

July 5, 2023

BLK/MS/2023/JUL/18

Dr. R. Aggarwal
Addi. 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 2023 to June 2023.

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

Dr. Suhas Parnami Medical Superintendent

Encls: As above

Dr. Suhas Parnami Medical Superintendent Dr. B. L. Kapur Memorial Hospital Puss Road, New Delbi-110 005







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

5.1	Vo.		Particulars
1		Name address of the Hospital	Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005
2		No. of authorized/sanctioned beds	600
3		Name of the occupier(MS/Director)	707
4		Phone No. Fax,E-mail	Dr. Sanjay Mehta 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
	7.8 -	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. Gitesh Mongia , 01130653858
9	-	Whether Biomedical Waste management Committee formed?	Yes
	9.A	If yes, give name of the members	Members- 21 invited-01
	9.B	Date of last meeting	26.6.2023
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, Gree
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, Gree
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
20	-	Tributines the hand hygiene is practiced in the nospital	Yes
	20.A	If Yes, how monitored	Follow training calendar and Audit by Infection Control Nurse
21	1	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?	res
	23.A	If Yes, whether verified by the Chairman/Nodal officer	/es
24		Whether there is daily supervision?	/es
	24.A	If Yes, Whether the records are maintained	res
25		is there any provision of separates waste weighing machine	/es
-	25.A	If Yes, whether daily record of of weight maintained	/es
6		Whether there is any injury register	/es
_	26.A	If Yes, Whether there is Needle Stick Injury protocol	es
7		Is there any separate Budget here for BMW?	'es
8	-	Whether SOPs/ guidelines available	es
9		Is there any provision of Training/Retraining in BMW management	'es
	29.A	If Yes, the. No of personnel trained during the quarter	Nursing- 85 echnicians and Paramedics- 80 EDA & Housekeeping- 170

	_	18	14307.08		13930.02		13656,34	
		TOTAL NON COVID + COVID	14307.08	0	13930.02	0	13656.34	0
1		Total	122.11	0	145,21	0	142.33	0
+	-	Cytotoxic waste for incineration	349.6	0	331.2	0	338.89	0
1	-	White puncture proof for Sharps	1636.64	0	1397.98	0	1404.37	0
1	_	Blue Puncture proof boxes for glasses	7617.81	0	7387.09	0	7336.2	0
4	_	Autoclavable/Microwavable	4580.92	0	4668.54	0	4434,55	0
		Incinerable	Non covid	Covid	Non covid	Covid	Non covid	Covid
12		Quantum of waste generated	Apr-2	3	May-2	3	Jun	-23
1		Whether immunized againts Tetanus and Hepatitis B	Yes					
	41.B		Once a year			_		
-	41A	Whether the staff posted at BMW is medically examined if, Yes, how frequently	Yes					
41	-	Whether the craft - and dispersion of the craft - and the craft - and dispersion of the craft -	Yes					
40			Yes					
39			Yes					-
38	1		Yes					
37	1	whether consent obtained under the	Yas					
36	-		Yes					
35	-	perfective printing promptly Person and and and	Yes					
34	-	Transcript Liuarteraly Report suspine de la lace	N/A					
33	+	Whether monthly report submitted to the head of the institution	Yes					
32	31.4	if Yes, Whether the report submitted to the	Yes					
31	100		No					
30	-	is there any IEC/Community awareness						

Signature of Medical Superintendent

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



		s of Infection Control meeting 27/04/20	23			
_ 5.No.	A STATE OF THE PARTY OF THE PAR	Har -	Tricon and the second	-		
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 Sujon Purohit	Member	Not Attended	-		
7	Dr Sunil Prakash	Member	Not Attended	-		
8	Dr U Valecha	Member	Attended	-		
9	Dr Jasbir Khenuja	Member	Attended	-		
11	Dr Shimpi	Invited member	Attended	-		
12	Dr.Gurbachan Singh	Member	Attended	-		
13	Or.Suhas	Member		-		
14	Dr Dhirender kumar	Member	Attended	4		
15	Or Deepak /Vanshika	Member	Not Attended			
15	Sis Rosamma/ Sis Anu	Member	Attended	4		
17	Mr Ramesh /Mr Sibi Verghese	Member	Attended	4		
18	Mr Jitender/ Mr HArsh	Member	Attended	1		
19	Ms Parminder - ICN	Member	Attended			
20	Mr.Arun Kumar - ICN	Member	Attended		.5	
21	Ms Pavitra-ICN		Attended			
	Ms Rajni -ICN	Member	Attended			
	ms rejui acri	Member	Attended	100		
Agenda of	the Meeting:					
	HAI - March 2023					
_	Review of previous MOM			1		
	Mock drill for communicable disease					
40	Vursing audit findings					
	MOM of previous meeting	Discussion				
		Discussion	Decision	Responsibility	Timeline	
1 P	re surgical bath instructions	Dr Valecha discussed that some awareness amongst patients on how to do a Pre surgical bath should be initiated.	Instructions for pre surgical bath will be designed for all the IPD & OPD patients. It has to will be used to raise awareness on how to clean concerned body parts in a Pre surgical bath.	ICT/ Dr Dhirender	30.04.2023	Th ha se pr En
P	ortable dialysis machina	The portable dialysis machine has leakage problem since long, information		0-5-1/1105		+

