



BLK-MAX

Super Speciality Hospital

July 2, 2026

BLK/MS/2026/JUL/20



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 April 2026 to June 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



S.No.		Particulars
1	Name address of the Hospital	Medical Clinic, Rohtak, 1st Floor, Landmark Building Medcal Mor, Rohtak Haryana, Part of Dr. B. L. 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.Ravinder Singh , 01130653770
9	Whether Biomedical Waste management Committee formed?	Yes
9.A	If yes, give name of the members	Members- 10 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 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 separte 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 Biotic
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 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	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	Apr-26 May-26 Jun-26
	Inclinable	Non covid Covid Non covid Covid Non covid Covid
	Autoclavable/Microwavable	0 0 0 0 0 0.00
	Blue Puncture proof boxes for glasses	0 0 0 0 0 0
	White puncture proof for Sharps	0 0 0 0 0 0.00
	Cytotoxic waste for Incineration	0 0 0 0 0 0
	Total	0 0 0 0 0 0
	TOTAL NON COVID + COVID	0 0 0 0 0 0

Signature of Medical Superintendent

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

Minutes of Infection Control meeting 23/04/2026

S.No.	Attended by	Chairperson	Secretary	Member	Not Attended
1	Dr. RA Singhal	Chairperson	Attended		
2	Dr. Purabi Barman	Secretary	Attended		
3	Dr. Rajesh Pande	Member	Attended		
4	Dr. Ramji Mahotra	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. Tarun	Invited member	Attended		
14	Dr. Gurbachan Singh	Member	Not Attended		
15	Dr. Deepak	Member	Attended		
16	Sis Rosamma/ Sis Anamol	Member	Attended		
17	Mr. Jhendra Sharma	Member	Not Attended		
18	Mr. Ramesh / Mr. Siby	Member	Attended		
19	Mr. Durga Prasad	Member	Attended		
20	Mr. Vivek Tripathi	Member	Attended		
21	Ms. Shifali - ICN	Member	Attended		
22	Ms. Himanshi - ICN	Member	Attended		
23	Ms. Alshita - ICN	Member	Not Attended		
24	Ms. Nutan - ICN	Member	Attended		
25	Ms. Monika - ICN	Member	Attended		
A	Agenda for meeting				
1	HAI and other HIC indicators- Mar 2026				
2	Review of previous MOM				
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	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	The gaps in Cleaning and disinfection across the hospital has been closed. It is under monitoring. Closed.
3	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 has been done. Closed.
Discussion of Present meeting					
1	HAI Healthcare associated infection data of March 2026 was presented. The HAI rates for VAE is 2.62 per 1000 ventilator days. There were two cases of VAC and one PVD VAE. CLABSI 1.03 per 1000 central line days, CAUTI 1.24 per 1000 Foley catheter days. SSI rate is 0.28%.	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 March 2026 was presented. Incidence of NSI were 0.75 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 March 2026 was presented. Compliance to Segregation was 97.1%, Storage was 98% and Transportation was 97.2%.	NA	ICT	NA	Under monitoring
4	Hand hygiene Hand hygiene data for the month of March 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	Annual budget Dr. Purabi raised that the Annual budget for 2026-27 needs to be approved.	Dr. Deepak along with the ICT will prepare the budget	ICT/ Dr. Deepak/ Dr. Kapil	31.05.2026	Open
6	Mock drill for communicable diseases Mock drill to learn the preparedness for handling communicable diseases needs to be conducted annually.	Quality department with conduct the drill along with ICT	Dr. Deepak/ ICT	31.5.2026	Open

