



January 5, 2026

BLK/SDOP/2026/JAN/03

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 Max Lab, 2/8, First, Second & Third Floor, East Patel Nagar, New Delhi-8 (Run By Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of October 2025 to December 2025.

For Max Healthcare Institute Limited

Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. B.L. Kapur Memorial Hospital
Pusa Road, New Delhi-110005

Encls: As above



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Quarterly Report For The Month

Oct-25

Nov-25

Dec-25

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 Max Lab developed By Max Healthcare Institute Limited situated at 2/8Frist, Second & Third Floor East Patel Nagar New Delhi -8
2	No. of authorized/sanctioned beds N/A
3	Name of the occupier(MS/Director) Dr. Miradul Kaushik
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 20.06.2024
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 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 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 -135 Nursing- 698 Technicians and Paramedics- 104 GDA & Housekeeping- 240
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 against Tetanus and Hepatitis B Yes

		Oct-25		Nov-25		Dec-25	
42	Quantum of waste generated	Non covid	Covid	Non covid	Covid	Non covid	Covid
	Incinerable	76.50	0.00	84.80	0.00	186.40	0.00
	Autoclavable/Microwavable	372.90	0.00	347.3	0.00	494.20	0.00
	Blue Puncture proof boxes for glasses	109.4	0.00	75.4	0.00	99.50	0.00
	White puncture proof for Sharps	3.2	0.00	6.7	0.00	8.90	0.00
	Cytotoxic waste for incineration	0	0.00	0	0.00	0.00	0.00
	Total	562	0	514.2	0	789	0
	TOTAL NON COVID + COVID	562		514.2		789	

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 16/12/2025

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

Agenda of the Meeting :					
1	HAI and other HIC Indicators-Oct 2025				
2	Review of previous MOM				
MOM of previous meeting		Discussion	Decision	Responsibility	Timeline
1	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
Discussion of Present meeting					
		Discussion	Decision	Responsibility	Timeline
1	HAI	Healthcare associated infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 Foley catheter days, SSI rate is 0.08%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA
2	Needle stick injury	NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal for Oct 2025 was presented. Compliance to Segregation was 96%, storage was 95.2% and Transportation was 97%.	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of Oct 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA
5	Common observations during rounds	5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.	HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate
		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 issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate
		5c. IV needles are kept wrapped by micropore plaster onto the administration sets.	The matter was discussed with Sister Anu. She shall counsel the Senior Nursing In charges across, to stop such practices.	Sister Anu	Immediate
6	Post-operative Wound care after discharge	Many patients were observed to have Surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.	Dr. Purabi/ Dr. Deepak/ Dr. Kapil	30.11.2025
7	Hepatitis B vaccination	Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.	It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr. Kapil will send a communication to all about the enhanced provisions for better implementation.	Sis Anu/ Dr. Kapil/ ICT	Immediate
8	Quality Improvement program on CLABSI	Dr. Purabi discussed that a QIP for CLABSI will be undertaken.	All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26

Minutes of Infection Control meeting 29/11/2025

S.No.	Attended by					
1	Dr. Rt 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. Sunil Prakash	Member	Not Attended			
7	Dr. U. Valscha	Member	Not Attended			
8	Dr. Kapil Goyal	Member	Attended			
9	Dr. Sanjeev	Member	Attended			
10	Dr. Gurbachan Singh	Member	Not Attended			
11	Dr. Deepak	Member	Attended			
12	Sis Rosamma/ Sis Anumol	Member	Attended			
13	Mr. Ramesh / Mr. Siby	Member	Attended			
14	Mr. Durga Prasad	Member	Attended			
15	Mr. Vivek Tripathi	Member	Attended			
16	Ms. Shifali - ICN	Member	Attended			
17	Ms. Himanshi - ICN	Member	Attended			
18	Ms. Akshita - ICN	Member	Attended			
19	Ms. Nutan - ICN	Member	Attended			
20	Ms. Monika - ICN	Member	Attended			
21	Mr. Ravinder	Invited member	Attended			
Agenda of the Meeting :						
1	HAI and other HIC indicators-Oct 2025					
2	Review of previous MOM					
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	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						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 catheters days, SSI rate is 0.08%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 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 Oct 2025 was presented. Compliance to Segregation was 96%, storage was 95.2% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Oct 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Common observations during rounds	5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.	HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate	OT protocols have been implemented. No further non-compliances have been observed. Closed. To be under monitoring.
		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 issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate	Staff has been counselled and trained. Closed. To be under monitoring.
		5c. IV needles are kept wrapped by micropore plaster onto the administration sets.	The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices.	Sister Anu	Immediate	Implemented. Closed
6	Post-operative Wound care after discharge	Many patients were observed to have Surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.	Dr. Purabi/ Dr. Deepak/ Dr. Kapil	30.11.2025	Open
7	Hepatitis B vaccination	Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.	It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr. Kapil will send a communication to all about the enhanced provisions for better implementation.	Sis Anu/ Dr. Kapil/ ICT	Immediate	Open
8	Quality Improvement program on CLABSI	Dr. Purabi discussed that a QIP for CLABSI will be undertaken	All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26	NA

Minutes of Infection Control meeting 23/10/2025

S.No.	Attended by	Chairperson	Not Attended
1	Dr. RK Singhal	Chairperson	Not 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. Sunil Prakash	Member	Not Attended
7	Dr. U. Valecha	Member	Not Attended
8	Dr. Kapil Goyal	Member	Attended
9	Dr. Sanjeev	Member	Not Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Deepak	Member	Attended
12	Sis. Rosamma/ Sis. Anamol	Member	Attended
13	Mr. Ramesh / Mr. Siby	Member	Attended
14	Mr. Durga Prasad	Member	Attended
15	Mr. Vivek Trikha	Member	Attended
16	Ms. Shilpi - ICN	Member	Attended
17	Ms. Himanshi - ICN	Member	Attended
18	Ms. Akshita - ICN	Member	Attended
19	Ms. Nutan - ICN	Member	Attended
20	Ms. Monika - ICN	Member	Not Attended
21	Mr. Ravinder	Invited member	Attended

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		Discussion	Decision	Responsibility	Timeline	Status
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2	Needle stick injury	NSI data of Sep 2025 was presented. Incidence of NSI were 1 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 Sep 2025 was presented. Compliance to Segregation was 95%, storage was 96% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Sep 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Common observations during rounds	5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown. 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 issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate	Open
		5c. IV needles are kept wrapped by micropore plaster onto the administration sets.	The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices.	Sister Anu	Immediate	Open
6	Post-operative Wound care after discharge	Many patients were observed to have Surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.	Dr. Purabi/ Dr. Deepak/ Dr. Kapil	30.11.2025	Open