

July 1, 2025

BLK/SDOP/2025/JUL/03

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 Max Lab, 2/8, First, Second & Third Floor, East Patel Nagar, New Delhi-8 (Run By Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of April 2025 to June 2025.

For Max Healthcare Institute Limited



Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. B.L. Kapur Memorial Hospital
Pusa Road, New Delhi- 110005

Dr. Mradul Kaushik
Sr. Director Operations & Planning

Encls: As above



BLK-MAX		Quarterly Report For The Month		Apr-25	May-25	Jun-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							
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 againts Tetanus and Hepatitis B							
42	Quantum of waste generated		Apr-25		May-25		Jun-25	
			Non covid	Covid	Non covid	Covid	Non covid	Covid
		Incinerable	64.90	0.00	85.00	0	103.10	0.00
		Autoclavable/Microwavable	419.60	0.00	354.9	0	474.50	0.00
		Blue Puncture proof boxes for glasses	97.7	0.00	72.2	0	74.60	0.00
		White puncture proof for Sharps	12.6	0.00	7.8	0	13.10	0.00
		Cytotoxic waste for incineration	0	0.00	0	0	0.00	0.00
		Total	594.8	0	519.9	0	665.3	0
		TOTAL NON COVID + COVID	594.8		519.9		665.3	
Signature of Nodal Officer		Dr. Atish Sinha Medical Superintendent Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi-110 005						
Signature of Medical Superintendent								

Minutes of Infection Control meeting 29/06/2025

S. No.	Attended by	Designation	Status
1.	Dr. RA Singhal	Chairperson	Attended
2.	Dr. Purabi Barman	Secretary	Attended
3.	Dr. Rajesh Pande	Member	Attended
4.	Dr. Ramji Mahotra	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. Vaishya	Member	Not Attended
9.	Dr. Sanjeer	Member	Attended
10.	Dr. Gurbachan Singh	Member	Not Attended
11.	Dr. Adish Sinha	Member	Attended
12.	Dr. Deepak	Member	Not Attended
13.	Sis Rosamma/ Sis Arumal	Member	Attended
14.	Mr. Randra	Invited member	Attended
15.	Mr. Ramesh / Mr. Siby	Member	Attended
16.	Mr. Durga Prasad	Member	Not Attended
17.	Ms Nutan-ICN	Member	Attended
18.	Ms Akshita- ICN	Member	Attended
19.	Mr Himanshi	Member	Attended
20.	Ms Shilpi	Member	Attended
21.	Sister Monika	Member	Attended
22.	Mr Vivek Tripathi	Member	Attended

Agenda of the Meeting :

1.	HAI and other HIC Indicators- May 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 Adish to look into the feasibility of introducing the Barcode system for Reuse items. Mr. Randra, CSSD Incharge, too shall work on it.	Dr Adish/ Mr. Randra/ ICT/ Mr. Ajay	End of June 2025	Tagging of all SUDs in the new Barcode software is completed in Endoscopy. It is in progress in the OTs. Closed

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1.	HAI	Healthcare associated infection data of May 2025 was presented. The HAI rates for VAE is 5.9 per 1000 ventilator days, however there were no PVAPs. CLABSI: 1.48 per 1000 central line days, CAUTI is 0.98 per 1000 Foley catheter days, SSI rate is 0.26%.	Emphasis and training on Care bundles to be carried out.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of May 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.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for May 2025 was presented. Compliance to Segregation was 94%, storage was 94% and Transportation was 96%.	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	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. Sterilizer 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. Randra	NA	No further events have occurred. Closed
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. Randra	As early as possible	Inventory count has been done. In recess to procure new stock. Open.
		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. Randra	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. Randra	Immediate	Open.
		4. Job responsibility of GDA	GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Mr. Randra/ Mr. Durga	Immediate	Open.

