

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

Dr. Atish Sinha Pusa Road, Nev Medical Superintendent

Encls: As above







May-25

Jun-25

For The Month Apr-25 Mi 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										
	Name address of the Hospital		BLK MAX OPD Clinic, Ground Floor, (Dispensary area) Community Facility Building, DLF Capital									
1			Greens, 15 Shivaji Marg, New Delhi-15. Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, Ne									
		Delhi 110										
	No. of authorized/sanctioned beds	N/A										
_	Name of the occupier(MS/Director)	Dr. Sanja	Mehta			-						
	Phone No. Fax,E-mail		3040 & 3065396	1								
	Whether authorization from Delhi Pollution control committee obtained?	Yes										
	If Yes, No. date of issue and validity	Yes										
	Whether in house treatment facility available?	No										
7.A	If Yes, write	N/A	-1									
7.B	If No., how is the BMW treated?	Outsource	ed-Biotic Waste S	Solution Pvt.Ltd.								
7.C	Whether tie up with CBWTF Operator	Yes - Biot	c Waste Solution	Pvt.Ltd.								
	Whether Nodal Officer for BMW Management designated?	Yes										
B.A	If Yes-please give name & phone No.	Mr. Jiteno	ler Kumar Sharm	a , 01130653770								
	Whether Biomedical Waste management Committee formed?	Yes										
A.E	If yes, give name of the members	Members	- 23 invited-02	13 1940 1940								
		List of me	mbers is attached	d (Annexure-1)								
9.B	Date of last meeting	20.06.2024										
	Whether color Coded segregation Containers available	Yes										
10.A	If Yes-what is color coding	Yellow, Re	d, Blue Puncture	proof Container	, White Punctu	re Proof, Yellov	Cytotoxic, Green (
29011E	Whether Color Coded Segregation Liners/Bags available	Yes										
11.A	If Yes, what color?		d. Blue Puncture	proof Container	White Punctu	re Proof. Yellov	Cytotoxic, Green (
	Whether using Biohazard and Cytoxic Symbols	Yes	u, Dide i diretare	proof container	, Trinta i direta	ne i roor, renor	Cytotoxic, orcent					
	Whether Packaging & labeling Practised	Yes										
	Whether Puncture proof sharps containers available?											
		Yes										
_	is there any provision internal storage?	Yes										
_	Whether there are any use of wheel barrow/trolleys?	Yes										
	Is there any seperate provision of washing facilities for containers	Yes										
17. A		N/A										
	Is there any centralized storage site?	Yes										
18.A	Is there any provision of lock and key for BMW	Yes										
	Whether needle destroyer available?	No, since t	he needles are d	isposed in white	Puncture Proo	f as per the BM	W guidelines and are					
	Whether the hand hygiene is practiced in the hospital	Yes			67 - 10 Day 1							
20	f Yes, how monitored	Follow trai	ning calendar an	d Audit by Infect	ion Control Nu	rse						
2500	is there any Spill Management Protocol	Yes				(Constant of the Constant of t	-1.00					
	Is there any Provision for management of Mercury waste, Metals	N/A - We a	re mercury free	hospital								
	Whether record are maintained properly?	Yes				BC 0-3-1 D						
3.A	If Yes, whether verified by the Chairman/Nodal officer	Yes										
-	Whether there is daily supervision?	Yes										
4.A												
9.A	If Yes, Whether the records are maintained	Yes										
	is there any provision of separates waste weighing machine	Yes										
5.A	If Yes, whether daily record of of weight maintained	Yes										
