



April 3, 2025

BLK/MS/2025/APR/17


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 January 2025 to March 2025.

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



Dr. Atish Sinha
Medical Superintendent

Encls: As above

Dr. Atish Sinha
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

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
2	No. of authorized/sanctioned beds
3	Name of the occupier(MS/Director)
4	Phone No. Fax,E-mail
5	Whether authorization from Delhi Pollution control committee obtained?
6	If Yes, No. date of issue and validity
7	Whether in house treatment facility available?
7.A	If Yes, write
7.B	If No., how is the BMW treated?
7.C	Whether tie up with CBWTF Operator?
8	Whether Nodal Officer for BMW Management designated?
8.A	If Yes-please give name & phone No.
9	Whether Biomedical Waste management Committee formed?
9.A	If yes, give name of the members
9.B	Date of last meeting
10	Whether color Coded segregation Containers available
10.A	If Yes-what is color coding
11	Whether Color Coded Segregation Liners/Bags available
11.A	If Yes, what color?
12	Whether using Biohazard and Cytotoxic Symbols
13	Whether Packaging & labeling Practised
14	Whether Puncture proof sharps containers available?
15	Is there any provision internal storage?
16	Whether there are any use of wheel barrow/trolleys?
17	Is there any separate provision of washing facilities for containers
17.A	If No, where these containers are washed?
18	Is there any centralized storage site?
18.A	Is there any provision of lock and key for BMW
19	Whether needle destroyer available?
20	Whether the hand hygiene is practiced in the hospital
20.A	If Yes, how monitored
21	Is there any Spill Management Protocol
22	Is there any Provision for management of Mercury waste, Metals
23	Whether record are maintained properly?
23.A	If Yes, whether verified by the Chairman/Nodal officer
24	Whether there is daily supervision?
24.A	If Yes, Whether the records are maintained
25	Is there any provision of separates waste weighing machine
25.A	If Yes, whether daily record of of weight maintained
26	Whether there is any injury register
26.A	If Yes, Whether there is Needle Stick Injury protocol
27	Is there any separate Budget here for BMW?
28	Whether SOPs/ guidelines available
29	Is there any provision of Training/Retraining in BMW management
29.A	If Yes, the. No of personnel trained during the quarter
30	Is there any IEC/Community awareness
31	Whether waste Audit carried out?
31.A	If Yes, Whether the report submitted to the head of the institution
32	Whether monthly report submitted to DHS
33	Whether Quarterly Report submitted to DHS
34	Whether Annual Monthly Report submitted to DPCC
35	Whether regular inspection carried out
36	Whether consent obtained under Air and Water Act
37	Whether Acoustic enclosures for generator sets present
38	Whether Sewage treatment plant (STP) installed in the Hospital
39	If yes, attach copy of laboratory report authorized by DPCC
40	Whether personal protective Equipment (PPE) used BMW staff
41	Whether the staff posted at BMW is medically examined
41.A	If, Yes, how frequently
41.B	Whether immunized against Tetanus and Hepatitis B
42	Quantum of waste generated
	Incinerable
	Autoclavable/Microwavable
	Blue Puncture proof boxes for glasses
	White puncture proof for Sharps
	Cytotoxic waste for incineration
	Total
	TOTAL NON COVID + COVID

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 29/01/2025

S.No.	Attended by	Chairperson	Attended
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. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Velecha	Member	Attended
9	Dr. Tarun	Invited member	Attended
10	Dr. Shimpli	Invited member	Attended
11	Dr. Sanjeev	Member	Attended
12	Dr. Gurbachan Singh	Member	Attended
13	Dr. Atish Sinha	Member	Attended
14	Dr. Deepak	Member	Attended
15	Sis Rosamma/ Sis Anamol	Member	Attended
16	Mr. Ramesh / Mr. Siby	Member	Attended
17	Mr. Durga Prasad	Member	Not Attended
18	MS Nutan-ICN	Member	Attended
19	Ms Aksha-ICN	Member	Attended
20	Ms Himanshi	Member	Attended
21	Ms Shifali	Member	Attended
22	Mr. Azad	Member	Attended
23	Mr. Vivek Tripathi	Invited Member	Attended
24	Mr. Jitender	Invited Member	Attended
25	Sister Monika	Member	Attended