Minutes of Infection Control meeting 19/05/2025

S.No.	Attended by	Designation	Attendance					
1	Dr. Rk Singh	Chairperson	Attended					
2	Dr. Paradi Barmen	Secretary	Attended					
3	Dr. Rajesh Pande	Member	Attended					
4	Dr.Ramji Mahendra	Member	Not Attended					
5	Dr.Jasjit Bhunia/ Dr.Rachna	Member	Not Attended					
6	Dr.Sajan Purohit	Member	Not Attended					
7	Dr.Sunil Prakash	Member	Not Attended					
8	Dr.U.Vaishya	Member	Attended					
9	Dr.Sanjeev	Member	Attended					
10	Dr.Gurbachan Singh	Member	Attended					
11	Dr.Alish Sinha	Member	Attended					
12	Dr.Shilpa	Invited Member	Attended					
13	Dr.Deepak	Member	Not Attended					
14	Sis Rosamma/ Sis Anamol	Member	Attended					
15	Mr.Ramesh / Mr.Siby	Member	Attended					
16	Mr.Durga Prasad	Member	Attended					
17	MS.Nutan-ICH	Member	Attended					
18	Ms.Alisha-ICH	Member	Attended					
19	Ms.Himanshi	Member	Attended					
20	Ms.Shilpi	Member	Attended					
21	Sister Moonika	Member	Attended					
22	Mr.Vivek Tripathi	Member	Attended					
Agenda of the Meeting:								
1	NAI and other IHC Indicators-April 2025							
2	Review of previous MOM							
MOM of previous meeting				Discussion	Decision	Responsibility	Timeline	Status
1	Reuse policy	Dr Paradi discussed that Barcode system for Reuse items be introduced in the organisation.	The HICC members approved of the same. Dr Alish to look into the feasibility of introducing the Barcode system for Reuse items. Mr Mani, CSSD incharge, to start work on it.	Dr Alish/ Mr Mani/ ICT/ Mr Arad	End of June 2025	Tagging of all SUDI in the new Barcode software is underway.		
Discussion of Present meeting								
		Discussion	Decision	Responsibility	Timeline	Status		
1	NAI	Healthcare associated Infection data of April 2025 was presented.The NAI rates for VAE is 1.45 per 1000 ventilator days,CLABSI 1.84 per 1000 central line days, CAUTI is 1.55 per 1000 foley's catheter days, SSI rate is 0.14%.	TheCAUTI 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 0.52 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 BWM disposal for March 2025 was presented. Compliance to Segregation was 97%, storage was 96% 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 Paradi discussed the Recall event in CSSD. The plasma sterilization cycle 25200 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Sterilizer 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 Maal	NA	Under monitoring		
6	Dr Paradi 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 catheterisation 5. Air circulation in OT 6. Traffic in OT 7. Manpower in OT after 4pm 8.Job responsibilities of OGA 9. Cleaning disinfection in OT 10. PPE usage in OT and OT etiquettes	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 the long pending problem and streamline the process or use alternative methods. A pool of trained nurses to be prepared for OT The AHU to be kept running in OT all through out the day. Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be asked to follow OT etiquettes. After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available. OGAs in OT and other areas should not be used for jobs for which they are not privileged. Housekeeping Head to streamline cleaning disinfection in between patient in the OT. 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.	Mr Durga/ Mr Rander Mr Durga/ Mr Rander Mr Durga/ Mr Rander Sis Anamol/ Sis Shilpi Mr Ramesh Dr Alish/ Sis Susan/ Dr Vaishya Sis Anamol Mr Rander/ Mr Durga Mr Durga/ Mr Rander Dr Alish/ Dr Vaishya	As early as possible. Immediate Immediate Immediate Immediate Immediate Immediate Immediate Immediate	Open. Open. Open. Staff has been trained in Foley's catheterisation. Closed. The AHU is kept functional during the whole day. Closed. Dr Alish has discussed and counselled the OT staff. On monitoring. Closed. OT manpower is available after 4 pm. Closed. Open. Dr Alish has discussed and counselled the OT staff. On monitoring. Closed. Dr Alish has discussed and counselled the OT staff. On monitoring. Closed.		

Minutes of Infection Control meeting 22/04/2025

S. No.	NAME	STATUS
1	Dr. Rk Singhal	Chairperson
2	Dr. Purabi Barmain	Secretary
3	Dr. Rajash Pande	Member
4	Dr. Armit Mehrotra	Member
5	Dr. Jasjit Bhadda/ Dr Rachna	Member
6	Dr. Seijan Purohit	Member
7	Dr. Sunil Prakash	Member
8	Dr. Li Vatecha	Member
9	Dr. Sanjeev	Member
10	Dr. Gurbachan Singh	Member
11	Dr. Atish Sinha	Member
12	Dr. Deepak	Member
13	Sis. Rozamma/ Sis. Anamol	Member
14	Mr. Ramesh / Mr. Saby	Member
15	Mr. Durga Prasad	Member
16	MS Nutan - ICM	Member
17	Ms Akshita - ICM	Member
18	Ms Himanshi	Member
19	Ms Shilpi	Member
20	Sister Monika	Member

Agenda of the Meeting :

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 organization.	The HICC members approved of the same; Dr. Akish to look into the feasibility of introducing the Barcode system for Reuse items. Mr Mand, CSSD Incharge, too shall work on it.	Dr Akish/ Mr Mand/ ICT/ Mr Aced	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 3.25 per 1000 ventilator days, CLASSI- 1.74 per 1000 central line days, CAUTI is 0.0 per 1000 Foley's catheter days, SSI rate is 0.21 %.	The CLASSI rate was high in the month of Feb 2025. It has beyond the set internal benchmark. There were 3 cases in MICU, one each in NSCU, CCU 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 25309 failed with Biological indicator failed the QC process. Few Items were not released but none was used. All Items were recalled. Sterilizer was checked by the Biomedical team and found satisfactory functioning. Sterilizer was checked again	The HICC members emphasised on training of CSSD staff.	Mr Mand	NA
6	Dr Purabi informed of the new meeting held on 9.4.2025 and 16.4.2025 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 7. Manpower in OT after 4pm 8. Job responsibilities of GDA 9. Cleaning disinfection in OT	Green sheets to be kept in Surplus sheets in the inventory Housekeeping Head to sort out this 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 AMU to be kept running in OT all through out the day. 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 be available. GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Mr Durga/ Mr Rander Mr Durga/ Mr Rander Mr Durga/ Mr Rander Sis Anamol/ Sis Shifali Mr Ramesh Dr Akish/ Sis Susan/ Dr Valscha Sis Anamol Dr Akish/ Mr Rander/ Mr Durga	As early as possible Immediate Immediate Immediate Immediate 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 in 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 Akish/ Dr Valscha	Immediate