



BLK-MAX

Super Speciality Hospital

October 13, 2025

BLK/ZHEVP/2025/OCT/20

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 July 2025 to September 2025.

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

Dr. Sanjay Mehta
Zonal Head & Executive Vice President

Dr. Sanjay Mehta
Zonal Head & Executive Vice President
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

Encls: As above



S.No.	Particulars
	Name address of the Hospital
	BLK MAX OPD Clinic, Ground Floor, (Dispensary area) Community Facility Building, DLF Capital Greens, 15 Shivaji Marg, New Delhi-15. Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005
	No. of authorized/sanctioned beds
	N/A
	Name of the occupier(MS/Director)
	Dr. Sanjay Mehta
	Phone No. Fax, E-mail
	011 30403040 & 30653961
	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
7.B	If No., how is the BMW treated?
	Outsourced-Biotic Waste Solution Pvt.Ltd.
7.C	Whether tie up with CBWTF Operator
	Yes - Biotic Waste Solution Pvt.Ltd.
	Whether Nodal Officer for BMW Management designated?
	Yes
8.A	If Yes-please give name & phone No.
	Mr. Jitender Kumar Sharma , 01130653770
	Whether Biomedical Waste management Committee formed?
	Yes
9.A	If yes, give name of the members
	Members- 23 invited-02
	List of members is attached (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, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable
	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
	Whether using Biohazard and Cytotoxic Symbols
	Yes
	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 separate provision of washing facilities for containers
	Yes
17.A	If No, where these containers are washed?
	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 the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to Biotic
	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
	Is there any Spill Management Protocol
	Yes
	Is there any Provision for management of Mercury waste, Metals
	N/A - We are mercury free hospital
	Whether record are maintained properly?
	Yes
23.A	If Yes, whether verified by the Chairman/Nodal officer
	Yes
	Whether there is daily supervision?
	Yes
24.A	If Yes, Whether the records are maintained
	Yes
	Is there any provision of separates waste weighing machine
	Yes
25.A	If Yes, whether daily record of weight maintained
	Yes
	Whether there is any injury register
	Yes
26.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
	Is there any provision of Training/Retraining in BMW management
	Yes
29.A	If Yes, the No of personnel trained during the quarter
	Doctors -127 Nursing-690 Technicians and Paramedics- 105 GDA & Housekeeping- 210
	Is there any IEC/Community awareness
	No
	Whether waste Audit carried out?
	Yes
31.A	If Yes, Whether the report submitted to the head of the institution
	Yes
	Whether monthly report submitted to DHS
	N/A
	Whether Quarterly Report submitted to DHS
	Yes
	Whether Annual Monthly Report submitted to DPCC
	Yes
	Whether regular inspection carried out
	Yes
	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
	Whether personal protective Equipment (PPE) used BMW staff
	Yes
	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

Quantum of waste generated	Jul-25		Aug-25		Sep-25	
	Non covid	Covid	Non covid	Covid	Non covid	Covid
Incinerable						
Autoclavable/Microwavable	0	0	0	0	0	0.00
Blue Puncture proof boxes for glasses	0	0	0	0	0	0
White puncture proof for Sharps	0	0	0	0	0	0.00
Cytotoxic waste for incineration	0	0	0	0	0	0
Total	0	0	0	0	0	0
TOTAL NON COVID + COVID	0	0	0	0	0	0

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. Kapil Goila
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

Minutes of Infection Control meeting 23/09/2025

S.No.	Attended by		
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 Sunil Prakash	Member	Not Attended
7	Dr U Valecha	Member	Not Attended
8	Dr Shimpi	Invited member	Attended
9	Dr Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr Tarun	Invited member	Attended
12	Dr Pradyut Bag	Invited member	Attended
13	Dr Pankaj Lohia	Invited member	Attended
14	Dr Deepak	Member	Attended
15	Sis Rosamma/ Sis Anumol	Member	Attended
16	Mr Jitendra	Invited member	Attended
17	Mr Ramesh / Mr Siby	Member	Attended
18	Mr Durga Prasad	Member	Attended
19	Mr Vivek Trikha	Member	Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Himanshi - ICN	Member	Attended
22	Ms. Akshita - ICN	Member	Attended
23	Ms. Nutan - ICN	Member	Attended
24	Ms. Monika - ICN	Member	Attended
25	Mr Ravinder	Invited member	Attended

