



BLK-MAX

Super Speciality Hospital

January 2, 2024

BLK/MS/2024/JAN/15

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 October 2023 to December 2023.

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

Dr. Atish Sinha
Medical Superintendent

Encls: As above

Dr. Atish Sinha
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005



Quarterly Report For The Month

Oct-23

Nov-23

Dec-23

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 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	Oct-23		Nov-23		Dec-23	
		Non covid	Covid	Non covid	Covid	Non covid	Covid
	Incinerable	4629.97	0	4609.20	0	4655.25	0
	Autoclavable/Microwavable	7754.95	0	7894.32	0	7590.83	0
	Blue Puncture proof boxes for glasses	1437.34	0	1471.48	0	1423.50	0
	White puncture proof for Sharps	251.87	0	318.27	0	356.95	0
	Cytotoxic waste for incineration	125.31	0	133.88	0	129.39	0
	Total	14199.45	0	14427.15	0	14155.92	0
	TOTAL NON COVID + COVID	14199.45		14427.15		14155.92	

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. Atish Sinha
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

Minutes of Infection Control meeting 21/11/2023

S.No.	Attended by	Chairperson	Attended
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ramji Mehrotra	Member	Not Attended
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended
6	Dr Sajjan Purohit	Member	Not Attended
7	Dr Sunil Prakash	Member	Not Attended
8	Dr U Valecha	Member	Attended
9	Dr Jasbir Khanuja	Member	Attended
10	Dr Shimpi	Invited member	Attended
11	Dr Tarun	Invited member	Attended
15	Dr Sanjeev	Invited member	Attended
16	Dr Gurbachan Singh	Member	Attended
17	Dr Atish Sinha	Member	Not Attended
18	Dr Dhirender kumar	Member	Not Attended
19	Dr Deepak /Vanshika	Member	Attended
20	Sis Rosamma/ Sis Anu	Member	Attended
21	Mr Ramesh /Mr Sibi Verghese	Member	Attended
22	Mr Jitender/Mr Durga Prasad	Member	Attended
24	Mr Arun Kumar - ICN	Member	Attended
25	Ms Pavitra- ICN	Member	Attended
26	Ms Rajani - ICN	Member	Attended
27	Ms Sindhu - ICN	Member	Attended

Agenda of the Meeting :

- 1 HAI - October 2023
- 2 Review of previous MOM

MOM of previous meeting		Discussion	Decision	Responsibility	Timeline	Status
1	Transfer of dirty linen from bedside to DU	It was informed that there is non compliance in transport of dirty linen from bedside to the DU.	HK HOD will arrange appropriate measures for the same	/H.K HOD/Ms Anumol/ Dr Dhiren	31.10.2023	Transport of dirty linen is now been done in separated bins. Closed
2	Trolley for sterile Instruments	Discussion was done regarding the non -availability of closed trolley for the transportation of sterile instruments from CSSD to the user departments.	Actual number of Trolley required will be decided and new intend will be raised.	Ms Anumol/H.K HOD/ Dr Dhiren	NA	Open
3	Dressing in OPDs	It was informed that the same Procedure room is been used for both CTVS and Urological procedures which could be a potential risk of infections to the Cardiac patients.	Dr Atish/ Dr Dhiren to arrange an alternate solution.	Dr Atish/ Dr Dhiren	31.10.2023	Open. Cases of SSI post discharge were observed. It is recommended to separate both activities.
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated Infection data of October 2023 was presented. The HAI rates for VAE is 3.49, CLABSI 3.42, CAUTI is 1.83. SSI rate is 0.45%. CLABSI rates have crossed the internal benchmark. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	Training on bundle care to be done.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of October 2023 was presented. Incidence of NSI were 0.10%	Training and awareness of staff to be done.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 92%, Disposal was 89%, storage was 91% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of October 2023 were presented. There was focus on repeated training and awareness on hand hygiene	Re -training on hand hygiene to be carried out to all the healthcare personnel.	ICT/ Dr Dhiren	NA	Under monitoring
5	Non - availability of Handrubs in IPD departments.	Hand hygiene compliance is getting compromised because of the non-availability of handrubs in the patient bedside areas.	Instruction given to the floor incharges to make it available.	ICT/ Dr Dhiren/ Sis Anumol	NA	Under monitoring
6	Infections in respiratory site in ICUs	Increase cases of colonization/ infection in respiratory site in MICU has been documented in October.	Non compliance in suctioning and oral care was observed. The matter was discussed with team in charge and Dr Pande.	ICT/ MICU Nursing in charge/ Dr Pande	ASAP	Training on care bundles for Ventilated and on central line bundle to be retrieved.
7	Infections NICU	Rise in cases were observed in NICU	Environmental cultures were taken from NICU and gram negative bacteria was isolated. The same was discussed with Dr Ankur/ Dr Atish/ Nursing in charge/ Sis Rosamma	ICT/ NICU Nursing in charge/ Dr Ankur/ Dr Atish/ Sis Rosamma	ASAP	NICU was closed down, terminal cleaning alongwith with environmental fogging was done. Cleaning , hand hygiene and other infection control activity to be monitored.

