



BLK-MAX

Super Speciality Hospital

January 3, 2023

BLK/MS/2023/JAN/14

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 Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of October 2022 to December 2022.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)

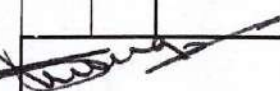

Dr. Suhas Parnami
Medical Superintendent

Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

Encls: As above



Quarterly Report For The Month		Oct-22	Nov-22	Dec-22
<p style="text-align: center;">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</p>				
S.No.	Particulars			
1	Name address of the Hospital	Dr. B. L. Kapur Memorial Hospital		
2	No. of authorized/sanctioned beds	465		
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-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. Gitesh Mongia , 01130653858		
9	Whether Biomedical Waste management Committee formed?	Yes		
9.A	If yes, give name of the members	21 members invited-02		
9.B	Date of last meeting	21.12.2022		
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,		
11	Whether Color Coded Segregation Liners/Bags available	Yes		
11.A	If Yes,what color?	Yellow, Red, Blue Puncture proof Container, White Puncture Proof,		
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		
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 separate 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 - 142 Nursing- 556 Technicians and Paramedics- 86 GDA & Housekeeping- 176		

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																																																																		
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Dr. Suhas Parnami
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Rupa Road, New Delhi-110018

Minutes of Infection Control meeting 19/10/2022			
S.N.	Attended by	Role	Status
1	Dr. Rk Singhal	Chairperson	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	Not Attended
6	Dr. Pawan Kr Singh	Member	Not attended
7	Dr. Sunil Prakash	Member	Not attended
8	Dr. U. Valecha	Member	Not Attended
9	Dr. Jasbir Khanuja	Member	Not Attended
10	Dr. Tarun	Invited member	Attended
11	Dr. Shimpi	Invited member	Attended
12	Dr. Gurbachan Singh	Member	Attended
13	Dr. Suhas	Member	Not Attended
14	Dr. Dhirender kumar	Member	Attended
15	Dr. Deepak /Vanshika	Member	Attended
16	Sis Rosamma/ Sis Anu	Member	Attended
17	Mr Ramesh /Mr Sibi Verghese	Member	Not Attended
18	Mr Harsh	Member	Attended
19	Ms Parminder - ICN	Member	Attended
20	Mr. Arun Kumar - ICN	Member	Attended
21	Ms Anjana-ICN	Member	Attended
22	Ms Pavitra-ICN	Member	Attended

Agenda of the Meeting :			
1	Surveillance data - September 2022		
2	Antibiogram 21-22		
3	Review of MOM of last meeting		

MOM of previous meeting			
1	The dirty instruments are been cleaned inside the OT premises. It was discussed that these instruments shall be sent to CSSD after been sprayed with enzymatic cleaner. No pre wash will be done inside the OT as there is no defined area		Open
2	Non - Availability of green sheets and green gowns.		The matter to be sorted out between Nursing , CSSD and HK. Open

Discussion of present meeting						
1	HAI	Healthcare associated infection data of September 2022 was presented. The HAI rates for VAE is 0, CLABSI 1.52, CAUTI is 1.38 . SSI rate is 0.50%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of September 2022 was presented . Incidence of NSI were 0.68.	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 92.2% ,Disposal was 90.2% ,storage was 94.92.2% and Transportation was 94%. In COVID area it was 94.2%, 94%, 92.8%, 94% respectively.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of September 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.	NA	ICT	NA	Under monitoring
5	Pre Surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 99.1 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anaesthesia Team	NA	Under monitoring
6	Antibiogram 21-22	Dr Tarun presented the antibiogram of 2021-2022.	MRSA rate is 51% , VRE 23.6%. Carbapenem resistance is 46% and Colistin resistance is 6% in Gram negatives across the hospital. There is no major change from last year except in Acinetobacter species where an increase in Colistin resistance has been observed.	NA	NA	NA

