



January 3, 2021

BLK/UHVP/2021/JAN/13

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 Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, New Delhi, for the month of **October 2020 to December 2020**.

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

  
**Dr. Sanjay Mehta**  
**Unit Head & Vice President**

Encls:

**Quarterly report for Bio-Medical Waste Management (BMW)**

- **Annexure-1 List of BMW Management Committee members**
- **Annexure-2 Analysis report of Water Effluent**

Accredited by:



BLK Super Speciality Hospital, Pusa Road, New Delhi - 110005 (Ph: 011-2611201030 to 10 Fax: 011-26752885 • info@blkhospitals.com • www.blkhospital.com)  
Managed by Radiant Life Care Private Limited



Quarterly Report For The Month		Oct-20	Nov-20	Dec-20
<p align="center">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</p>				
S.No.	Particulars			
1	Name address of the Hospital	Dr. B. L. Kapur Memorial Hospital		
2	No. of authorized/sanctioned beds	465		
3	Name of the occupier(MS/Director)	Dr. Sanjay Mehta		
4	Phone No. Fax, E-mail	011 30403040 & 30653961		
5	Whether authorization from Delhi Pollution control committee obtained?	Yes		
6	If Yes, No. date of issue and validity	Yes		
7	Whether in house treatment facility available?	No		
	7.A If Yes, write	N/A		
	7.B If No., how is the BMW treated?	Outsourced-SMS water Grace BMW Pvt.Ltd.		
	7.C Whether tie up with CBWTF Operator	Yes - SMS Water Grace BMW Pvt.Ltd.		
8	Whether Nodal Officer for BMW Management designated?	Yes		
	8.A If Yes-please give name & phone.No.	Ms. Rosamma Jose, 011-30653328		
9	Whether Biomedical Waste management Committee formed?	The functions of the BMW management committee is undertaken HICC committee and serves all the function w.r.t the management of the BMW in DR. B L Kapur Memorial Hospital.		
	9.A If yes, give name of the members	21 + 6 Invited Members List of members is attached (Annexure-1)		
	9.B Date of last meeting	23/10/2020		
10	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 waste) & light blue ( recyclable waste)		
11	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 waste) & light blue ( recyclable waste)		
12	Whether using Biohazard and Cytotoxic Symbols	Yes		
13	Whether Packaging & labeling Practised.	Yes		
14	Whether Puncture proof sharps containers available?	Yes		
15	Is there any provision internal storage?	Yes		
16	Whether there are any use of wheel barrow/trolleys?	Yes		
17	Is there any separate provision of washing facilities for containers	Yes		
	If No, where these containers are washed?	N/A		
18	Is there any centralized storage site?	Yes		
	18.A Is there any provision of lock and key for BMW	Yes		
19	Whether needle destroyer available?	No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to SMS water grace.		
20	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		
21	Is there any Spill Management Protocol	Yes		
22	Is there any Provision for management of Mercury waste, Metals	N/A - We are mercury free hospital		
23	Whether record are maintained properly?	Yes		

	23.A	If Yes, whether verified by the Chairman/Nodal officer	Yes
24		Whether there is daily supervision?	Yes
	24.A	If Yes, Whether the records are maintained	Yes
25		Is there any provision of separates waste weighing machine	Yes
	25.A	If Yes, whether daily record of of weight maintained	Yes
26		Whether there is any injury register	Yes
	26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes
27		Is there any separate Budget here for BMW?	Yes
28		Whether SOPs/ guidelines available	Yes
29		Is there any provision of Training/Retraining in BMW management	Yes
	29.A	If Yes, the. No of personnel trained during the quarter	Doctors - 54 Nursing- 246 Technicians and Paramedics- 68 GDA & Housekeeping- 118
30		Is there any IEC/Community awareness	No
31		Whether waste Audit carried out?	Yes
	31.A	If Yes, Whether the report submitted to the head of the institution	Yes
32		Whether monthly report submitted to DHS	N/A
33		Whether Quarterly Report submitted to DHS	Yes
34		Whether Annual Monthly Report submitted to DPCC	Yes
35		Whether regular inspection carried out	Yes
36		Whether consent obtained under Air and Water Act	Yes
37		Whether Acoustic enclosures for generator sets present	Yes
38		Whether Sewage treatment plant (STP) installed in the Hospital	Yes
39		If yes, attach copy of laboratory report authorized by DPCC	Yes Laboratory report attached (Annexure-2)
40		Whether personal protective Equipment (PPE) used BMW staff	Yes
41		Whether the staff posted at BMW is medically examined	Yes
	41.A	If, Yes, how frequently	Once a year
	41.B	Whether immunized againsts Tetanus and Hepatitis B	Yes