Agenda of the Meeting :

1	HAI and other HIC indicators-Aug 2025				
2	Review of previous MOM				
3	Antibiogram 24-25				
MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
CSSD	Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements	Engineering department to resolve the problem at the earliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Open
HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for	Human Resource to implement the same in all staff	HR/ ICT	30/9/2025	A meeting was held with HR on 22.09.2025. It was decided that after completion of the third

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Aug 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.0 per 1000 central line days, CAUTI 1.2 per 1000 Foley catheter days, SSI rate is 0.15%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Aug 2025 was presented. Incidence of NSI were 0.60 per 1000 patient days. The number has reduced significantly	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Aug 2025 was presented. Compliance to Segregation was 97%, storage was 97% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Aug 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	Antibiogram 24-25	Dr Tarun presented the Antibiogram for 24-25.	The antibiogram showed that rates of MDROs have not increased significantly. The same will be uploaded on the intranet for everyone's access.	NA	NA	Closed

Minutes of Infection Control meeting 29/08/2025

S.No.	Attended by	Role	Status
1	Dr. RA 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. Valscha	Member	Attended
9	Dr. Sanjeev	Member	Not Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr. Atish Sinha	Member	Not Attended
12	Dr. Deepak	Member	Attended
13	Sis. Rosamma/ Sis. Anamol	Member	Attended
14	Mr. Jitendra	Invited member	Attended
15	Mr. Ramesh / Mr. Siby	Member	Attended
16	Mr. Durga Prasad	Member	Attended
17	Mr. Vivek Tripathi	Member	Attended
20	Mr. Mani	Invited member	Not Attended
21	Ms. Shifali - ICN	Member	Attended
22	Ms. Himanshi - ICN	Member	Attended
23	Ms. Akshita - ICN	Member	Attended
24	Ms. Nutan - ICN	Member	Attended
25	Ms. Monika - ICN	Member	Attended

Agenda of the Meeting :

1. HAI and other HIC indicators-July 2025
2. Review of previous MOM

MOM of previous meeting
Discussion
Decision
Responsibility
Timeline
Status

1. Shortage of sterile green sheets across the hospital

Adequate Green sheets in the inventory but Manpower shortage of handling and packing of green sheets

Mr Durga/ Mr Jitender

As early as possible

Green linen will be added in CSSD as per linen requirement shared by Mr. Mani in 3 phases. Current value of stock is 15.75 lakhs. In 1st phase we have added 5.5 lakhs. In 2nd phase linen worth 4 lakhs are ordered & will be added in circulation by 30th Aug 25. 3 gds are dedicated posted in CSSD for packing linen. Closed

2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.

Housekeeping Head to sort out the long pending problem and streamline the process.

Mr Durga/ Mr Jitender

Immediate

Batch of 20 Vidyarthi & all OSVE staffs were trained & briefed for continuous 15 days by nursing & ICN team. 7 Different colour-coded microfiber dusters for each day have been introduced on the 7th floor. Closed

3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.

Manual dilution of disinfectant (hydrogen peroxide) non-compliance with cleaning protocol evident from the presence of dirty measuring jar and the disinfectant cans.

Mr Durga/ Mr Jitender

Immediate

Two dedicated staff deployed for dilution, maker checker checklist is implemented to verify the uses & consumption on daily basis. A video making while dilution is being implemented for strengthening the process. Manual dilution process has been improved with three separate cans identified by different tie bands, caps used on all cans, dilution charts displayed in the designated area, and regular hands-on training provided to staff. Daily dilution preparation video are recorded for better control on dilution process. Closed

4. 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

Closed

2. CSSD Audit (Safety Audit)

The findings of the safety round pertaining to CSSD were discussed. Environmental Cleaning & Disinfection of CSSD, Trolley found compromised, Hinge Instruments found opened

Emphasis on Cleaning & Disinfection of Surfaces and trolleys. Hinges Instrument needs to be kept open during the sterilization process.