Agenda of the Meeting :					
1	HAI and other HIC indicators- Dec-2024				
2	Review of previous MOM				
3	Annual summary 2024 & Infection control Plan 2025				
4	Set up Internal benchmark 2025				
MOM of previous meeting		Discussion	Decision	Responsibility	Timeline
1	Reuse policy	Dr. Purabi discussed that Barcode system for Reuse Items be introduced in the organisation.	The HICC members approved of the same. DR Atish to look into the feasibility of introducing the Barcode system for Reuse Items. Mr. Mani, CSSD incharge, too shall work on it.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	End of Jan 2025
Mr. Azad informed the members that the work is in process and additional computers and scanners have been put on the budget. This process will take another few months, tentatively around June - July, Open.					
Discussion of Present meeting					
		Discussion	Decision	Responsibility	Timeline
1	HAI	Healthcare associated infection data of December 2024 was presented. The HAI rates for VAE is 1.1 per 1000 ventilator days, CLABSI 1.8 per 1000 central line days, CAUTI is 0.96 per 1000 foleys catheter days, SSI rate is 0.37%.	NA	ICT	NA
2	Needle stick injury	NSI data of December 2024 was presented. Incidence of NSI were 0.97 per 1000 patient days.	NSI rate has increased in the month of December. Training and awareness of staff to be done on proper handling of sharps.	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal for December was presented. Compliance to Segregation was 99%, storage was 99% and Transportation was 98%.	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of December 2024 was presented.	Hand hygiene compliance is within the internal benchmark. However, focus was on continued training.	ICT	NA
5	Annual summary 2024 and Infection Control Plan 2025	Dr. Purabi presented the Annual summary of 2024. The yearly average for CLABSI is 1.6 per 1000 central line days. For CAUTI it is 1 per 1000 foley's catheter days. 0.82 per 1000 ventilator days for VAE and 0.6% SSI. Hand hygiene overall compliance rate is 85.7%. Blood and body fluid exposure is 0.72 per 1000 IPD days. The Hospital Infection rate is 0.39%.	Though all these device associated rates are within the internal benchmark, however CLABSI rates have not decreased in comparison to last year. Therefore, the focus this year will be on reduction on CLABSI, including MORO transmission. Another focus area will be reduction of Blood and body fluid exposure.	ICT	NA
6	Set up Internal Benchmark 2025	Based on the Risk assessment summary of 2024, the Internal Benchmark was discussed.	The Internal Benchmark set by the HICC members are- VAP: 3 per 1000 ventilator days, CLABSI: 2 per 1000 central line days, CAUTI: 1.5 per 1000 foley's days, SSI: 1.5%, Hand hygiene compliance rate: >= 85%, Blood and body fluid exposure: <= 1 per 1000 IPD days. And the Hospital Infection rate as <= 1.5 per 100 patient admission days. Moreover 100% compliance for Pre exposure prophylaxis.	ICT	NA

Minutes of Infection Control meeting 18/02/2025

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	Not Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Atish Sinha	Member	Not Attended
12	Dr. Deepak	Member	Not Attended
13	Sis Rosamma/ Sis Anumol	Member	Not Attended
14	Mr. Ramesh / Mr. Siby	Member	Attended
15	Mr. Durga Prasad	Member	Not Attended
16	MS. Nutan -ICN	Member	Attended
17	Ms. Aksita - ICN	Member	Attended
18	Ms. Himanshi	Member	Attended
19	Ms. Shifali	Member	Attended
20	Sister Monika	Member	Attended
21	Mr. Vivek Tripathi	Invited Member	Attended
22	Mr. Vinu	Invited Member	Attended