	Whether there is any injury register	Yes										
6.A	If Yes, Whether there is Needle Stick Injury protocol	Yes										
	is there any separate Budget here for BMW?	Yes										
	Whether SOPs/ guidelines available	Yes			10-24							
	Is there any provision of Training/Retraining in BMW management	Yes										
9.A	If Yes, the. No of personnel trained during the quarter	Doctors -127	Nursing-690									
		Technicians an	d Paramedics- 105									
		GDA & Housek	eeping- 210									
	Is there any IEC/Community awareness	No										
	Whether waste Audit carried out?	Yes										
1.A	If Yes, Whether the report submitted to the head of the institution	Yes										
	Whether monthly report submitted to DHS	N/A										
	Whether Quarterely Report sumitted to DHS	Yes										
	Whether Annual Monthly Report submitted to DPCC	Yes				-						
	Whether regular inspection carried out	Yes		110,-1-12								
	Whether consent obtained under Air and Water Act	Yes										
	Whether Acoustic enclosures for generator sets present	Yes										
	Whether Sewage treatment plant (STP) installed in the Hospital	Yes										
	If yes, attach copy of laboratory report authorized by DPCC	Yes										
1	Whether personal protective Equipment (PPE) used BMW staff	Yes										
- 1	Whether the staff posted at BMW is medically examined	Yes										
	CONTROL OF CONTROL CON											
	Yes, how frequently	Once a year										
		iUnce a vear										
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-							Yes					
-	Whether immunized againts Tetanus and Hepatitis B	Yes										
-		Yes	Anr20	1	w.25		lun-25					
B 1	Whether immunized againts Tetanus and Hepatitis B	Yes	Apr-25	Ma	γ-25		Jun-25					
B 1		Yes	10000	1			2000000					
.B 1	Whether immunized againts Tetanus and Hepatitis B	Yes	Apr-25 Covid	Ma Non covid	y-25 Covid	Non covid	Jun-25 Covid					
.B 1	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated	Yes	10000	1		Non covid	2000000					
B 1	Whether immunized againts Tetanus and Hepatitis B	Yes Non covid	Covid	Non covid	Covid	-	Covid					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable	Yes	10000	1		Non covid	2000000					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated	Yes Non covid	Covid 0	Non covid	Covid	0	Covid 0.00					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable	Yes Non covid	Covid	Non covid	Covid	-	Covid					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable	Yes Non covid 0	Covid 0	Non covid O	Covid 0	0	0.00 0					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses	Yes Non covid	Covid 0	Non covid	Covid	0	Covid 0.00					
B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable	Non covid O O	Covid 0 0	Non covid 0 0	0 0 0	0 0	0.00 0 0					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses White puncture proof for Sharps	Yes Non covid 0	Covid 0	Non covid O	Covid 0	0	0.00 0					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses	Non covid O O	0 0 0	Non covid 0 0 0	0 0 0 0	0 0 0	0.00 0 0 0.00					
.B	Whether immunized againts Tetanus and Hepatitis B Quantum of waste generated Incinerable Autoclavable/Microwavable Blue Puncture proof boxes for glasses White puncture proof for Sharps Cytotoxic waste for incineration	Non covid O O	Covid 0 0	Non covid 0 0	0 0 0	0 0	0.00 0 0					
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Dr. Atish Sinha Medical Superintendent Dr. B. L. Kapur Memorial Hospital Pusa Road, New Deibi-110 005



