

October 3, 2026



BLK/CEO-C1/2026/OCT/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 July 2026 to September 2026.

For Max Healthcare Institute Limited



Dr. Madul Kaushik
Group Director Operations & Planning & CEO



Encls: As above

Minutes of Infection Control meeting 16/09/2026

Minutes of Infection Control meeting 16/09/2026						
S.No.	Attended by					
S.No.	Attended by					
1	Dr. Rik Singhal	Chairperson	Attended			
2	Dr. Purabi Berman	Secretary	Attended			
3	Dr. Rajesh Pande	Member	Attended			
4	Dr. Ranjit Mohrotra	Member	Not Attended			
5	Dr. Jagjit Bhadani/ Dr. Rachna	Member	Not Attended			
6	Dr. Chandragouda	Member	Not Attended			
7	Dr. U. Vaidya	Member	Attended			
8	Dr. Kapil Goyal	Member	Attended			
9	Mr. Ravinder	Member	Not Attended			
10	Dr. Rajesh Jain	Member	Attended			
11	Dr. Ankur	Member	Not Attended			
12	Dr. Tarun Takral	Invited member	Attended			
13	Dr. Gurbachan Singh	Member	Attended			
14	Dr. Divya Dobal	Member	Not Attended			
15	Dr. Deepak	Member	Attended			
16	Dr. Shimpi Chopra	Invited member	Attended			
17	Dr. Pradyut Roy	Invited member	Attended			
18	Dr. Jitin Sharma	Invited member	Attended			
19	Dr. Shubham Mahajan	Invited member	Attended			
20	Dr. Ashwini	Invited member	Attended			
21	Dr. Anushka	Invited member	Attended			
22	Dr. Poojnima Pandey	Member	Attended			
23	Dr. Simran Chandwani	Invited member	Attended			
24	Sis Rosamma/ Sis Anamol	Member	Attended			
25	Mr. Siby	Member	Attended			
26	Mr. Durga Prasad	Member	Not Attended			
27	Mr./ Deepak	Invited member	Attended			
28	Mr. Hira	Member	Attended			
29	Mr. Vivek Trikha	Member	Not Attended			
30	Ms. Shifali - ICN	Member	Attended			
31	Ms. Nutan - ICN	Member	On leave			
32	Ms. Monika - ICN	Member	Attended			
33	Ms. Reishal	Member	Attended			
34	Ms. Poojnima	Member	Attended			
A						
Agenda for meeting						
1	HAI and other HIC indicators-Aug 2026					
2	Review of previous MOM					
B						
MOM of previous meeting		Discussion	Decision	Responsibility	Timeline	
					Status	
1	Disinfection of suction jars	Dr. Purabi discussed that at present, the suction jars are sterilized as there is no proper area for cleaning and disinfection; due to which sometimes the jars are sometimes damaged.	It was decided to continue using steam sterilization for the suction jars. The damaged jars shall be replaced as and when necessary.	Dr. kapil, Dr deepak, Mr Ravinder	30th September	Closed.
2	Need for ETO sterilizer	It was discussed that an ETO machine is needed in the hospital as there are many lines which are not compatible with ETO sterilization process.	It was proposed by all members that a plan for installing an ETO machine be considered.	Dr. kapil, Dr deepak, Mr Ravinder	Next budget	Open
3	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and it received good feedback.	The matter was forwarded to purchase dept. They have asked for a manual indent for the same. Nursing dept will make manual indent for the kit.	Sister Rosamma	30th September	Closed.
Discussion of Present meeting						
1	HAI	Healthcare associated infection data of Aug 2026 was presented. The HAI rates for VAE is 2.38 per 1000 ventilator days. There was two case of VAC. CLABSI 1.03 per 1000 central line days, CAUTI 1.03 per 1000 foleys catheter days, SSI rate is 0.08%.	VAE and CLABSI rates are within internal benchmark. To emphasize focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Aug 2026 was presented. Incidence of NSI were 0.53 per 1000 patient days. Cumulative rate for NSI in July was 0.70 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 Aug 2026 was presented. Compliance to Segregation was 98%, Storage was 98% and Transportation was 97.8%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Aug 2026 was presented. The compliance is 83.5% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasized the focus on continued training.	ICT	NA	Under monitoring
5	Antibiogram 25-26	Dr. Tarun presented the Antibiogram for 25-26.	The antibiogram showed that rates of MDRs have not increased significantly, except that of Carbapenem resistance which showed a increased trend from 25.9 to 34.8. Colistin resistance is 1.4 from 1.9 of last year, MRSA is 2.8 from 1.9 of last year and VRE is 2.1 from 1.5 of last year. The same will be uploaded on the intranet for everyone's access.	NA	NA	Closed
6	Footwear in OT	It was observed that doctors and staff do not use the specified OT shoes to enter the OT premises. This results in dust inside the OT besides breaching the OT policy in the hospital.	It was proposed that either strict policy implementation is observed through Medical administration. If this is not possible, then disposal footwear may be made available in the OT.	Dr. Kapil	30th Oct	Open

