



BLK-MAX

Super Speciality Hospital

July 1, 2025

BLK/MS/2025/JUL/19


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 April 2025 to June 2025.

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


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

Encls: As above



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Sep 9, 2022 - Sep 8, 2026
Since Sep 9, 2010

Quarterly Information required for BMW Management

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

Minutes of Infection Control meeting 22/04/2025

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 Sajjan Purohit	Member	Not Attended
7	Dr Sunil Prakash	Member	Not Attended
8	Dr U Valecha	Member	Not Attended
9	Dr Sanjeev	Member	Attended
10	Dr.Gurbachan Singh	Member	Attended
11	Dr Atish Sinha	Member	Attended
12	Dr Deepak	Member	Not Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr Ramesh / Mr Siby	Member	Attended
15	Mr Durga Prasad	Member	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

Agenda of the Meeting :

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1	HAI and other HIC Indicators-March 2025				
2	Review of previous MOM				
	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 June 2025
Discussion of Present meeting					
		Discussion	Decision	Responsibility	Timeline
1	HAI	Healthcare associated infection data of March 2025 was presented. The HAI rates for VAE is 2.25 per 1000 ventilator days, CLABSI 1.74 per 1000 central line days , CAUTI is 0.00 per 1000 catheter days, SSI rate is 0.21%.	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 NSICU, OICU and 5th floor. There was some breach in Care bundles. Staff are counselled and retrained on the Care bundles.	ICT	NA
2	Needle stick injury	NSI data of March 2025 was presented. Incidence of NSI were 0.29 per 1000 patient days. The number has reduced significantly	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 March 2025 was presented. Compliance to Segregation was 97% ,storage was 97.5% and Transportation was 97% .	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased in few units like BMT, OT.	The HICC members emphasised the focus on continued training.	ICT	NA
5	Recall event in CSSD	Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Sterilizer was checked again	The HICC members emphasised on training of CSSD staff.	Mr Mani	NA
6	Dr Purabi informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	1. Shortage of sterile green sheets across the hospital 2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted. 3. Dilution of Hydrogen peroxide by the automated diluter is unreliable. 4. OT staff nurse to be trained in Foley's catheterization 5. Air circulation in OT 6. Traffic in OT	Green sheets to be kept in Surplus sheets in the inventory Housekeeping Head to sort out the long pending problem and streamline the process. Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods. A pool of trained nurses to be prepared for OT The AHU to be kept running in OT all through out the day.	Mr Durga/ Mr Jitender Mr Durga/ Mr Jitender Mr Durga/ Mr Jitender Sis Anumol/ Sis Shifali Mr Ramesh	As early as possible Immediate Immediate Immediate Immediate
		7. Manpower in OT after 4pm 8. Job responsibilities of GDA 9. Cleaning disinfection in OT	Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available. GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Dr Atish/ Sis Susan/ Dr Valecha Sis Anumol Dr Atish/ Mr Jitender/ Mr Durga	Immediate Immediate Immediate
		10. PPE usage in OT and OT etiquettes	At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes	Dr Atish/ Dr Valecha	Immediate

Minutes of Infection Control meeting 19/05/2025

S.No.	Attended by					
1	Dr. Rk Singhal	Chairperson	Attended			
2	Dr. Purabi Barman	Secretary	Attended			
3	Dr. Rajesh Pande	Member	Attended			
4	Dr. Ranjit 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	Attended			
11	Dr. Atish Sinha	Member	Attended			
12	Dr. Shimpi	Invited Member	Attended			
13	Dr. Deepak	Member	Not Attended			
14	Sis Rosamma/ Sis Anumol	Member	Attended			
15	Mr. Ramesh / Mr. Siby	Member	Attended			
16	Mr. Durga Prasad	Member	Attended			
17	MS Nutan -ICN	Member	Attended			
18	Ms. Aksita -ICN	Member	Attended			
19	Ms. Himanshi	Member	Attended			
20	Ms. Shifali	Member	Attended			
21	Sister Monika	Member	Attended			
22	Mr. Vivek Tripathi	Member	Attended			
Agenda of the Meeting :						
1	HAI and other HIC indicators-April 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 Incharge, too shall work on it.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	End of June 2025	Tagging of all SUDs in the new Barcode software is underway.
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of April 2025 was presented. The HAI rates for VAE is 1.45 per 1000 ventilator days, CLABSI 1.884 per 1000 central line days, CAUTI 1.55 per 1000 Foley's catheter days, SSI rate is 0.14%.	The CAUTI rate is just beyond the internal benchmark. Emphasis and training on Care bundles to be carried out.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of April 2025 was presented. Incidence of NSI were 0.62 per 1000 patient days. The number has reduced significantly.	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 March 2025 was presented. Compliance to Segregation was 97%, storage was 98% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Recall event in CSSD	Dr. Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Sterilizer was checked again with the BI in the 25212 cycle with negative result and followed by 25213 cycle. BI failure apparently due to Over load. Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance : Schedule regular maintenance of sterilizer equipment	The HICC members emphasised on training of CSSD staff.	Mr. Mani	NA	Under monitoring
6	Dr. Purabi informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	1. Shortage of sterile green sheets across the hospital	Green sheets to be kept in Surplus sheets in the inventory	Mr. Durga/ Mr. Jitender	As early as possible	Open.
		2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.	Housekeeping Head to sort out this long pending problem and streamline the process.	Mr. Durga/ Mr. Jitender	Immediate	Open.
		3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.	Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods.	Mr. Durga/ Mr. Jitender	Immediate	Open.
		4. OT staff nurse to be trained in Foley's catheterization	A pool of trained nurses to be prepared for OT	Sis Anumol/ Sis Shifali	Immediate	Staff has been trained in Foley's catheterization. Closed
		5. Air circulation in OT	The AHU to be kept running in OT all through out the day.	Mr. Ramesh	Immediate	The AHU is kept functional during the whole day. Closed
		6. Traffic in OT	Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes	Dr. Atish/ Sis Susan/ Dr. Valecha	Immediate	Dr. Atish has discussed and counselled the OT staff. On monitoring. Closed
		7. Manpower in OT after 4pm	After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available.	Sis Anumol	Immediate	OT manpower is available after 4 pm. Closed
		8. Job responsibilities of GDA	GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Mr. Jitender/ Mr. Durga	Immediate	Open.
		9. Cleaning disinfection in OT	Housekeeping Head to streamline cleaning disinfection in between patient in the OT	Mr. Durga/ Mr. Jitender	Immediate	Dr. Atish has discussed and counselled the OT staff. On monitoring. Closed
		10. PPE usage in OT and OT etiquettes	At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes	Dr. Atish/ Dr. Valecha	Immediate	Dr. Atish has discussed and counselled the OT staff. On monitoring. Closed