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Main Control of the set internal between the set in CSD. Noted and of March 2025 was presented, including of this way. Six rate in CSTs. Noted and of March 2025 was presented, including and state was commissioned marked on the Care bloomfeet. Noted the set in t
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The audit report of BMW disposal for March 2025 was presented. Compliance to Segregation was 97%, Jones 97%,
Mach 2025 was presented. Compliance to Supressation was 97%. The MICC members emphasised the focus on which 2025 was presented. Hand hygiene data for the month of March 2023 was represented. Hand hygiene compliance has's decreased in few untils like MIT, 0.7. Or Pursh discussed the Recall event in CSSD. The plasma sterrilization cryle 23000 tested with Biological Indicator and the Complex sterrilization cryle 2300 tested with Biological Indicator and the complex sterrilization. The HICC members emphasised on training of CSSD. The plasma sterrilization cryle 2300 tested with Biological Indicator and the complex sterrilization. The HICC members emphasised on training of CSSD staff. The HICC me
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CSSD. The plasma sterilization cycle 25200 steaded with Biological Indicator failed the QC process. Few Items were not relineated but none was used. All Items were recalled.
CSSD. The plasma sterilization cycle 25200 steaded with Biological Indicator failed the QC process. Few Items were not relineated but none was used. All Items were recalled.
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Steriliser was checked by the Blomedical team and found satisfactory functioning, Sterilizer was checked again Or Purabl 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 fine inventory 2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compilanc ehave been noted. 3. Dilution of Hydrogen peroxide by the automated diluter is unreliable. 4. OT staff nurse to be trained in Foley's and the distances of non or use alternation and the streamline the process. 4. OT staff nurse to be trained in Foley's A pool of trained nurses to be prepared for OT The AHU to be kept running in OT all through out the day. 5. Air circulation in OT Traffic in OT has to be minimized, especially w.1. vendors have to betold to follow OT etiquettes 7. Manpower in OT after 4pm After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be be available. 9. Cleaning disinfection in OT At the same time, it has been observed that many move out of OT to Gifferent areas of the same time, it has been observed that many move out of OT to Gifferent areas of the hospital and enter the OT in the same
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Minutes Attended by Dr. Rk Singhal Dr. Purabi Barman	of Infection Control meeting 19/05/2025 Chairperson	1	\exists			
Dr. Rk Singhal	Chairnerson		_			
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	Secretary	Attended Attended	-			
Dr. Rajesh Pande	Member	Attended				
Dr.Ramji Mehrotra	Member	Not Attended				
Dr Sunil Prakash	Member		-			
Dr U Valecha	Member	Attended				
		Attended	_			
			-			
Dr Shimpi	Invited Member	Attended	\dashv			
Dr Deepak	Member	Not Attended				
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MS Nutan -ICN	Member	Attended	7			
Ms Aksita- ICN	Member	Attended	_			
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2 Neview of previous MOM				_		
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MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status	
				3		
Reuse policy	Dr Purabi discussed that Barcode system for Reuse Rems be introduced in the organisation.	same. DR Atish to look into the feasibility of introducing the	Dr Atish/ Mr MAni/	End of June 2025	Tagging of all SUDs in the net Barcode software is underwa	
	Discussion	Decision	Responsibility	Timeline	Status	
HAI	2025 was presented. The HAI rates for VAE is 1.45 per 1000 ventilator days, CLABSI 1.884	Internal benchmark. Emphasis an	4 107	NA.	Under monitoring	
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.	icī .	NA .	Under monitoring	
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 NA	kī	NA	Under monitoring	
Hand hygiene	Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased across the hospital.	focus on continued training	, ICT	NA	Under monitoring	
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 Hern were not released but none was used. All Renns were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning-Sterilizer was checked again with the Bi in the Bi in the Bi in the S2512 cycle with negative result and followed by 25213 cycle. Bif failure apparently due to Over load. Training imparted to all staff on proper loading procedure and sterilizer opperation. Regular Maintenance: Schedule regular maintenance of sterilizer equipment.		Mr Mani	ма	Under monitoring	
held on 9.4.2025 and 18.4.2025 to the			Mr Durga/ Mr	As early as	Open.	
	Cleaning disinfection in clinical areas is questionalbe. Multiple instances of non	Housekeeping Head to sort out thi slong pending problem and	Mr Durga/ Mr Jitender	immediate	Open.	
	Dilution of Hydrogen peroxide by the automated diluter is unrelaible.	Housekeeping Head to sort out this long pending problem and streamline the process or use	Mr Durga/ Mr Jitender	Immediate	Open.	
			Sis Anumol/ Sis Shifali	Immediate	Staff has been trained in Foley's catherization. Closed	
	s. Air circulation in Of		Mr Ramesh	Immediate	The AHU is kept functional during the whole day.Closed	
		especially w.r.t vendors etc. Vendors have to betold to follow	Dr Atish/ Sis Susan/Dr Valecha	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed	
	Manpower in O1 after 4pm	to handle the OT responsibilities	Sis Anumol	Immediate	OT manpower is available after 4 pm. Closed	
	Liob responsibiliteis of GDA	not be used for jobs for which they	Mr Jitender/ Mr Durga	Immediate	Open.	
ч	Cleaning disinfection in OT	leaning disinfcetion in between		Immediate	Dr Atish has discussed and counselled the OT staff, On monitoring, Closed	
	0. PPE usage in OT and OT etiquettes 8	observed that many move out of DT to different areas of the hospital and enter the OT in the same crubs, not even putting a sterile gown on top of st. This may be a ause of cross contamination. Staff and doctors have to be counselled	Dr Atish/ Dr Valecha	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed	
	Dr U Valecha Dr Sanjeav Dr Salmpia Dr Alsh Sinha Dr Shimpi Dr Deepak Sis Rosamma/ Sis Anumol Mr Ramesh / Mr Siby Mr Dunga Presad MS Notan-ICM MS Himansh Ms Shifall Sister Monika Mr Vivek Trikha Of the Meeting: 11H4) and other Hill indicators-April 2021 Review of previous MOM MOM of previous meeting Reuse policy HAII Needie stick injury Biomedical waste disposal Hand hygiene Hand hygiene	Dr Sudin Pratash Dr Sudin Pratash Dr Valents Dr Sander D	Or Sarphanah Mareber New Attended Or Useful Prasahah Mareber New Attended Or Useful Prasahah Mareber New Attended Or Useful Prasahah Mareber Attended Or Useful Prasahah Mareber Attended Or General Mareber Mareber Attended Or General Mareber Mareber Attended Or Gener	Serial Politicals Versical Po	Segion Publish Manches Manch	



