



# BLK-MAX

Super Speciality Hospital

April 5, 2022

BLK/MS/2022/JAN/12

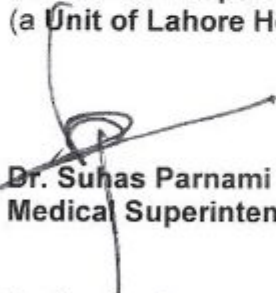
Dr. R. Aggarwal  
Addl. Director (BMW Mgmt.)  
Directorate of Health Services  
Swasthya Sewa Nideshalaya Bhawan  
F-17, Karkardooma  
Delhi-110032.

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 **January 2022 to March 2022**.

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

  
**Dr. Suhas Parnami**  
**Medical Superintendent**

Encls: As above

**Dr. Suhas Parnami**  
**Medical Superintendent**  
**Dr. B. L. Kapur Memorial Hospital**  
**Pusa Road, New Delhi-110 005**



Quarterly Report For The Month		Jan-22	Feb-22	Mar-22
<p style="text-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.	Mr. Gitesh Mongia , 01130653858		
9	Whether Biomedical Waste management Committee formed?	Yes		
9.A	If yes, give name of the members	14 members List of members is attached (Annexure-1)		
9.B	Date of last meeting	26.3.2022		
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,		
11	Whether Color Coded Segregation Liners/Bags available	Yes		
11.A	If Yes, what color?	Yellow, Red, Blue Puncture proof Container, White Puncture Proof,		
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		
17.A	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		
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 - 76 Nursing- 366 Technicians and Paramedics- 55 GDA & Housekeeping- 156		
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																																																																		
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																																																																		
		<table border="1"> <thead> <tr> <th colspan="2">Jan-22</th><th colspan="2">Feb-22</th><th colspan="2">Mar-22</th></tr> <tr> <th>Non covid</th><th>Covid</th><th>Non covid</th><th>Covid</th><th>Non covid</th><th>Covid</th></tr> </thead> <tbody> <tr> <td colspan="2">Quantum of waste generated</td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Incinerable</td><td>3841.96</td><td>614.47</td><td>3859.88</td><td>423.75</td></tr> <tr> <td colspan="2">Autoclavable/Microwavable</td><td>6648.32</td><td>936.19</td><td>6280.18</td><td>475.24</td></tr> <tr> <td colspan="2">Blue Puncture proof boxes for glasses</td><td>1488.36</td><td>278.54</td><td>1531.37</td><td>106.5</td></tr> <tr> <td colspan="2">White puncture proof for Sharps</td><td>284.51</td><td>166.29</td><td>272.57</td><td>35.72</td></tr> <tr> <td colspan="2">Cytotoxic waste for incineration</td><td>134.89</td><td>0</td><td>120.11</td><td>0</td></tr> <tr> <td colspan="2">Total</td><td>12398.04</td><td>1995.49</td><td>12064.11</td><td>1041.21</td></tr> <tr> <td colspan="2">TOTAL NON COVID + COVID</td><td>14393.53</td><td></td><td>13105.32</td><td></td></tr> <tr> <td colspan="2"></td><td></td><td></td><td></td><td>14462.03</td></tr> </tbody> </table>	Jan-22		Feb-22		Mar-22		Non covid	Covid	Non covid	Covid	Non covid	Covid	Quantum of waste generated						Incinerable		3841.96	614.47	3859.88	423.75	Autoclavable/Microwavable		6648.32	936.19	6280.18	475.24	Blue Puncture proof boxes for glasses		1488.36	278.54	1531.37	106.5	White puncture proof for Sharps		284.51	166.29	272.57	35.72	Cytotoxic waste for incineration		134.89	0	120.11	0	Total		12398.04	1995.49	12064.11	1041.21	TOTAL NON COVID + COVID		14393.53		13105.32							14462.03
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Signature of Nodal Officer

Signature of Medical Superintendent





# BLK-MAX

Super Speciality Hospital

## SPEED POST

Ref: BLK/ STP/2022/Q1/485

April 01, 2022

Delhi Pollution Control Committee,  
Department of Environment,  
4<sup>th</sup> to 6<sup>th</sup> Floor, ISBT Building,  
Kashmere Gate,  
Delhi-110 006.

