BLK-MAX
Super Speciality Hospital

Director General Health Services
Received
Date 06/04/26
Govt. of NCT of Delhi

April 2, 2026

BLK/MS/2026/APR/16

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 January 2026 to March 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

Dr. B. L. Kapur Memorial Hospital
(A Unit of Lahore Hospital Society)
Pusa Road, New Delhi-110 005
24-Hour Helpline: +91-11-3040 3040
E: info@blkhospital.com

BLK-MAX

Quarterly Report For The Month	Jan-26	Feb-26	Mar-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. Jitender Kumar Sharma , 01130653770
9		Whether Biomedical Waste management Committee formed?	Yes
	9.A	If yes, give name of the members	Members- 23 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	Jan-26		Feb-26		Mar-26	
			Non covid	Covid	Non covid	Covid	Non covid	Covid
		Incinerable	4641.00	0.00	4179.27	0.00	4565.83	0.00
		Autoclavable/Microwavable	7502.71	0.00	5864.32	0.00	6059.8	0.00
		Blue Puncture proof boxes for glasses	1877.4	0.00	1679.05	0.00	1790.45	0.00
		White puncture proof for Sharps	450.42	0.00	393.53	0.00	426.71	0.00
		Cytotoxic waste for incineration	247.1	0.00	233.37	0.00	231.29	0.00
		Total	14718.63	0	12349.54	0	13074.08	0
		TOTAL NON COVID + COVID	14718.63		12349.54		13074.08	

Signature of Nodal Officer

Signature of Medical Superintendent

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Minutes of Infection Control meeting 29/01/2026

S.No.	Attended by		
S.No.	Attended by		
1	Dr. Rk Singhal	Chairperson	Not Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Not Attended
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	Attended
8	Dr Kapil Goyal	Member	Attended
9	Dr Sanjeev	Member	Attended
10	Mr Ravinder	Member	Attended
11	Dr Rajesh Jain	Member	Attended
12	Dr Ankur	Member	Not Attended
13	Dr.Gurbachan Singh	Member	Not Attended
14	Dr Deepak	Member	Attended
15	Sis Rosamma/ Sis Anumol	Member	Attended
16	Mr Jitendra Sharman	Member	Attended
17	Mr Ramesh / Mr Siby	Member	not Attended
18	Mr Durga Prasad	Member	Attended
19	Mr Vivek Trikha	Member	Not Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Himanshi - ICN	Member	Attended
22	Ms. Akshita - ICN	Member	Attended
23	Ms. Nutan -ICN	Member	Attended
24	Ms. Monika - ICN	Member	Attended

1. HAI and other HIC indicators-Dec 2025
2. Review of previous MOM

	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	IV needles are kept wrapped by micropore plaster onto the administration sets.	Curostip(Green) Alcohol based caps introduced for all the I/V Set & line ports.	Sister Anu/ICN	Immediate		Alcohol based caps hac been introduced. IV needles wrapped in micropore has been stopped. Closed.
2	Green Sheets Supply Issue	Shortage of sterile green sheets in Critical Areas has been reported by users	Adequate Green sheets in the inventory, but Manpower storage of handling and packing of green sheets, needs to be discuss with Mr. Mani & Mr. Ali(HK)	Dr Kapil/ Mr Jitender/ Mr Durga/ Mr Mani	As early as possible	There has been no recent compliants of shortage of sterile linens. The process flow of linen handling has been revisited. All linens henceforth shall be distributed from 6th floor. Closed.
3	Common observations during rounds	5b. Staff are observed carrying sterile and non sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.	HICC discussed the need of administrative controls on these issue. Dr Nikhil to help implement proper protocols in OT.	Dr Kapil/ Dr Nikhil	Immediate	Training will be provided by Mr. Durgs to all GDA's. Open.
4	Internal HIC Audit and	The audit observations for CSSD, LAUNDARY, HK Audit were discussed	Non-Compliance discussed with the Concern Departments, Closures requried as per the protocols.	Mr Durga/ Mr Jitender	As early as possible	Mr Durga to send the closures to ICT. Open
5	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirements in the CSSD.	Engineering departmnet to resolve the problem at th eearliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	In process for budget Approval. Open
			Discussion of Present meeting			
1	HAI	Healthcare associated infection data of Dec 2025 was presented.The HAI rates for VAE is 1.3 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.86 per 1000 central line days, CAUTI 0.88 per 1000 foleys cather days, SSI rate is 0.28%.	Emphasizing traing on Care bundles for all Healthcare Professsionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Dec 2025 was presented . Incidence of NSI were 0.91 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 Dec 2025 was presented. Compliance to Segregation was 96.2%, Storage was 97% and Transportation was 96.9% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Dec 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring

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Minutes of Infection Control meeting 27/03/2026

