded HCE] in addition to the fixed operational charge. The bed occupancy is not considered for billing.
15. **Stopping and Restarting the service of IMAGE:** For either stopping or restarting the service of IMAGE, the HCE has to inform the IMAGE office, in writing or by E-Mail, at least 2 weeks in advance. Both ‘Starting’ and ‘Stopping’ of IMAGE service will be reported to the District Pollution Control Board and ULBs. For restarting the service of HCEs, an additional Re-starting Service Fee of Rs 2,000/- or Rs. 430/- per month (whichever is higher) has to be paid by the HCE from the stopping to restarting period.
16. **Defaulter:** If monthly operational charges are not paid in time or the terms & conditions are not adhered to, the service of IMAGE will be stopped & the institution will be labelled as “Defaulter”. The stoppage of IMAGE service will be intimated to the concerned authorities. For restarting the service of such “Defaulter” HCEs, an additional Re-starting Penalty Fee of Rs.2,000/- and 10% of the defaulted amount will be charged for restarting the service of such “Defaulters”. For restarting the service of “Defaulter HCE” whose service was stopped for more than **2 times** for any of the above reasons; in addition to the payment of penalty Fee, an “undertaking” in the prescribed format duly filled up by the HCE to be forwarded with the recommendation of district official of IMAGE.
If the service of an HCE is stopped for more than **3 times** for any of the above reasons, the affiliation of HCE with IMAGE will stand cancelled without further notice to the HCE. This cancellation of IMAGE service will be informed immediately to the authorities.
17. **Change of Name and Address** of the HCE should be informed to the IMAGE administrative office through the customer portal of IMAGE using the provided login details (<https://customer.imaimage.biz>)

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18. **Ownership change of HCE:** If the ownership of the affiliated institution needs to be changed, a consent letter of the previous owner, proof of ownership-change along with registration Fee (Rs. 6,000/-) has to be submitted to the IMAGE office. All the previous pending dues to IMAGE are to be cleared by the new/previous owner. All the required documents should be attached while applying/requesting for ownership change through the customer portal of IMAGE website
19. Any **enhancement of facilities** of the affiliated HCE, like the addition of In-Patient Beds, ICU Beds, Treatment Facilities, Diagnostic Services, Dental Chairs, Number of Consultation Rooms, Observation Rooms, Procedure Rooms, Operation Rooms etc., should be immediately informed to the IMAGE office within 2 weeks of enhancement and additional Affiliation Fee has to be paid as per the direction from the IMAGE Administrative Office.
20. **Billing** of monthly operational charges is done according to the present billing parameters as displayed in our website <https://imageima.org>
21. Payment of operational cost to IMAGE is Monthly basis (Calendar month). **Payments should reach IMAGE office before 10th of every calendar month.** If TDS is deducted, that should be intimated along with the payment and 'Form 16 A' as per the provisions of Income Tax Act, (should be sent to IMAGE office quarterly.) TDS deducted will be accounted only on receipt of Form 16 A. There is a provision for **Advance payment** with prior intimation to IMAGE Office.[See **Annexure 1** for the available payment options]
22. If the HCE fails to pay the operational charges/service Fee within the last day of the next calendar month, IMAGE is entitled to recover the same with a fine. If the monthly operational charge is not paid after 30 days from the bill date, the HCE will have to pay a fine of 10% of the bill amount for every month of default in aggregate. If the monthly operational charge is not paid even after 60 days of the bill date, IMAGE service will be stopped without further notice.
In such an event the **HCE alone will be liable for any legal consequences which may** arise out of the situation.
23. Mode of Remittance of Operational cost - (See **Annexure 1** attached along with).
Bank charges, if any, on the payments of HCE will be realized subsequently from the HCE
24. **Any lapse/complaint** regarding the biomedical waste collection/transportation/billing/accounts etc., to be informed to IMAGE Administrative Office immediately by e-mail (imageimaksbtvm@gmail.com) or by registered post to **The Hon. Secretary, IMAGE, IMA State Head Quarters, Anayara P.O, Thiruvananthapuram– 695029**
NB: Verbal communication by the HCE through the collection staff/field staff will not be accepted for official purpose.
25. **An Agreement in Stamp paper** worth Rs.200/- may be executed between IMAGE (as 1st Party) & HCE (as 2nd Party) at the expense of 2nd party and the copy of the said Agreement Deed may be sent to HCE once it is affiliated with IMAGE.

I have read the above Terms and Conditions and I fully agree to abide by the same for availing the service of IMAGE CBWTF; I also agree to abide by the *Biomedical Waste Management Rules, 2016*, including the duties & responsibilities of the Health Care Facility as prescribed in the said Rules.

Signature of the Authorised Person / Owner:

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ANNEXURE - 1

(Payment Options for Monthly Operational Cost to the IMAGE)

A. Online Payment: (preferred mode of payment to IMAGE)

Online payment facility provided through the Customer Portal of IMAGE website, <https://customer.imaimage.biz>

Credit Cards / Debit Cards / Internet Banking / UPI accepted (No User Fee or Service Charges).