#### BLK HOSPITAL BMW DETAILS

42		Quantum of waste generated	Oct-20	Nov-20	Dec-20
		Incinerable	4792.22	3645.28	4441.7
		Autoclavable/Microwavable	7650.81	5908.29	7839.16
		blue Puncture proof boxes for glasses	1111.95	739.36	1245.27
		white puncture proof for Sharps	191.61	135.38	185.09
		Cytotoxic waste for incineration	144.26	113.79	169.72
		<b>Total</b>	<b>13890.85</b>	<b>10542.1</b>	<b>13880.94</b>

#### COVID WASTE DETAILS

43		Quantum of waste generated	Oct-20	Nov-20	Dec-20
		Incinerable	3178.59	3671.23	4106.83
		Autoclavable/Microwavable	2927.14	3183.17	3189.66
		blue Puncture proof boxes for glasses	237.99	560.57	704.83
		white puncture proof for Sharps	4	260.28	352.81
		Cytotoxic waste for incineration	NIL	NIL	NIL
		<b>Total</b>	<b>6347.72</b>	<b>7675.25</b>	<b>8354.13</b>

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. B.L. Kapur Memorial Hospital  
Unit Head & Vice President  
Dr. Sanjay Mehra

## Annexure -1



### Minutes of Infection Control meeting 23/10/2020

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Not Attended
2	Dr.Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr.Sanjay Mehta	Member	Not Attended
5	Dr.Ajay Kaul	Member	Not Attended
6	Dr.Dharma	Member	Not Attended
7	Dr Jasjit Bhasin	Member	Not Attended
8	Dr Amit Agarwall	Member	Not attended
9	Dr Sunil Prakash	Member	Not attended
10	Dr U Valecha	Member	Attended
11	Dr.Gurbachan Singh	Member	Attended
12	Dr Rachna	Invited Member	Not attended
13	Dr.Taun Thukral	Invited Member	Attended
14	Dr.Vivek Gupta	Member	Attended
15	Dr.Kulwinder	Invited Member	Attended
16	Dr Sanjay Durani	Member	Attended
17	Dr Dhirender	Member	Not Attended
18	Sis Rosamma	Member	Attended
19	Mr Ramesh	Member	Not Attended
20	Mr.Arun Kumar - ICN	Member	Attended
21	Ms Nisha James - ICN	Member	Attended
22	Mr.Jitender	Invited Member	Not Attended
23	Mr Rajeev	Invited Member	Not Attended
24	Ms Promila - ICN	Member	Attended
25	Dr Navin	Member	Not Attended
26	Ms. Mamoni	Invited Member	Not Attended
27	Ms Preeti - ICN	Member	Attended
Since Dr RK Singhal could not attend the HICC meeting, it was chaired by Dr Rajesh Pande			

Agenda of the Meeting :						
1	Pending points- last Meeting					
2	HAI - Aug 2020 - Sep 2020					
A	Minutes of present meeting					
1	HAI	<p><b>DISCUSSION</b></p> <p>Dr Purabi presented the Healthcare associated infection data of Aug 2020 and Sep 2020. The HAI rates for VAP is 1.77 in Aug and 1.68 in Sep 2020. CLABSI rates is 0.93 in Aug and 1.92 in Sep 2020 respectively. CAUTI is 1.68 in Aug and 0.75 in Sep 2020 respectively. SSI in Aug was 0.13% and 0.26% in Sept 2020. All HAI rates are within the internal benchmark except with CAUTI in May and June 2020. No VAE was reported.</p>	NA	ICT	NA	Under monitoring
2	Needle stick injury	<p>Dr Purabi presented the NSI data of Aug 2020 and Sep 2020. Incidence of NSI were 0.50% in Aug, and 0.48% in Sep 2020 respectively.</p>	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	<p>The audit report of BMW disposal was presented. Compliance to Segregation was 91.36% in Aug 2020 and 90.52% in Sep 2020 respectively. Compliance to Disposal was 90.62% in Aug 2020 and 92.47 in Sep 2020 respectively. Compliance to storage was 92% in Aug 2020 and 93.57% in Sep 2020 respectively. Compliance to Transportation was 96.47% in Aug and 95.5 % in Sept 2020 respectively. Dr.Purabi also presented the audit report of BMW disposal in COVID Areas. Compliance to Segregation was 89.74% in Aug 2020 and 88.5% in Sep 2020. Compliance to Disposal was 88.45% in Aug and 90.12% in Sep 2020 respectively. Compliance to Storage was 91.56% in Aug and 89.52% in Sep 2020 respectively. Compliance to Transportation was 92.15 % in Aug and 91.42% in Sep 2020 respectively.</p>	NA	NA	NA	Under monitoring