	Minutes of	Infection Control meeting 20/06/2025]		
S.No.	Attended by China			1		
1.	Dr. Rk Singhal	Chairperson	Attended]		
- 2	Or. Purabl Barman	Secretary	Attended			
	Dr. Rejush Pande	Member	Attended	4		
4	Dr.Ramii Melviotre	Member	Not Attended	4		
5	Or Jegit Shedin/ Dr Rechna	Member	Not Attended	4		
6: .	Dr Saffan Purchit	Member	Not Attended	4		
7.	Dr Sunii Prakash	Member	Not Attended Not Attended	-		
	Dr U Vélecha	Member	Attended	1		
.9.	Dr Sanleev	Member	Not Attended	1		
10	Dr.Gurbachan Singh Dr Atish Sinha	Mamber	Altended	1		
117	Dr Deepak	Member	Not Attended	1		
15	Sis Resamme/ Sis Azumoi	Member	Astended	1		
14	Mr Jitandra	Invited member	Attended	i		
15	Mr Ramesh / Mr Siby	Member	Attended	1		
16.	Mr Durga Presad	Member	Not Attended	1		
17	MS Nuten -ICN	Member	Attended	1		
16	Mr Aksta- ION	Member	Attended	1		
19	M4 Himanshi	Member	Attended	1		
20	Mis Shifall	Member	Attended			
21	Sister Monius	Member	Attended]		
22	Mr. Vivek Trithia	Niember	Attended]		
	I the Meeting :			1		
	HAI and other HIC Indicators-May 2025	<u> </u>]	1
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.2	Review of pravious MOM	 				
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	*			B	Timeline	Status.
	MCM of previous meeting	Discussion	Decision	Responsibility	11(Décus	June 45.
.1	Reuse policy .	Dr Purabl discussed that Barcode system for Reuse Items be introduced in the organisation.	The HICC members approved of the same. Dif Attsh to look into the feesibility of factoducing the Barcode system for Reise Rems. Milliand, CSSD Inchange, Too shall work on it.	Dr Adish/ Mc HANU ICT/ Mr Azad	End of June 2025	Tagging of all SUDs in the new Barcode software is completed in Endoscapy. It is in progress in the Ots. Closed
		Disc	unifon of Present meeting			,
		Olympialan	Ceciston	Responsibility	Timeline	States
ì	'HAI	Healthcare associated infection delta of May 2025 was presented. The HAI retes for VAE is 3.5 per 1000 ventilator deys, however there, years no PVAPs, CLABS 1.48 per 1000 central ine days, CAUT is 0.98 per 1000 follers eather days, SSI rate is 0.26%.		кот	PAR	.Linder monitoring
ž	Needle stick injury	NSI data of Mey 2025: was presented. Incidence of NSI were 0.67 per 1000 patient days. The number has reduced significantly	Training and awareness of staff to be done on proper handling of sharps.	HET	NA	Under monitoring
j	Biomedical waste disposal	The auch report of BMW disposal for May 2025 was presented. Compliance to Segregation was 94% storage was 94% and Transportation was 96%.	NA-	₩Т.	RU.	Under répultoring
4	Hand hygiena	Hand hygiener data for the month of May 2025 was presented. Hand hygiene compliance has decreased across the hospital.	The HICC members emphasised the focus on continued training:	(दा	HÅ.	Under monitoring
5		Or Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25009 isotal with Biological indicator failed the QC process. Few disma were not released but none was used. All items were recalled. Surgiser was checked by the Biomedical team and found setifactory functioning Sterilizer was checked again with the Bi in the 25212 cycle with negative result and followed by 35213 cycle. If feather apparently due to Owe load Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance:		Mr Mani -	NA.	No further events have occurred. Closed
6	Dr Purabl informed of the new meeting held on 9.4.2025 and 18.4.2025 to the HICC members	hospital	Green shaeks to be kept in Surplas- sheets in the inventory	Mr Durga/ Mr Ikender	As certy as possible	Inventory count has been done In recess to procure new stock. Open
		Cleaning disinfection in clinical areas is questionable. Multiple instances of non compilenc et averbeen noted.	Housekeeping Heed to sort out thi slong pending problem and streamilms the process.	Mr Durga/ Mr Iltender	immediate	Opėn.
		3. Dilution of Hydrogen peruside by the automated diluter is unrelable.	Housek reping Head to sort out this long pending problem and streamline the process of use afterante methods.	Mr Durga/ fAr Jkender	immediatu	Opėn.
		4. Job responsibilitals of GDA	GDAs to OT and other areas should not be used for jobs for which they are not pravileged:	Mr./Render/ Mr Durga	lexus diate	Open.