Mr. Mani/ICT

Immediate

Staff has been trained, Repeat audits have been done. No non compliance has been observed during these audits Closed

Discussion of Present meeting
Discussion
Decision
Responsibility
Timeline
Status

1. HAI

Healthcare associated infection data of July 2025 was presented. The HAI rates for VAE is 1.2 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.5 per 1000 central line days, CAUTI 0.91 per 1000 Foley catheter days, SSI rate is 0.45%.

Emphasizing training on Care bundles for all Healthcare Professionals.

ICT

NA

Under monitoring

2. Needle stick injury

NSI data of June 2025 was presented. Incidence of NSI were 0.37 per 1000 patient days. The number has reduced significantly

Enhancing staff Training & Awareness on safe needle handling.

ICT

NA

Under monitoring

3. Biomedical waste disposal

The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96%, storage was 96.9% and Transportation was 97%.

NA

ICT

NA

Under monitoring

4. Hand hygiene

Hand hygiene 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.

ICT

NA

Under monitoring

5. CSSD

Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.

Engineering department to resolve the problem at the earliest as possible.

Mr Ramesh, Mr Siby

30/9/2025

Open

6. HBV antibody titre

Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.

Human Resource to implement the same in all staff

HR/ ICT

30/9/2025

Open

Minutes of Infection Control meeting 25/07/2025

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. Vaichea	Member	Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Atish Sinha	Member	Attended
12	Dr. Deepak	Member	Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr. Jitendra	Invited member	Attended
15	Mr. Ramesh / Mr. Siby	Member	Attended
16	Mr. Durga Prasad	Member	Attended
17	Mr. Vivek Trikha	Member	Attended
18	Mr. Azad	Invited member	Attended
19	Ms. Sonali	Invited member	Attended
20	Mr. Manni	Invited member	Attended
21	Ms. Shifali - ICN	Member	Attended
22	Ms. Himanshi - ICN	Member	Attended
23	Ms. Akshita - ICN	Member	Attended
24	Ms. Nutan - ICN	Member	Attended
25	Ms. Monika - ICN	Member	Attended

Agenda of the Meeting :						
1	HAI and other HIC Indicators-JUNE 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	The Barcode system for Reuse Items has been implemented across all areas. The IT team
2	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	Adequate Green sheets in the inventory but Manpower storage of handling and packing of green sheets	Mr. Durga/ Mr. Jitender	As early as possible	Not Completely resolved
		2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non-compliance have been noted.	Housekeeping Head to sort out the long pending problem and streamline the process.	Mr. Durga/ Mr. Jitender	Immediate	Open.
		3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Manual dilution of disinfectant (hydrogen peroxide) non-complained with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.	Mr. Durga/ Mr. Jitender	Immediate	Open.
		4. 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.
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated Infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.2 per 1000 central line days, CAUTI 1.1 per 1000 Foley catheter days, SSI rate is 0.21%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly.	Enhancing staff training & awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96%, storage was 96% and Transportation was 96.7%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene 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.	ICT	NA	Under monitoring
5	Reuse policy Demonstration	Mr. Azad & Ms. Sonali from IT explained the Barcode system for Reuse Items which is implemented successfully introduced in the organisation.	Demonstrated the Barcode system for Reuse Items by Mr. Azad & Ms. Sonali (IT). Mr. Mani CSSD Incharge ensures the complete sterilisation process.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	NA	Barcode system for all Reuse Items successfully completed in all the areas.
6	CSSD Audit (Safety Audit)	The findings of the safety round pertaining to CSSD were discussed. Environmental Cleaning & Disinfection of CSSD, Trolley found compromised, Hinge instruments found opened.	Emphasis on Cleaning & Disinfection of Surfaces and trolleys. Hinges instrument needs to be kept open during the sterilization process.	Mr. Mani/ICT	Immediate	Mr. Mani to arrange for a training of staff and follow up. Open