



BLK-MAX

Super Speciality Hospital

April 2, 2026

BLK/MS/2026/APR/17

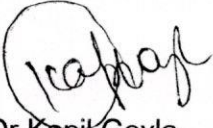
To,
The Regional Officer,
Haryana State Pollution Control Board
SCO-A-6,7,8 Near Vishal Hotel
Sun City Sector-36
Rohtak.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

Please find enclosed the quarterly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1st Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run by Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) 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 Goila
Medical Superintendent

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

Encls: As above

Reports submitted to HSPCB Rohtak through
speed post no - EP985593607IN
Dispatch date 04/04/26
Durga Nad PL
15467



S.No.	Particulars
1	Name address of the Hospital Medical Clinic, Rohtak, 1st Floor, Landmark Building Medical Mor, Rohtak Haryana, Part of Dr. B. I. Kapur Memorial Hospital Pusa Road, New Delhi 110005
2	No. of authorized/sanctioned beds N/A
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 S.D BioMedical waste Management Company
7.C	Whether tie up with CBWTF Operator Yes - S.D BioMedical waste Management Company
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)
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)
12	Whether using Biohazard and Cytotoxic 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 separate provision of washing facilities for containers N/A
17.A	If No, where these containers are washed? Yes
18	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
19	Whether needle destroyer available? Yes
20	Whether the hand hygiene is practiced in the hospital Follow training calendar and Audit by Infection Control Nurse
20.A	If Yes, how monitored Yes
21	Is there any Spill Management Protocol N/A - We are mercury free hospital
22	Is there any Provision for management of Mercury waste, Metals Yes
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 N/A
32	Whether monthly report submitted to DHS Yes
33	Whether Quarterly Report submitted 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 Once a year
41.A	If Yes, how frequently Yes
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

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 27/02/2026

S.No.	Attended by				
S.No.	Attended by				
1	Dr. Rk Singhal	Chairperson	Not Attended		
2	Dr. Porabi Barman	Secretary	Attended		
3	Dr. Rajesh Pande	Member	Not Attended		
4	Dr. Ranjit Mahotra	Member	Not Attended		
5	Dr. Jagjit 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 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
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
					All Ncs has been closed. Closed. 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

S.No.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pandey	Member	Not Attended
4	Dr. Ramesh Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr. Rachna	Member	Not Attended
6	Dr. Chandragouta	Member	Not Attended
7	Dr. U. Vatecha	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. Gurbaichan Singh	Member	Not Attended
14	Dr. Deepak	Member	Not Attended
15	Sis. Rosanna/ 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 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. Agende 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
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
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.
		Responsibility	Timeline
		HR/ ICT	30/09/2025
		Status	
		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	
		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 0.90 per 1000 Foley's 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.
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.
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
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.
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.
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 per 1000 ventilator. SSI rate of 2025 is 0.06%. 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.
		Mr. Durga / Dr. Kapil/ ICT	Immediate
		Open	
		ICT	NA
		NA	