4	Hand hygiene	Dr Purabi presented the hand hygiene data for the month of Aug and Sep 2020. Consolidated Hand Hygiene data for the month of Aug and Sep 2020 was also presented. Hand hygiene compliance rates were within acceptable limits.	NA	ICT	NA	Under monitoring
5	Safe injection practices-	It was observed in one of the ICUs that Normal saline were loaded in syringes and are used for line care, etc. Second, the Mini spike used on Normal saline bottle has been found open during routine rounds thus increasing the risk of infection.	The finding was discussed with the ICU doctors and staff. Training was imparted and was counselled not to keep preloaded NS syringes and to cover the hub. At the same time, it was also discussed to retain posiflush for equally line care. Dr Kulvinder to look into the availability of Posiflush and needful action.	Dr Kulvinder	20th Nov 2020	Open
6	Trolleys	It was observed that some of the trolleys used for CSSD instrument transport were damaged, without doors, thus increasing the risk of cross contamination.	It was discussed to repair all such trolleys across the hospital.	Dr Kulvinder	4th Nov 2020	Open
7	Unavailability of Sterile green sheet	The committee discussed the shortage of sterile green sheets across the hospital. Dr Pande also raised the same concern in COVID ICU.	It was decided too increase the inventory of green sheets.	Mr Jitender/ Dr Kulvinder	4th Nov 2020	Open



**EKO PRO ENGINEERS PVT. LTD.**

Environmental Consultants and Analytical Laboratory

(An ISO 9001:2015 Certified Company)

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**TEST REPORT****Sewage Sample Analysis**

Test Report No. : EKO/104/291220

Issue Date : 02/01/2021

Issued To

Dr. B.L KAPUR MEMORIAL HOSPITAL  
Pusa Road  
New Delhi

Sample Description : STP Outlet  
Sample Drawn on : 29/12/2020  
Sample Drawn by : EPEPL (Mr. Harish Kumar)  
Sample Received on : 29/12/2020  
Sampling Location : From STP Plant  
Sampling Plan & Procedure : SOP-W/68  
Sample Quantity : 1.0 Litre  
Environmental Condition : Normal  
Analysis Duration : 29/12/2020 To 02/01/2021  
Remark (if any) : NA

**RESULTS**

S. No.	Parameters	Test Methods	Results	Units	Limits as per CPCB (EPR-1986 Schedule-VI Part-A)
1	pH	IS: 3025 (P-11)	7.31	-	5.5-9.0
2	Total Dissolved Solids	IS: 3025 (P-16)	995.0	mg/L	-
3	Total Suspended Solids	IS: 3025 (P-17)	28.0	mg/L	100.0
4	Oil & Grease	IS: 3025 (P-39)	ND	mg/L	10.0
5	COD (as O <sub>2</sub> )	IS: 3025 (P-58)	50.9	mg/L	250.0
6	BOD (@27°C for 3 days)	IS: 3025 (P-44)	18.0	mg/L	30.0

**Notes:**

- The results given above are related to the tested sample, as received & mentioned parameters.  
The customer asked for the above tests only.
- This test report will not be generated again, either wholly or in part, without prior written permission of the Laboratory.
- The test report will not be used for any publicity/legal purpose.
- The test samples will be disposed off after 15 days from the date of reporting of result, unless until specified by the customer. Sample received for biological tests will be destroyed after 7 days from the date of issue of test report.
- Responsibility of the Laboratory is limited to the invoiced amount only.

**\*\*End of Report\*\***

For EKO PRO ENGINEERS PVT. LTD.

