BLK-MAX
Super Speciality Hospital

July 2, 2026

BLK/MS/2026/JUL/18

Dr. R. Aggarwal
Addl. Director (BMW Mgmt.)
Directorate of Health Services
Swasthya Sewa Nideshalaya Bhawan
F-17, Karkardooma,
Delhi-110032.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

Please find enclosed the quarterly report of Bio-Medical Waste maintained by the Healthcare establishment namely Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of April 2026 to June 2026.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)

Dr Kapil Goyla
Medical Superintendent

Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

Encls: As above

BLK-MAX Super Specialty Hospital

Quarterly Report For The Month	Apr-26	May-26	Jun-26

Govt.of NCT of Delhi, Directorate of Health Services
Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-32. (Ph No.22304549)
Quarterly Information required for BMW Management

S.No.		Particulars	
1		Name address of the Hospital	Dr. B. L. Kapur Memorial Hospital
2		No. of authorized/sanctioned beds	600
3		Name of the occupier(MS/Director)	Dr. Sanjay Mehta
4		Phone No. Fax,E-mail	011 30403040 & 30653961
5		Whether authorization from Delhi Pollution control committee obtained?	Yes
6		If Yes, No. date of issue and validity	Yes
7		Whether in house treatment facility available?	No
	7.A	If Yes, write	N/A
	7.B	If No., how is the BMW treated?	Outsourced-SMS water Grace BMW Pvt.Ltd.
	7.C	Whether tie up with CBWTF Operator	Yes - SMS Water Grace BMW Pvt.Ltd.
8		Whether Nodal Officer for BMW Management designated?	Yes
	8.A	If Yes-please give name & phone No.	Mr.Ravinder Singh , 01130653770
9		Whether Biomedical Waste management Committee formed?	Yes
	9.A	If yes, give name of the members	Members- 10 invited-02
	9.B	Date of last meeting	27.03.2026
10		Whether color Coded segregation Containers available	Yes
	10.A	If Yes-what is color coding	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable waste)
11		Whether Color Coded Segregation Liners/Bags available	Yes
	11.A	If Yes,what color?	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable waste)
12		Whether using Biohazard and Cytoxic Symbols	Yes
13		Whether Packaging & labeling Practised	Yes
14		Whether Puncture proof sharps containers available?	Yes
15		Is there any provision internal storage?	Yes
16		Whether there are any use of wheel barrow/trolleys?	Yes
17		Is there any seperate provision of washing facilities for containers	Yes
	17. A	If No, where these containers are washed?	N/A
18		Is there any centralized storage site?	Yes
	18.A	Is there any provision of lock and key for BMW	Yes
19		Whether needle destroyer available?	No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to SMS water
20		Whether the hand hygiene is practiced in the hospital	Yes
	20.A	If Yes, how monitored	Follow training calendar and Audit by Infection Control Nurse
21		Is there any Spill Management Protocol	Yes
22		Is there any Provision for management of Mercury waste, Metals	N/A - We are mercury free hospital
23		Whether record are maintained properly?	Yes
	23.A	If Yes, whether verified by the Chairman/Nodal officer	Yes
24		Whether there is daily supervision?	Yes
	24.A	If Yes, Whether the records are maintained	Yes
25		Is there any provision of separates waste weighing machine	Yes
	25.A	If Yes, whether daily record of of weight maintained	Yes
26		Whether there is any injury register	Yes
	26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes
27		Is there any separate Budget here for BMW?	Yes
28		Whether SOPs/ guidelines available	Yes
29		Is there any provision of Training/Retraining in BMW management	Yes
	29.A	If Yes, the. No of personnel trained during the quarter	Doctors -140 Nursing- 702 Technicians and Paramedics- 107 GDA & Housekeeping- 265
30		Is there any IEC/Community awareness	No
31		Whether waste Audit carried out?	Yes
	31.A	If Yes, Whether the report submitted to the head of the institution	Yes
32		Whether monthly report submitted to DHS	N/A
33		Whether Quarterely Report sumitted to DHS	Yes
34		Whether Annual Monthly Report submitted to DPCC	Yes
35		Whether regular inspection carried out	Yes
36		Whether consent obtained under Air and Water Act	Yes
37		Whether Acoustic enclosures for generator sets present	Yes
38		Whether Sewage treatment plant (STP) installed in the Hospital	Yes
39		If yes, attach copy of laboratory report authorized by DPCC	Yes
40		Whether personal protective Equipment (PPE) used BMW staff	Yes
41		Whether the staff posted at BMW is medically examined	Yes
	41.A	If, Yes, how frequently	Once a year
	41.B	Whether immunized againts Tetanus and Hepatitis B	Yes