- Step 1: Open <https://customer.imaimage.biz>
- Step 2: **Login** using your Username and Password
- Step 3: Go to **Transaction** Page. Tick the **Invoice** which you have to pay and click the tab **"Pay"**.
You have the option to pay the operational charges in-advance by using "Advance Amount"
- Step 4: Confirm your Payment
- Step 5: Select payment method (Credit Card/Debit Card/Net Banking/UPI)

B. NEFT or RTGS:

NEFT Payments from any Bank through Virtual Account Number System

IMAGE Virtual Account No Code (VAN). **A212A11**

IFSC Code **SIBL0000236**

A212A11+ Affiliation Number may be entered in the Beneficiary Account No. field while making NEFT **For example**, If Affiliation Number of HCE is **KTM.0123**, the Account Number to be given in the 'beneficiary Account Number' field is **A212A11KTM0123**

C. Demand Draft: DD from any bank in favour of **"IMAGE IMA"** payable at Thiruvananthapuram with a covering letter stating all the details of the payment (invoice date, invoice amount with GST bifurcation and affiliation number)

D. Challan Payment: Remittance through any branch of *The South Indian Bank* using the prescribed detachable Challan at the bottom of the monthly Bill / Invoice. *Challan marked "IMAGE Copy", may be sent to IMAGE by post or scanned copy by E-Mail to billing@imageimaksb.com*



ANNEXURE - 2

Duties & Responsibilities of the Health Care Facilities (HCEs)

(as per Biomedical Waste Management Rules-2016 **Clause 4** 'a' to 't')

- i. Take all necessary steps to ensure that biomedical waste is handled without any adverse effect on human health and the environment and as per the Biomedical Waste Management Rules, 2016.
- ii. Make a provision within the premises for a **safe, ventilated and secured location for storage of segregated biomedical waste** in colour-coded bags or containers in the manner as specified in *Schedule I, Part 1* to ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the biomedical 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 Biomedical Waste Management Rules, 2016; *Schedule I Part 1*
- iii. **Pre-treat the laboratory waste, microbiological waste, blood samples and blood bags** through disinfection or sterilisation on-site (by the HCE) in the manner as prescribed by the World Health Organisation (WHO) or National AIDs Control Organisation (NACO) guidelines and then send to the common bio-medical waste treatment facility for final disposal;
- iv. Phase-out use of chlorinated plastic bags, gloves and blood bags.
- v. Dispose of **solid wastes** other than bio-medical wastes as per the provisions of respective waste management rules made under the relevant laws as amended from time to time.
- vi. Not to give non-treated bio-medical waste mixed with municipal solid waste.
- vii. Provide **training** to all its health care workers and others, involved in the handling of biomedical 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;
- viii. **Immunise** all its health care workers and others, involved in the handling of biomedical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by the handling of bio-medical waste, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;
- ix. Establish a **Bar-Code-System for bags and containers** containing biomedical waste to be sent out of the premises or place for any purpose.
- x. Ensure **segregation of liquid chemical waste at source** and ensure pre-treatment or neutralization before mixing with other effluent generated from health care facilities;
- xi. Ensure treatment and disposal of **liquid waste** as per the *Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974)*;
- xii. Ensure **occupational safety** of all its health care workers and others involved in the handling of biomedical waste by providing appropriate and adequate personal protective equipment;
- xiii. 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 the handling of biomedical waste and maintain the records.
- xiv. Maintain & update the biomedical waste management register on day-to-day basis & display the monthly record on the website according to the biomedical waste generated in terms of category & colour-coding as specified in Schedule I



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- xv. **Report major accidents** including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action are taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
- xvi. Make available the **annual report on the website of the HCE**; and all the health care facilities shall make their website within two years from the date of notification of these rules;
- xvii. Inform the prescribed authority immediately in case the operator of a facility does not collect the biomedical waste within the intended time or as per the agreed time;
- xviii. Establish a system to review and monitor the activities related to biomedical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
- xix. The occupier shall hand over the segregated waste as per the *Schedule-I* of Biomedical Waste Management Rules, 2016 to a CBWTF (common bio-medical waste treatment facility) for treatment, processing and final disposal. (***The entire Biomedical Waste generated in the institution should be handed over to the CBWTF including IV Fluid Bottles, Plastic Medicine Containers, IV Tubings & Sets, Dialysis Kits & Bags, Catheters, Urine Bags, Syringes, Vacutainers etc. after proper segregation for Autoclaving & Scientific disposal.***)
- xx. Provided that the **lab and highly infectious bio-medical waste generated shall be pre-treated** by equipment like autoclave or microwave.
- xxi. No occupier shall establish on-site treatment and disposal facility if service of a CBWTF (common biomedical waste treatment facility) is available at a distance of Seventy-Five Kilometers.
- xxii. Every occupier shall **phase-out the use of chlorinated plastic bags**. The chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall comply with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the *Plastic Waste Management Rules, 2011*.
- xxiii. **Segregation, packaging, transportation and storage:** No untreated bio-medical waste shall be mixed with other wastes.
- xxiv. **Barcode and Global Positioning System (GPS)** shall be added by the Occupier and common biomedical waste treatment facility.
- xxv. **Annual Report - Every HCE (occupier) shall submit an Annual Report to the prescribed authority in Form-IV, on or before the 30th June of every year.**