



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.

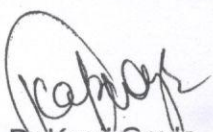


Dear Sir,

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

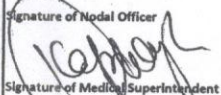
Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

Encls: As above

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
2	No. of authorized/sanctioned beds
3	Name of the occupier(MS/Director)
4	Phone No. Fax, E-mail
5	Whether authorization from Delhi Pollution control committee obtained?
6	If Yes, No. date of issue and validity
7	Whether in house treatment facility available?
7.A	If Yes, write
7.B	If No., how is the BMW treated?
7.C	Whether tie up with CBWTF Operator
8	Whether Nodal Officer for BMW Management designated?
8.A	If Yes-please give name & phone No.
9	Whether Biomedical Waste management Committee formed?
9.A	If yes, give name of the members
9.B	Date of last meeting
10	Whether color Coded segregation Containers available
10.A	If Yes-what is color coding
11	Whether Color Coded Segregation Liners/Bags available
11.A	If Yes, what color?
12	Whether using Biohazard and Cytotoxic Symbols
13	Whether Packaging & labeling Practised
14	Whether Puncture proof sharps containers available?
15	Is there any provision internal storage?
16	Whether there are any use of wheel barrow/trolleys?
17	Is there any separate provision of washing facilities for containers
17.A	If No, where these containers are washed?
18	Is there any centralized storage site?
18.A	Is there any provision of lock and key for BMW
19	Whether needle destroyer available?
20	Whether the hand hygiene is practiced in the hospital
20.A	If Yes, how monitored
21	Is there any Spill Management Protocol
22	Is there any Provision for management of Mercury waste, Metals
23	Whether record are maintained properly?
23.A	If Yes, whether verified by the Chairman/Nodal officer
24	Whether there is daily supervision?
24.A	If Yes, Whether the records are maintained
25	Is there any provision of separates waste weighing machine
25.A	If Yes, whether daily record of of weight maintained
26	Whether there is any injury register
26.A	If Yes, Whether there is Needle Stick Injury protocol
27	Is there any separate Budget here for BMW?
28	Whether SOPs/ guidelines available
29	Is there any provision of Training/Retraining in BMW management
29.A	If Yes, the. No of personnel trained during the quarter
30	Is there any IEC/Community awareness
31	Whether waste Audit carried out?
31.A	If Yes, Whether the report submitted to the head of the institution
32	Whether monthly report submitted to DHS
33	Whether Quarterly Report submitted to DHS
34	Whether Annual Monthly Report submitted to DPCC
35	Whether regular inspection carried out
36	Whether consent obtained under Air and Water Act
37	Whether Acoustic enclosures for generator sets present
38	Whether Sewage treatment plant (STP) installed in the Hospital
39	If yes, attach copy of laboratory report authorized by DPCC
40	Whether personal protective Equipment (PPE) used BMW staff
41	Whether the staff posted at BMW is medically examined
41.A	If Yes, how frequently
41.B	Whether immunized against Tetanus and Hepatitis B
42	Quantum of waste generated
	Incinerable
	Autoclavable/Microwavable
	Blue Puncture proof boxes for glasses
	White puncture proof for Sharps
	Cytotoxic waste for Incineration
	Total
	TOTAL NON COVID + COVID

Apr-26		May-26		Jun-26	
Non covid	Covid	Non covid	Covid	Non covid	Covid
4669.29	0.00	4649.81	0.00	3694.59	0.00
5642.40	0.00	5931.08	0.00	5658.78	0.00
1686.01	0.00	1811.93	0.00	1811.48	0.00
393.1	0.00	362.18	0.00	343.93	0.00
240.97	0.00	246.86	0.00	245.57	0.00
12631.77	0	13001.86	0	11754.35	0
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Signature of Nodal Officer

 Signature of Medical Superintendent

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 catheter days, SSI rate is 0.30%.	VAE and CLABSI rates were high, To emphasizingfocus training on Care bundles for all Healthcare Professionals.	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 till discharge.	ICT	NA	Closed

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