42		Quantum of waste generated	Apr-26		May-26		Jun-26	
			Non covid	Covid	Non covid	Covid	Non covid	Covid
		Incinerable	4669.29	0.00	4649.81	0.00	3694.59	0.00
		Autoclavable/Microwavable	5642.40	0.00	5931.08	0.00	5658.78	0.00
		Blue Puncture proof boxes for glasses	1686.01	0.00	1811.93	0.00	1811.48	0.00
		White puncture proof for Sharps	393.1	0.00	362.18	0.00	343.93	0.00
		Cytotoxic waste for incineration	240.97	0.00	246.86	0.00	245.57	0.00
		Total	12631.77	0	13001.86	0	11754.35	0
		TOTAL NON COVID + COVID	12631.77		13001.86		11754.35	

Signature of Nodal Officer

Signature of Medical Superintendent

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Minutes of Infection Control meeting 24/06/2026

S.No.	Attended by		
S.No.	Attended by		
1	Dr. Rk Singhal	Chairperson	NotAttended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	NotAttended
4	Dr.Ramji Mehrotra	Member	Not Attended
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended
6	Dr Chandragouda	Member	Not Attended
7	Dr U Valecha	Member	Not Attended
8	Dr Kapil Goyal	Member	Attended
9	Dr Pradyut Bag	Member	Attended
10	Mr Ravinder	Member	Attended
11	Dr Rajesh Jain	Member	Not Attended
12	Dr Ankur	Member	Not Attended
13	Dr Tarun Thukral	Invited member	Attended
14	Dr.Gurbachan Singh	Member	Attended
15	Dr Divya Dobal	Member	Not Attended
16	Dr Deepak	Member	Attended
17	Sis Rosamma/ Sis Anumol	Member	Attended
18	Mr Ramesh / Mr Siby	Member	Attended
19	Mr Durga Prasad	Member	Attended
20	Mr Vivek Trikha	Member	Attended
21	Ms. Shifali - ICN	Member	Attended
22	Ms. Himanshi - ICN	Member	Attended
23	Ms. Nutan -ICN	Member	Not Attended
24	Ms. Monika - ICN	Member	Attended
25	Ms Rachel	Member	Attended

A	Agenda for meeting					
1	HAI and other HIC Indicators- May 2026					
2	Review of previous MOM					
3	NABH observations					
B	MOM of previous meeting					
		Discussion	Decision	Responsibility	Timeline	Status
1	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same for all staff	HR/ ICT	30/09/2025	It was informed by Dr Kapil and Dr Deepak that Anti Hbs Antibody titre shall be initiated by HR from April 2026 as the same has been approved. Closed
	Discussion of Present meeting					
1	HAI	Healthcare associated infection data of April 2026 was presented.The HAI rates for VAE is 3.21 per 1000 ventilator days. There was two cases of pVAP . CLABSI 2.61 per 1000 central line days, CAUTI 1.93 per 1000 foleys cather days, SSI rate is 0.30%.	VAE and CLABSI rates were high, To emphasizingfocus training on Care bundles for all Healthcare Professsionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of April 2026 was presented. Incidence of NSI were 0.46 per 1000 patient days.	Enhancing staff Trainig & Awarness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for April 2026 was presented. Compliance to Segregation was 99%, Storage was 98% and Transportation was 98% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of April 2026 was presented. The compliance is 84.4% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	NABH observations	Dr Purabi discussed the findings during the NABH audit between 12-14th June.	The observation was - Transmiision Based Precuations for infectious diseases are not properly monitored. Closure : The type of ISOLATION PRECUATIONS will be specified as per clinical requirement and a single patient will be accessed tilll discharge.	ICT	NA	Closed

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