Minutes of Infection Control meeting 30/11/2022

S.N.	Attended by	Chairperson	Attended
1	Dr. RK Singhal	Chairperson	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 Pawan Kr Singh	Member	Not attended
7	Dr Sunil Prakash	Member	Not attended
8	Dr U Valecha	Member	Not Attended
9	Dr Jasbir Khanuja	Member	Not Attended
10	Dr Tarun	Invited member	Attended
11	Dr Shimpi	Invited member	Attended
12	Dr. Gurbachan Singh	Member	Attended
13	Dr. Suhas	Member	Attended
14	Dr. Dhirendra Kumar	Member	Attended
15	Dr. Deepak /Vanshika	Member	Attended
16	Sis Rosamma/ Sis Anu	Member	Attended
17	Mr Ramesh /Mr Sibi Verghese	Member	Not Attended
18	Mr Harsh	Member	Attended
19	Ms Parminder - ICN	Member	Attended
20	Mr. Arun Kumar - ICN	Member	Attended
21	Ms Anjana-ICN	Member	Attended
22	Ms Pavitra-ICN	Member	Attended

Agenda of the Meeting :

1	Surveillance data - October 2022
2	Review of MOM of last meeting
3	Non availability of garbage bags and sharp container
4	Approval for Hand hygiene monitoring app as a replacement for the present hard copy checklist.

MOM of previous meeting

1	The dirty instruments are been cleaned inside the OT premises. It was discussed that these instruments shall be sent to CSSD after been sprayed with enzymatic cleaner. No pre wash will be done inside the OT as there is no defined area	Open
2	Non - Availability of green sheets and green gowns.	Green sheets have been made available in the wards. No fresh compliants have been

Discussion of present meeting

1	HAI	Healthcare associated infection data of October 2022 was presented. The HAI rates for VAE is 3.83, these were two cases of p VAP. CLABSI 1.21, CAUTI is 1.46. SSI rate is 0.65%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of October 2022 was presented. Incidence of NSI were 0.74	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 91%, Disposal was 92%, storage was 93% and Transportation was 93.6%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of October 2022 were presented. Overall Hand hygiene compliance rates have decreased across the ICU areas.	Re-training to be done in all areas. Followed by monitoring.	ICT	NA	Under monitoring
5	Pre Surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 98.6%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anaesthesia Team	NA	Under monitoring
6	Hand hygiene tool	A new app based on WHO hand hygiene tool was presented to the committee, as a replacement for the manual audit form.	The app was well received by the members as it will reduce most of the manual work, however the problem of data security was raised. Hence, the app to be send to Mr Prashant for verification and any further advise.	ICT/ Dr Suhas	NA	Open
7	Non availability of garbage bags and sharp container	It has been observed during rounds that Garbage bags and sharp containers are many a times not available in the wards	Mr Harsh to rectify the shortage issue	Mr Harsh	ASAP	Open
8	Hepatitis B vaccination	As per policy, For new recruitments, whose HBsAg titre is less than 10mIU/ml- the first dose of Hepatitis B vaccination has to be given on joining. At times, this is pending. Moreover, when the list of defaulters is send to HR, appropriate feedback is not received and is lost to follow up	HR need to devide a policy for the defaulters. At the same time, a feedback to be given to ICN for update	Mr Nagendra/ Dr Suhas	Jan-23	Open

Minutes of Infection Control meeting 21/12/2022						
S.N.	Attended by					
1	Dr. Rk Singhal	Chairperson	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	Not Attended			
6	Dr Sujon Purohit	Member	Not Attended			
7	Dr Sunil Prakash	Member	Not Attended			
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Agenda of the Meeting :						
1	HAI - November 2022					
2	Review of previous MOM					
MOM of previous meeting						
1	OT instruments washing (CTVS OT)					Open
2	Hand hygiene tool					Under Process. Mr Azad discussed that he will develop a prototype of the Hand hygiene tool in form of a web page. It will take around 2-3 months to complete the project.
3	Shortage of sharp container and garbage bags					Closed
4	Hep B vaccination					Closed
Discussion of present meeting						
1	HAI	Healthcare associated infection data of November 2022 was presented. The HAI rates for VAE is 0 , P VAP 0, CLABSI 0.88, CAUTI is 0.57 . SSI rate is 0.15%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of November 2022 was presented . Incidence of NSI were 0.55.	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 92.6% ,Disposal was 93.2% ,storage was 92.1% and Transportation was 94.2% respectively.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of November 2022 were presented. The Hand hygiene compliance rates were better than last month. Regular training is ongoing	Re -training of hand hygiene to be carried out.	ICT	NA	Under monitoring
5	Pre Surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 98.3 % . Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anaesthesia Team	NA	Under monitoring