Agenda of the Meeting :						
1	HAI and other HIC indicators- Jan 2025					
2	Review of previous MOM					
MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status	
1	Reuse policy	Dr. Purabi discussed that Barcode system for Reuse items be introduced in the organisation.	The HICC members approved of the same. Dr. Atish to look into the feasibility of introducing the Barcode system for Reuse items. Mr. Mani, CSSD in charge. too shall work on it.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	End of June 2025	Open.
Discussion of Present meeting						
	Discussion	Decision	Responsibility	Timeline	Status	
1	HAI	Healthcare associated infection data of Jan 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, CLABSI 1.8 per 1000 central line days, CAUTI is 0.25 per 1000 Foley's catheter days, SSI rate is 0.15%.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Jan 2025 was presented. Incidence of NSI were 0.57 per 1000 patient days.	Training and awareness of staff to be done on proper handling of sharps.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Jan 2025 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 Jan 2025 was presented.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring

Minutes of Infection Control meeting 20/03/2025

S.No.	Attended by	Chairperson	Attended
1	Dr. Nishu Singh	Chairperson	Attended
2	Dr. Purabi Berman	Secretary	Attended
3	Dr. Rajesh Pandey	Member	Attended
4	Dr. Kamal Mehta	Member	Not Attended
5	Dr. Jagjit Bhushan/ Dr. Rachna	Member	Attended
6	Dr. Sajan Purshah	Member	Not Attended
7	Dr. Sandi Prakash	Member	Not Attended
8	Dr. U. Valscha	Member	Attended
9	Dr. Sangdev	Member	Attended
10	Dr. Gurdeep Singh	Member	Attended
11	Dr. Anshu Singh	Member	Attended
12	Dr. Deepak	Member	Attended
13	Sis Rosamma/ Sis Anamol	Member	Attended
14	Mr. Ramesh / Mr. Shy	Member	Attended
15	Mr. Durga Prasad	Member	Attended
16	MS Nutan -ICU	Member	Attended
17	Ms. Akshita -ICU	Member	Attended
18	Ms. Himanshi	Member	Attended
19	Ms. Shafal	Member	Attended
20	Dieter Mondke	Member	Attended
21	Mr. Vivek Tripathi	Invited Member	Not Attended

Agenda of the Meeting:

1	HAI and other NIC indicators- Jan 2025					
2	Review of previous MCM					
3	Discussion of NABH findings					
	MCM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	Reuse policy	Dr. Purabi discussed that Barcode system for Reuse items be introduced in the organisation.	The HCC members approved of the same. Dr. Adish to look into the feasibility of introducing the Barcode system for Reuse Items. Mr. Manoj, CSSD Incharge, to start work on it.	Dr. Adish/ Mr. Manoj/ ICT/ Mr. Asad	End of June 2025	Open.
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Feb 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, CLABSI 2.9 per 1000 central line days, CAUTI is 0.3 per 1000 Foley catheter days, SSI rate is 0.07%.	The CLABSI rate was high in the month of Feb 2025. It has beyond the set internal benchmark. There were 2 cases in MICU, one each in MICU, NICU and 2nd floor. There was some breach in Care bundles. Staff are counseled and retrained on the Care bundles.	ICT	NA	Under monitoring
2	Needle stick injury	SSI data of Feb 2025 was presented. Incidence of SSI were 0.88 per 1000 patient days.	Training and awareness of staff to be done on proper handling of sharps.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BAW disposal for Feb 2025 was presented. Compliance to Segregation was 97% .Storage was 98% and Transportation was 98% .	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Feb 2025 was presented.	The HCC members emphasized the focus on continued training.	ICT	NA	Under monitoring
5	NABH findings	Dr. Purabi discussed the NICs observed during the recent NABH audit	The corrective action and closure was discussed	HCC	NA	Closed