Minutes of Infection Control meeting 26/10/2023			
S.No.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ramji Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr Rachna	Member	Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Not Attended
9	Dr. Jasbir Khanuja	Member	Not Attended
10	Dr. Shimpali	Invited member	Attended
11	Dr. Tarun	Invited member	Not Attended
15	Dr. Sanjeev	Invited member	Attended
16	Dr. Gurbachan Singh	Member	Attended
17	Dr. Atish Sinha	Member	Not Attended
18	Dr. Dhirender kumar	Member	Not Attended
19	Dr. Deepak /Vanshika	Member	Attended
20	Sis Rosamma/ Sis Anu	Member	Attended
21	Mr Ramesh /Mr Sibi Verghese	Member	Attended
22	Mr Jitender/Mr Durga Prasad	Member	Not Attended
24	Mr Arun Kumar - ICN	Member	Attended
25	Ms Pavitra-ICN	Member	Attended
26	Ms Rajani-ICN	Member	Attended

Agenda of the Meeting :		
1	HAI - September 2023	
2	Review of previous MOM	

	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1						
2	HICC budget	Dr Purabi informed that the HICC budget for 2023- 24 has not been approved yet.	Dr Deepak shall make the budget after approval from management.	Dr Deepak/ HICC	NA	HICC budget has been approved .Closed
3	Transfer of dirty linen from bedside to DU	It was informed that there is non compliance in transport of dirty linen from bedside to the DU.	HK HOD will arrange appropriate measures for the same	/H.K HOD/Ms Anumol/ Dr Dhiren	31.10.2023	Open
4	Trolley for sterile instruments	Discussion was done regarding the non - availability of closed trolley for the transportation of	Actual number of Trolley required will be decided and new intend will be raised.	Ms Anumol/H.K HOD/ Dr Dhiren	NA	Open
5	Dressing in OPDs	It was informed that the same Procedure room is been used for both CTVS and Urological procedures which could be a potential	Dr Atish/ Dr Dhiren to arrange an alternate solution.	Dr Atish/ Dr Dhiren	31.10.2023	Open

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of September 2023 was presented. The HAI rates for VAE is 0. CLABSI 1.42, CAUTI is 1.30 . SSI rate is 0.59% All HAI rates were	NA.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of September 2023 was presented . Incidence of NSI were 0.11%	Training and awareness of staff to be done.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 90% . Disposal was 93%	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of September 2023 were presented. There was focus on repeated training	Re -training on hand hygiene to be carried out to all the healthcare personnel.	ICT/ Dr Dhiren	NA	Under monitoring
5	Insertion bundle of CAUTI	There was a decrease in compliance on the CAUTI bundles.	Targeted training on insertion and maintenance of foley's catheter to be done across the hospital.	ICT/ Dr Dhiren/ Sis Anumol	5.11.2023	Open

Minutes of Infection Control meeting 19/12/2023

S.No.	Attended by	Chairperson	Secretary
1	Dr. Ak Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Not Attended
4	Dr. Ranj Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr Rachna	Member	Not Attended
6	Dr. Saljan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Not Attended
9	Dr. Jasbir Khanuja	Member	Attended
10	Dr. Shimpi	Invited member	Attended
11	Dr. Tarun	Invited member	Attended
12	Dr. Sanjeev	Invited member	Not Attended
13	Dr. Pradyut Bagga	Invited member	Attended
14	Vivek Tripathi	Invited member F & B	Attended
15	Dr. Gurbachan Singh	Member	Not Attended
16	Dr. Atish Singh	Member	Attended
17	Dr. Dhirender kumar	Member	Attended
18	Dr. Deepak /Vanshika	Member	Not Attended
19	Sis Rosamma/ Sis Anu	Member	Not Attended
20	Mr Ramesh /Mr Sibi Verghese	Member	Attended
21	Mr Jitender/Mr Durga Prasad	Member	Attended
22	Mr Arun Kumar - ICN	Member	Attended
23	Ms Pavitra - ICN	Member	Attended
24	Ms Rajani - ICN	Member	Attended
25	Ms Sindhu - ICN	Member	Attended

Agenda of the Meeting:

1	HAI - November 2023
2	Review of previous MOM

	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	Non - availability of Handrubs in IPD departments.	Hand hygiene compliance is getting compromised because of the non-availability of handrubs in the patient bedside areas.	Instruction given to the floor Incharges to make it available.	ICT/ Dr Dhiren/ Sis Anumol	NA	Hand rubs have been placed in all patient areas. Will be under continuous monitoring. Closed.
2	Trolley for sterile instruments	Discussion was done regarding the non-availability of closed trolley for the transportation of sterile instruments from CSSD to the user departments.	Actual number of Trolley required will be decided and new intend will be raised.	Ms Anumol/H.K HOD/ Dr Dhiren	NA	Few trolleys have been purchased, few more are expected.
3	Dressing in OPDs	It was informed that the same Procedure room is been used for both CTVS and Urological procedures which could be a potential risk of infections to the Cardiac patients.	Dr Atish/ Dr Dhiren to arrange an alternate solution.	Dr Atish/ Dr Dhiren	31.10.2023	Dressing areas for both departments have been separated. Cleaning and disinfection of rooms to be monitored by Nurse of that area and ICNs. Closed
4	Infections in respiratory site in ICUs	Increase cases of colonization/ infection in respiratory site in MICU has been documented in October.	Non compliance in suctioning and oral care was observed. The matter was discussed with team in charge and Dr Pande.	ICT/ MICU Nursing in charge/ Dr Pande	ASAP	Training done. At the same time, 500ml saline has been replaced by 100 ml saline for suctioning to prevent cross contamination. Closed
5	Infections NICU	Rise in cases were observed in NICU	Environmental cultures were taken from NICU and gram negative bacteria was isolated. The same was discussed with Dr Ankur/ Dr Atish/ Nursing in charge/ Sis Rosamma	ICT/ NICU Nursing in charge/ Dr Ankur/ Dr Atish/ Sis Rosamma	ASAP	NICU was closed down, terminal cleaning alongwith with environmental fogging was done. Cleaning, hand hygiene and other infection control activity to be monitored. Closed

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of November 2023 was presented. The HAI rates for VAE is 0. CLABSI 2.56, CAUTI is 1.94, SSI rate is 0.64% .	On continuous monitoring	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of November 2023 was presented . Incidence of NSI were 0.09%	Training and awareness of staff to be done on proper handling on sharp.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of Biawe disposal in was presented. Compliance to Segregation was 90%, Disposal was 92%, storage was 92% and Transportation was 92%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of November 2023 were presented. There was focus on repeated training and awareness on hand hygiene	Re -training on hand hygiene to be carried out to all the healthcare personnel.	ICT/ Dr Dhiren	NA	Under monitoring
5	Non compliance in CTVS and GUCU	Some cases of Respiratory Infections were observed in CTVS ICU and GUCU in December.	There was non compliance regarding cleaning and disinfection of the equipments. Environmental cultures were taken from CTVS and GUCU and Gram negative bacteria growth was observed. In CTVS ICU non compliance was observed in laundry management .The same was discussed with stakeholders and few corrective actions were taken .	Mr.Durga/ Sister JJ/ICNs	ASAP	Terminal cleaning was done in all areas.Housekeeping Head has agreed to put dedicated GOAs in these areas for cleaning and disinfection. All linen were replaced by new ones in CTVS. The same shall be monitored. Closed.
7	Discussion regarding cleaning and disinfection	Non compliances with regards to cleaning and sinfction were observed in many areas.	The Housekeeping Team was sensitized. Training was provided. Dedicated GOAs to be given in critical areas. Cleaning and disinfection of the equipments to be monitored by Nursing Incharges in all areas and report any non compliances if	Mr.Durga and Team/All Nursing Incharges/ICT	ASAP	To be under Continuous monitoring. Reauding done. Closed.