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

A	**Agenda for meeting**					
	1 HAI and other HIC indicators- Feb2026					
	2 Review of previous MOM					
	3 Annual Summary 2025					
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	A meeting was hedl with HR on 22.09.2025. It was decided that after completion of the third dose, HR will contact staff for Anti HBs titre check. If titre is less than 10 m IU/ml, then he will be reffered to ICN for further needful. However the same has not been implemented by HR. Dr Deepak will follo wup with HR. Open
2	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirements in the CSSD.	Engineering departmnet to resolve the problem at th eearliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Work in process. Open
		Discussion of Present meeting				
1	HAI	Healthcare associated infection data of Feb 2026 was presented.The HAI rates for VAE is 5.53 per 1000 ventilator days. There was two cases of VAC and one pVAP (1.84 per 1000 ventilator days). CLABSI 1.25 per 1000 central line days, CAUTI 0.98 per 1000 foleys cather days, SSI rate is 0.15%.	Though VAE rates were high, however there was only one case with Bacterial growth, p VAP. Emphasizing traing on Care bundles for all Healthcare Professsionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Feb 2026 was presented . Incidence of NSI were 0.41 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 Feb 2026 was presented. Compliance to Segregation was 97.2%, Storage was 97.4% and Transportation was 96.9% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Feb 2026 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Environmental disinfection	Gaps in environmental disinfection have been observed during routine rounds.	The matter was raised with grave concern and Housekeeping Head has been infrmed of all discrepancies in environmenatl disinfection. The issue was also highlighted to Dr Kapil. Dr Kapil has acknowledged the problem and will facilitate to resolve the issues.	Mr Durga / Dr Kapil/ ICT	Immediate	Open
6	Annual summary 2025 and IC Plan 2026	Dr Purabi presented the Annual summary of 2025. • CLABSI rate for 2025 is 2.08 per 1000 central line days.• CAUTI rate for 2025 is 0.84 per 1000 Foley's catheter days.• VAE rate is 0.99 per 1000 ventilator days and pVAP rate is 0.14 of per 1000 ventilator .1. SSI rate of 2025 is 0.86%.1. Comparative hand hygiene rate for 2025 is 82.2% .rate for Blood and Body fluid exposure for 2025 is 0.68%. Hospital Infection Rate for 2025 is 0.51%, rate has been maintained below internal benchmark of 1.5% per 100 patient admission days.	The data for 2025 was appreciated by HICC members. However Dr Purabi raised the need to reduce CLABSI and Blood and body fluids exposure rates further and increase compliance of Hand hygiene. Hazard identification Risk assessment for Infection control was done. The hazard identified were CLABSI, CAUTI, Non comlpiance to HAnd hygiene and Blood and body fluid exposure. Based on it , the new goals and benchmarks were presented. The new goals and benchmark for 2026 are - VAE is 2.5 per 1000 ventilator days, 2 per 1000 central line adys for CLABSI, 1.5 per 1000 foley's days for CAUTI, 1.5% for SSI. Maintain 85% or more complaince to Hand hygiene.	ICT	NA	NA

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Minutes of Infection Control meeting 27/02/2026

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

1 HAI and other HIC indicators-Jan 2026
2 Review of previous MOM

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 in all staff	HR/ ICT	30/09/2025	A meeting was hedl with HR on 22.09.2025. It was decided that after completion of the third dose, HR will contact staff for Anti HBs titre check. If titre is less than 10 m IU/ml, then he will be reffered to ICN for further needful. However the same has not been implemented by HR. Dr Deepak will follo wup with HR. **Open**
3	Common observations during rounds	5b. Staff are observed carrying sterile and non sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.	HICC discussed the need of administrative controls on these issue. Dr Nikhil to help implement proper protocols in OT.	Dr Kapil/ Dr Nikhil	Immediate	Training has been provided to all staff. Under monitoring. Closed.
4	Internal HIC Audit and	The audit observations for CSSD, LAUNDARY, HK **Audit were discussed**	Non-Compliance discussed with the Concern Departments, Closures requried as per the protocols.	Mr Durga/ Mr Jitender	As early as possible	All Ncs has been closed. Closed.
5	CSSD	Mr Mani informed that many a times temperature and humidity is not maontained as per standard requirements in the CSSD.	Engineering departmnet to resolve the problem at th eearliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	In process for budget Approval. Open

Discussion of Present meeting

1	HAI	Healthcare associated infection data of Jan 2026 was presented.The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.67 per 1000 central line days, CAUTI 0.23 per 1000 foleys cather days, SSI rate is 0.22%.	Emphasizing traing on Care bundles for all Healthcare Professsionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Jan 2026 was presented . Incidence of NSI were 1.17 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 Jan 2026 was presented. Compliance to Segregation was 96%, Storage was 97% and Transportation was 95.9% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Jan 2026 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring