BLK-MAX
Super Speciality Hospital

January 2, 2026

BLK/MS/2026/JAN/15

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 2025 to December 2025.

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

Director General Health Services
Received
Date.....
Govt. of NCT of Delhi

Encls: As above

Dr. B. L. Kapur Memorial Hospital
(A Unit of Lahore Hospital Society)
Pusa Road, New Delhi-110 005
24-Hour Helpline: +91-11-3040 3040
E: info@blkhospital.com
www.blkmaxhospital.com

BLK-MAX	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	Dr. B. L. Kapur Memorial Hospital
2		No. of authorized/sanctioned beds	600
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. 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 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 seperate 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 Quarterely Report sumitted 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

			Oct-25		Nov-25		Dec-25	
42		Quantum of waste generated	Non covid	Covid	Non covid	Covid	Non covid	Covid
		Incinerable	4525.27	0.00	4521.72	0.00	4720.61	0.00
		Autoclavable/Microwavable	8093.34	0.00	7294.31	0.00	7504.87	0.00
		Blue Puncture proof boxes for glasses	1914.71	0.00	1840.77	0.00	1825.19	0.00
		White puncture proof for Sharps	466.43	0.00	483.94	0.00	437.51	0.00
		Cytotoxic waste for incineration	242.44	0.00	238.88	0.00	242.56	0.00
		Total	15242.19	0	14379.62	0	14730.74	0
		TOTAL NON COVID + COVID	15242.19		14379.62		14730.74	

Signature of Nodal Officer

Signature of Medical Superintendent

BLK-MAX
Super Speciality Hospital

Minutes of Infection Control meeting 16/12/2025

S.No.	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	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 Trikha	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

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 maontained as per standard requirements in the CSSD.	Engineering departmnet to resolve the problem at th eearliest 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 foleys cather days, SSI rate is 0.08%.	Emphasizing traing on Care bundles for all Healthcare Professsionals.	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 Trainig & Awarness 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 issue. 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 issue. 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 opeartive Wound care after discahrge	Many patinets were observed to have Surgical sit einfection after discharge form 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 communicationn 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 stakehlders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26	NA

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Minutes of Infection Control meeting 29/11/2025

S.No.	Attended by		
1	Dr. Rk 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 Valecha	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 Trikha	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

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Discussion of Present meeting

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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 issue. 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.
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8	Quality Improvement program on CLABSI	Dr Purabi discussed that a QIP for CLABSI will be undertaken	All stakehlders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26	NA

BLK-MAX

Minutes of Infection Control meeting 23/10/2025

S.No.	Attended by		
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
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19	Ms. Nutan -ICN	Member	Attended
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21	Mr Ravinder	Invited member	Attended

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MOM of previous meeting

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Discussion of Present meeting

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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 Trainig & Awarness on safe needle handling.	ICT	NA	Under monitoring
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