Minutes of Infection Control meeting 27/08/2026

S.No.	Attended by	Designation	Attendance
1	Dr. Rk Singhal	Chairperson	Not Attended
2	Dr. Purabi Sarman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ranji Mehrotra	Member	Not Attended
5	Dr. Jaypr Bhasin/ Dr. Rachna	Member	Not Attended
6	Dr. Chandragupta	Member	Not Attended
7	Dr. U. Valscha	Member	Not Attended
8	Dr. Kapil Goyal	Member	Not Attended
9	Mr. Ravinder	Member	Not Attended
10	Dr. Rajesh Jain	Member	Not Attended
11	Dr. Ankur	Member	Not Attended
12	Dr. Tanu	Invited member	Attended
13	Dr. Gurhachan Singh	Member	Not Attended
14	Dr. Divya Dehal	Member	Not Attended
15	Dr. Deepak	Member	Not Attended
16	Sis Rosamma/ Sis Anamol	Member	Attended
17	Mr. Siby	Member	Not Attended
18	Mr. Durga Prasad	Member	Not Attended
19	Mr. Vneek Trilika	Member	Not Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Nutan - ICN	Member	On leave
22	Ms. Monika - ICN	Member	Not Attended
23	Ms. Rachel	Member	Attended
24	Ms. Poornima	Member	Attended

A Agenda for meeting						
1	HAI and other HIC Indicators- July 2026					
2	Review of previous MOM					
B MOM of previous meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	Disinfection of suction jars	Dr. Purabi discussed that at present, the suction	No further inputs	deepak, Mr	30th September	Open
2	Need for ETO sterilizer	In the hospital as there are many times which	machine be considered.	deepak, Mr	Next budget	Open
3	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and it received good feedback.	The matter was forwarded to purchase dept. They have asked for a manual indent for the same. Nursing dept will make manual indent for the kit.	Sister Rosamma	30th September	Closed.
Discussion of Present meeting						
1	HAI	Healthcare associated infection data of July 2026 was presented. The HAI rates for VAE is 0 per 1000 ventilator days. There was one case of VAC. CLABSI 1.34 per 1000 central line days, CAUTI 0.87 per 1000 Foley catheter days, SSI rate is 0.87%.	VAE and CLABSI rates are within internal benchmark. To emphasize focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of July 2026 was presented. Incidence of NSI were 0.66 per 1000 patient days. Cumulative rate for NSI in July was 0.73 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 July 2026 was presented. Compliance to Segregation was 98%, Storage was 99% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of July 2026 was presented. The compliance is 84.7% 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 30/07/2026

Attended by			
No.	Attended by	Role	Status
1	Dr. Rk Singhal	Chairperson	Not Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ranji 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	Mr Ravinder	Member	Attended
10	Dr Rajesh Jain	Member	Attended
11	Dr Ankur	Member	Attended
12	Dr Shimpi	Invited member	Attended
13	Dr Gurbachan Singh	Member	Not Attended
14	Dr Divya Dobal	Member	Attended
15	Dr Deepak	Member	Attended
16	Sis Rosamma/ Sis Anumol	Member	Attended
17	Mr Siby	Member	Attended
18	Mr Durga Prasad	Member	Attended
19	Mr Vivek Tyliha	Member	Not Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Himanshi - ICN	Member	Attended
22	Ms. Nutan - ICN	Member	On leave
23	Ms. Monika - ICN	Member	Not Attended
24	Ms Rachel	Member	Attended
25	Ms Poornima	Member	Attended

A	Agenda for meeting				
1	HAI and other HIC indicators- May 2026				
2	Review of previous MOM				
3	NABH observations				

B	HAI observations					
B	MOM of previous meeting					
	Discussion		Decision	Responsibility	Timeline	Status
	Discussion of Present meeting					
1	HAI	Healthcare associated infection data of June 2026 was presented.The HAI rates for VAE is 2 per 1000 ventilator days. There was one case of VAC . CLABSI 1.40 per 1000 central line days, CAUTI 0.93 per 1000 foleys catheter days, SSI rate is 0.22%.	VAE and CLABSI rates are within internal benchmark, To emphasizing focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of June 2026 was presented . Incidence of NSI were 0.78 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 June 2026 was presented. Compliance to Segregation was 98.2%, Storage was 99% and Transportation was 98% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of June 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	Disinfection of suction jars	Dr Purabi discussed that at present , the suction	The HICC committee recommended that a separate area to	deepak, Mr	30th September	Open
6	Need for ETO sterilizer	in the hospital as there are many limes which	machine be considered.	deepak, Mr	Next budget	Open
7	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and It received good feedback.	The HICC members recommended that It be used , at least in ICUs. The price mark up to be analysed.	Mr Ravinder	30th September	Open

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. Mradul 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.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 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 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 againts Tetanus and Hepatitis B
42	Quantum of waste generated
	Inclinerable
	Autoclavable/Microwavable
	Blue Puncture proof boxes for glasses
	White puncture proof for Sharps
	Cytotoxic waste for incineration
	Total
	TOTAL NON COVID + COVID
	Jul-26
	Aug-26
	Sep-26
	Non covid
	Covid
	Non covid
	Covid
	Non covid
	Covid
	130.12
	0.00
	524.20
	0.00
	76.90
	0.00
	18.00
	0.00
	0
	0.00
	749.22
	0
	805.5
	0
	147.40
	0.00
	538.00
	0.00
	94.00
	0.00
	26.10
	0.00
	0
	0.00
	805.5
	0
	131.41
	0.00
	519.70
	0.00
	70.20
	0.00
	19.75
	0.00
	0.00
	0.00
	741.06
	0
	749.22
	805.5
	741.06

Signature of Nodal Officer

Signature of Medical Superintendent

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