



BLK-MAX

Super Speciality Hospital

April 2, 2026

BLK/MS/2026/APR/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 BLK MAX OPD Clinic, Ground floor, (Dispensary Area) Community Facility Building, DLF Capital Greens, 15, Shivaji Marg, New Delhi – 110015. Part of Dr. B.L. Kapur Memorial Hospital. Part of Dr. B.L. Kapur Memorial Hospital 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

Encls: As above

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



S.No.	Particulars
	Name address of the Hospital
	BLK MAX OPD Clinic, Ground Floor, (Dispensary area) Community Facility Building, DLF Capital Greens, 15 Shivaj Marg, New Delhi-15. Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005
	No. of authorized/sanctioned beds
	N/A
	Name of the occupier(MS/Director)
	Dr. Sanjay Mehta
	Phone No, Fax, E-mail
	011 30403040 & 30653961
	Whether authorization from Delhi Pollution control committee obtained?
	Yes
	If Yes, No. date of issue and validity
	Yes
	Whether in house treatment facility available?
	No
7.A	If Yes, write
7.B	If No., how is the BMW treated?
7.C	Whether tie up with CBWTF Operator
	Yes - Biotic Waste Solution Pvt.Ltd.
	Whether Nodal Officer for BMW Management designated?
	Yes
8.A	If Yes-please give name & phone No.
	Mr. Jitender Kumar Sharma , 01130653770
	Whether Biomedical Waste management Committee formed?
	Yes
9.A	If yes, give name of the members
	Members-23 invited-02
	List of members is attached (Annexure-1)
9.B	Date of last meeting
	27.01.2026
	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
	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
	Whether using Biohazard and Cytotoxic Symbols
	Yes
	Whether Packaging & labeling Practised
	Yes
	Whether Puncture proof sharps containers available?
	Yes
	Is there any provision internal storage?
	Yes
	Whether there are any use of wheel barrow/trolleys?
	Yes
	Is there any separate provision of washing facilities for containers
	Yes
17.A	If No, where these containers are washed?
	N/A
	Is there any centralized storage site?
	Yes
18.A	Is there any provision of lock and key for BMW
	No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to Biotic
	Whether needle destroyer available?
	Yes
	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
	Is there any Spill Management Protocol
	Yes
	Is there any Provision for management of Mercury waste, Metals
	N/A - We are mercury free hospital
	Whether record are maintained properly?
	Yes
23.A	If Yes, whether verified by the Chairman/Nodal officer
	Yes
	Whether there is daily supervision?
	Yes
24.A	If Yes, Whether the records are maintained
	Yes
	Is there any provision of separates waste weighing machine
	Yes
25.A	If Yes, whether daily record of of weight maintained
	Yes
	Whether there is any injury register
	Yes
26.A	If Yes, Whether there is Needle Stick injury protocol
	Yes
	Is there any separate Budget here for BMW?
	Yes
	Whether SOPs/ guidelines available
	Yes
	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-202 Technicians and Paramedics-107 CDA & Housekeeping-265
	Is there any IEC/Community awareness
	No
	Whether waste Audit carried out?
	Yes
31.A	If Yes, Whether the report submitted to the head of the institution
	Yes
	Whether monthly report submitted to DHS
	N/A
	Whether Quarterly Report submitted to DHS
	Yes
	Whether Annual Monthly Report submitted to DPCC
	Yes
	Whether regular inspection carried out
	Yes
	Whether consent obtained under Air and Water Act
	Yes
	Whether Acoustic enclosures for generator sets present
	Yes
	Whether Sewage treatment plant (STP) installed in the Hospital
	Yes
	If yes, attach copy of laboratory report authorized by DPCC
	Yes
	Whether personal protective Equipment (PPE) used BMW staff
	Yes
	Whether the staff posted at BMW is medically examined
	Yes
41.A	If, Yes, how frequently
	Once a year
41.B	Whether immunized against Tetanus and Hepatitis B
	Yes

	Jan-26		Feb-26		Mar-26	
	Non covid	Covid	Non covid	Covid	Non covid	Covid
Quantum of waste generated						
Incinerable	0	0	0	0	0	0.00
Autoclavable/Microwavable	0	0	0	0	0	0
Blue Puncture proof boxes for glasses	0	0	0	0	0	0.00
White puncture proof for Sharps	0	0	0	0	0	0
Cytotoxic waste for incineration	0	0	0	0	0	0
Total	0	0	0	0	0	0
TOTAL NON COVID + COVID	0		0		0	

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 29/03/2026

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. Ranji Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhassin/ Dr Rachna	Member	Attended
6	Dr Chandragouda	Member	Not Attended
7	Dr. U Vatecha	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 Sharma	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 IV Set & line ports.	Sister Anu/ICN	Immediate		Alcohol based caps have 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 shortage of handling and packing of green sheets. Needs to be discussed with Mr. Mani & Mr. Ali(HK)	Dr Kapil/ Mr Jitender/ Mr Durga/ Mr Mani	As early as possible	There has been no recent complaints 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	Sb. 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 issues. Dr Nikhil to help implement proper protocols in OT.	Dr Kapil/ Dr Nikhil	Immediate	Training will be provided by Mr. Durga 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 required 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 maintained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the earliest 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 Foley catheters, SSI rate is 0.28%.	Emphasizing training on Care bundles for all Healthcare Professionals.	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 Training & Awareness 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

Minutes of Infection Control meeting 27/02/2026

S.No.	Attended by				
1	Dr. RK Singhal	Chairperson	Not Attended		
2	Dr. Purabi Barmar	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. Valscha	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 Thakral	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 Sharma	Member	Not Attended		
19	Mr. Ramesh / Mr. Siby	Member	Attended		
20	Mr. Durga Prasad	Member	Attended		
21	Mr. Vivek Tripathi	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
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 held 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 referred to ICN for further needful. However the same has not been implemented by HR. Dr. Deepak will follow up with HR. Open
3	Common observations during rounds	Sb. 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 issues. 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 required as per the protocols.	Mr. Durga/ Mr. Jitender	As early as possible
		Mr. Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the earliest as possible.	Mr. Ramesh, Mr. Siby	30/9/2025
					All NCS has been closed. Closed.
5	CSSD		Engineering department to resolve the problem at the earliest 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 Foley catheter days, SSI rate is 0.22%.	Emphasizing training on Care bundles for all Healthcare Professionals.	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 Training & Awareness 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

Minutes of Infection Control meeting 27/03/2026

Minutes of Infection Control meeting 27/03/2026						
S.No.	Attended by					
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1	Dr. Rk Singhal	Chairperson		Attended		
2	Dr. Purabi Bannan	Secretary		Attended		
3	Dr. Rajesh Pande	Member		Not Attended		
4	Dr. Ranji 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. Anuraj	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 Tripathi	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- Feb 2026					
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 held 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 referred to ICN for further needful. However the same has not been implemented by HR. Dr. Deepak will follow up with HR. Open
2	CSSD	Mr. Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the earliest 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 were 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 catheter days, SSI rate is 0.15%.	Though VAE rates were high, however there was only one case with Bacterial growth, p VAP. Emphasizing training on Care bundles for all Healthcare Professionals.	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 Training & Awareness 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 informed of all discrepancies in environmental 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. SSI rate of 2025 is 0.86%. 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 compliance 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 days for CLABSI, 1.5 per 1000 foley's days for CAUTI, 1.5% for SSI. Maintain 85% or more compliance to Hand hygiene.	ICT	NA	NA