-	MOM of previous meeting	Discussion	Decision.	Responsibility	Timeline	Status
1	Pre surgical bath instructions	Dr Valecha discussed that some awareness amongst patients on how to do a Pre surgical bath should be initiated.	Instructions for pre surgical bath will be designed for all the iPD & OPD patients. It has to will be used to raise awareness on how to clean concerned body parts in a Pre surgical bath.	ICT/ Dr Dhirender	30.04.2023	The information sheet has been designed and sent for print. To be printed in both Hindi ar English. Open
2	Portable dialysis machine	The portable dialysis machine has leakage problem since long, information already shared with the concerned departments. Replacement is in plan the next year's budget.	NA .	Dr Suhas/ HOD Nephro/ Dr Dhirender		Ореп
		Discus	sion of present meeting		0/1	
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of March 2023 was presented. The HAI rates for VAE is 0 , P VAP-0, CLABSI 1.72, CAUTHS 1.55 . SSI rate is 0.36%.All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA .		NA	Under monitoring
2	Needle stick injury	NSI data of March 2023 was presented . Incidence of NSI were 1.12	NA b	ст	NA A	Under monitoring

3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 90.84% ,Disposal was 92.4% ,storage was 91.2% and Transportation was 91.2% respectively.		ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of March 2023 were presented. Overall Hand hygiene compliance rates of the hospital were within acceptable limits.	Re -training of hand hygiene to be carried out.	ICT	NA	Under monitoring
5	Mock drill for Communicable diseases	The findings of the mock drill done on 27th March 2023 was discussed with the members	The non complinace raised during the drill remains to be closed. Training of security, nursing and other stakeholders shall be arranged by Quality dept.	Dr Deepak/ ICT	Within 3 months time	Open
	Nursing auldt	shared with the HICC members	Non complinac eraised in rtespective depts are to be closed by user dept along with help from ICT.	Individual stakeholders like Nusring, Housekeeping, CSSD, OT/ ICT/ Quality	Within one month	Open
	Surgical scrub poster	Placement of Surgical scrub poster	Surgical scrub poster has to be displayed on every srcub station.	ici/ or Sunas	Within one	Open



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S.No.	Attended by			1		
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	Not Attended			
6	Dr Sujon Purchit	Member	Not Attended			
7	Or Sunii Prakash	Member	Not Attended			
8	Dr U Valecha	Member	Not Attended	1		
9	Dr Jasbir Khanuja	Member	Not Attended	7		
11	Dr Shimpi	Invited member	Attended			
12	Dr.Gurbachan Singh	Member	Attended	1		
13	Dr.Suhes	Member	Attended			
14	Dr Dhirender kumar	Member	Not Attended			
15	Dr Deepak /Vanshika	Member	Attended	-		
16						
	Sis Rosamma/ Sis Anu	Member	Attended			
17	Mr Ramesh /Mr Sibi Verghese	Member	Attended			
18	Mr Jitender/ Mr Harsh	Member	Attended			
19	Ms Parminder - ICN	Member	Attended			
20	Mr.Arun Kumar - ICN	Member	Attended			
21	Ms Pavitra-ICN	Member	Attended			
22	Ms Rajni -ICN	Member	Attended			
genda	of the Meeting :	T				
	HAI - April 2023					
_	2 Review of previous MOM					
_						
	3 New discussion points: HICC Budget 2023-24					
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	Pre surgical bath instructions	Dr Valecha discussed that some awareness amongst patients on how to do a Pre surgical bath should be initiated.	Instructions for pre surgical bath will be designed for all the IPD & OPD patients. It has to will be used to raise awareness on how to dean concerned body parts in a Pre surgical bath.	ICT/ Dr Dhirender		The information sheet has been designed and sent for print. Closed
2	Portable dialysis machine	The portable dialysis machine has leakage problem since long. Information already shared with the concerned departments. Replacement is in plan the next year's hudget.	NA	Dr Suhas/ HOD Nephro/ Dr Dhirender		The dialysis machine is working condition now Closed.
3	Mock drill for Communicable diseases	The findings of the mock drill done on 27th March 2023 was discussed with the members	The non complinace raised during the drill remains to be closed. Training of security, nursing and other stakeholders shall be arranged by Quality dept.		Within 3 months time	Open
4	Surgical scrub poster	Placement of Surgical scrub poster	Surgical scrub poster has to be displayed on every srcub station.	ICT/ Dr Suhas/ Dr Dhirender	Within one month	The poster have been sent for formalization to Marketing through Dr
5	Nursing auidt	The findings of the nursing auidt was shared with the HICC members		Individual stakeholders like Nusring, Housekeeping, CSSD, OT/ ICT/ Quality	Within one month	All Non compliances raised were closed.
		D	iscussion of present meeting	- HISHIN		
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of April 2023 was presented. The HAI rates for VAE is 0 , Peds VAP -1.86, CLABSI 1.17, CAUTI is 1.41 . SSI rate is			NA	Under monitoring

2	Needle stick injury	NSI data of April 2023 was presented incidence of NSI were 0.83	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of 8MW disposal in was presented. Compliance to Segregation was 90%, Disposal was 89%, storage was 93% and Transportation was 92% respectively.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of	Re -training of hand hyglene to be carried out.	ICT	NA	Under monitoring
5	HICC budget	Dr Purabi informed that the HICC buget for 2023- 24 needs to be raised.	after a second of	Dr Deepak/ HICC	NA	26.06.2023
	Hand hygiene day celebration	Dr Purabi informed that Hand Hygiene day celebrated on 4th -5th May 2023. Awareness activities on Hand hygiene was done across the hospital. Awards were given to the quiz winners and	NA .	ст	NA	NA



NAME OF TAXABLE PARTY.		tes of Infection Control meeting 26/06/20	42			
S.No.	Attended by					
1	Dr. Rk Singhal	Chairperson	Attended			
2	Dr.Purabi Barman	Secretary	Attended			
3	Or. Rajesh Pande	Member	Not Attended			
4	Dr.Ramji Mehrotra	Member	Not Attended			
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Not Attended	7		
6	Dr Sajjan Purohit	Member	Not Attended	7		
7	Or Sunil Prakash	Member	Not Attended	1		
8	Dr U Valecha	Member	Not Attended	-		
9	Dr Josbir Khanuja	Member	Not Attended	-		
11	Or Shimpi	Invited member	- Marian Control of the Control of t	-		
12	Dr.Gurbechan Singh		Attended	-		
13	Dr.Suhas	Member	Attended	-		
_	THE REAL PROPERTY AND ADDRESS OF THE PERTY	Member	Attended			
14	Dr Dhirender kumar	Member	Not Attended		-	
15	Dr Deepak /Vanshika	Member	Attended			
16	Sis Rosamma/ Sis Anu	Member	Attended			
17	Mr Ramesh /Mr Sibi Verghese	Member	Attended			
18	Mr Jitender/ Mr Harsh	Member	Attended -	1		
19	Ms Parminder - ICN	Member	Not Attended			
20	Mr.Arun Kumar - ICN	Member	Attended	1		
21	Ms Pavitra-ICN	Member	Attended	-		
22	Ms Rajani -ICN			-		
22	MS Rajani -ICN	Member	Attended			
2000200						
	of the Meeting :					
	HAI - May 2023					
2	Review of previous MOM			1		
3	IPC- AMS training by Pfizer			1		
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
OFFICE STATES		Discussion		responsionity	raneline	Status
1	Mock drill for Communicable diseases	The findings of the mock drill done on 27th March 2023 was discussed with the members.	The non complinace raised during the drill remains to be closed. Training of security, nursing and other stakeholders shall be arranged by Quality dept.	Dr Deepak/ICT	Within 3 months time	Training of all stake holders was completed Repeat Mock drill to be done next month. Open
2	Surgical scrub poster	Placement of Surgical scrub poster	Surgical scrub poster has to be displayed on every srcub station.	ICT/ Dr Suhas/ Dr Dhirender	Within one month	The poster have been sent for formalization t Marketing through Dr Dhirender, Open
3	HICC budget	Dr Purabi informed that the HICC buget for 2023- 24 needs to be raised.	Or Deepak shall make the budget after approval from management.	Dr Deepak/ HICC	NA	Open
-		1				
			ussion of present meeting			
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of May 2023 was presented. The HAI rates for VAE is 2.64, CLABSI 1.43, CAUTI is 0.53 · SSI rate is 0.54%.All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA.	ICT	NA	Under monitoring
2 1	Needle stick injury	NSI data of May 2023 was presented . Incidence of NSI were 0.39	NA	ICT	NA	Under monitoring
3 8	Diomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 92.4% ,Disposal was 94% , storage was 93.6% and Transportation was 95% respectively.	NA	ICT	NA	Under monitoring

4	Hand hygiene	Hand hygiene data for the month of May 2023 were presented. There was a major dip in the hand hygiene compliances access the hospital.	1)Re-training of hand hygiene to be carried out to all the doctors and nurses. 2) Hand hygiene data of Endoscopy and Dialysis department should be separated from IPD. 3) Dr Suhas to speak to team members to create awareness on HAnd hygiene.	ICT/ DR Suhas	31/07/2023	Under monitoring
5	IPC and AMS traing program	alongwith Pfizer shall conduct a	Dicsussion regarding the same was done between Pfizer and HICC.	нісс	NA	NA