Minutes of Infection Control meeting 28/05/2026

Minutes of Infection Control meeting 28/05/2026						
S.No.	Attended by	Role	Status			
S.No.	Attended by	Role	Status			
1	Dr. Rk Singhal	Chairperson	Not Attended			
2	Dr. Purabi Barmar	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. Chandragouda	Member	Not Attended			
7	Dr. U. Velecha	Member	Attended			
8	Dr. Kapil Goyal	Member	Attended			
9	Dr. Sanjeev	Member	Attended			
10	Mr. Ravinder	Member	Attended			
11	Dr. Rajesh Jain	Member	Not Attended			
12	Dr. Ankur	Member	Not Attended			
13	Dr. Shimpi	Invited member	Attended			
14	Dr. Gurbachan Singh	Member	Not Attended			
15	Dr. Deepak	Member	Attended			
16	Sis Rosamma/ Sis Anumol	Member	Attended			
17	Mr. Ramesh/ Mr. Siby	Member	Attended			
18	Mr. Durga Prasad	Member	Attended			
19	Mr. Vivek Tripathi	Member	Attended			
20	Ms. Shilpi - ICN	Member	Attended			
21	Ms. Himanshi - ICN	Member	Attended			
22	Ms. Nutan - ICN	Member	Attended			
23	Ms. Monika - ICN	Member	Attended			
Since due to some unavoidable circumstances, Dr. Rk Singhal could not attend the meeting, Dr. Rajesh Pande chaired the meeting.						
A	Agenda for meeting					
	1. HAI and other HIC Indicators- Apr 2026					
	2. Review of previous MOM					
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 22.1 was decided that after completion of dose, HR will contact staff for Anti check. If titre is less than 10 m IU/n will be referred to ICN for further. However the same has not been implemented by HR. Dr. Deepak will follow up with
2	Annual budget	Dr. Purabi raised that the Annual budget for 2026-27 needs to be approved.	Dr. Deepak alongwith the ICT will prepare the budget	ICT/ Dr. Deepak/ Dr. Kapil	31.05.2026	Annual budget has been prepared
3	Mock drill for communicable diseases	Mock drill to learn the preparedness for handling communicable diseases needs to be conducted annually	Dr. Purabi also informed that a meeting with regards to patient management for Ebola in the hospital was held on 25.05.2026. Mock drill for Communicable diseases, with focus on Ebola was conducted on 28.05.2026.	Dr. Deepak/ ICT	31.5.2026	Closed.
Discussion of Present meeting						
1	HAI	Healthcare associated Infection data of April 2026 was presented. The HAI rates for VAE is 1.41 per 1000 ventilator days. There was two cases of pVAP. CLABSI 1.76 per 1000 central line days, CAUTI 1.47 per 1000 foleys catheter days, SSI rate is 0.44%.	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 April 2026 was presented. Incidence of NSI were 0.85 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 April 2026 was presented. Compliance to Segregation was 98%, Storage was 98% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of April 2026 was presented. The compliance is 84.1% with an upward trend. 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 24/06/2026

S.No.	Attended by					
1	Dr. Rk Singhal	Chairperson	NotAttended			
2	Dr. Purabi Barman	Secretary	Attended			
3	Dr. Rajesh Pande	Member	NotAttended			
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	Not Attended			
8	Dr Kapil Goyal	Member	Attended			
9	Dr Pradyut Bag	Member	Attended			
10	Mr Ravinder	Member	Attended			
11	Dr Rajesh Jain	Member	Not Attended			
12	Dr Ankur	Member	Not Attended			
13	Dr Tarun Thukral	Invited member	Attended			
14	Dr.Gurbachan Singh	Member	Attended			
15	Dr Divya Dobal	Member	Not Attended			
16	Dr Deepak	Member	Attended			
17	Sis Rosamma/ Sis Anumol	Member	Attended			
18	Mr Ramesh / Mr Siby	Member	Attended			
19	Mr Durga Prasad	Member	Attended			
20	Mr Vivek Trikha	Member	Attended			
21	Ms. Shifali - ICN	Member	Attended			
22	Ms. Himanshi - ICN	Member	Attended			
23	Ms. Nutan -ICN	Member	Not Attended			
24	Ms. Monika - ICN	Member	Attended			
25	Ms Rachel	Member	Attended			
A	Agenda for meeting					
1	HAI and other HIC Indicators- May 2026					
2	Review of previous MOM					
3	NABH observations					
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	It was informed by Dr Kapil and that Anti Hbs Antibody titre shall be done by HR from April 2026 as the same approved. Closed.
Discussion of Present meeting						
1	HAI	Healthcare associated Infection data of April 2026 was presented.The HAI rates for VAE is 3.21 per 1000 ventilator days. There was two cases of pVAP . CLABSI 2.61 per 1000 central line days, CAUTI 1.93 per 1000 foleys catheter days, SSI rate is 0.30%.	VAE and CLABSI rates were high, To emphasizing focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick Injury	NSI data of April 2026 was presented. Incidence of NSI were 0.46 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 April 2026 was presented. Compliance to Segregation was 99%, Storage was 98% and Transportation was 98% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of April 2026 was presented. The compliance is 84.4% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	NABH observations	Dr Purabi discussed the findings during the NABH audit between 12-14th June.	The observation was - Transmiision Based Precuations for infectious diseases are not properly monitored. Closure : The type of ISOLATION PRECAUTIONS will be specified as per clinical requirement and a single patient will be accessed tilll discharge.	ICT	NA	Closed