Kind Attn : Senior Environmental Engineer (BMW Cell)

Sub : Submission of STP Outlet Water Testing Report in respect of Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110005 for the quarter 1<sup>st</sup> January to 31<sup>st</sup> March, 2022.

Dear Sir,

We enclose herewith a photocopy of STP Outlet Water Testing Report (Ref: DPCC/ Comm/W/7555/4674 dated 28/03/2022 for the above test conducted by Delhi Pollution Control Committee for the quarter 1<sup>st</sup> January to 31<sup>st</sup> March, 2022 in respect of Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110 005, as per the parameters prescribed for Liquid Waste in Schedule-V of the Bio-Medical Waste (Management and Handling) Rules, 1998.

Yours faithfully,  
for Dr. B.L. Kapur Memorial Hospital  
(A Unit of Lahore Hospital Society)

*sd/-*

(Gitesh Mongia)  
DGM - Operations

Encl: Copy of STP Outlet Water Testing Report (as above).

✓ Copy to: Head (Housekeeping) – along with the enclosure.

*Amil*  
*W.L.*





## WATER LABORATORY

DELHI POLLUTION CONTROL COMMITTEE  
4TH FLOOR, ISBT BUILDING, KASHMERE GATE, DELHI-110006  
visit us at <http://dpccocmms.nic.in>

Result No- DPCC/Comm/W/7555/4674

Date:28/03/2022

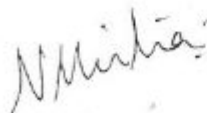
### LAB REPORT


1. Name & Address of Unit : M/s.B.L. Kapur Memorial Hospital  
PUSA ROAD NEW DELHI  
Delhi-110005
2. Sampling Location : STP Outlet
3. Date of sampling : 21/03/2022
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : STP
6. Nature of sample : Grab
7. Nature of Industry : Health Care Establishments having bed strength above 50 beds and connected or not connected to Sewer and with boiler

8. Parameter analyzed and result

S. No.	Parameters	Outlet of STP	Prescribed Standard
1	pH	7.1	6.5-9.0
2	Total Suspended Solids (TSS)	38	100.0
3	Oil and Grease	2.4	10.0
4	Chemical Oxygen Demand(COD)	74	250.0
5	Bio-Chemical Oxygen Demand(BOD)[3 days at 27°C]	22	30.0
6	Bio - assay Test (percent survival of fish after 96 hours in 100 percent effluent)	90	90.0-100.0

\*All parameters are in mg/l except pH

  
Dr Nandita Moitra  
I/C Water Laboratory

  
SSA/Analyst/JLA

Minutes of Infection Control meeting 26/03/2022

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barmen	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ramji Mehrotra	Member	Not Attended
5	Dr. Dharma	Member	Attended
6	Dr. Jasjit Bhasin/ Dr Rachna	Member	Not Attended
7	Dr. Sujon Purohit	Member	Not attended
8	Dr. Sunil Prakash	Member	Not attended
9	Dr. U. Valecha	Member	Not Attended
10	Dr. Jasbir Khanuja	Member	Attended
11	Dr. Gurbachan Singh	Member	Not Attended
12	Dr. Suhas	Member	Attended
13	Dr. Vivek Gupta	Member	Attended
14	Dr. Tarun Thukral	Invited member	Attended
15	Dr. Siddhart	Member	Not Attended
16	Sis Rosamma/ Sis Anu	Member	Attended
17	Mr. Ramesh	Member	Not Attended
18	Mr. Arun Kumar - ICN	Member	Attended
19	Ms. Sushma - ICN	Member	Attended
20	Ms. Nisha James - ICN	Member	Attended
21	Mr. Jitender/ Mr. Rajiv	Member	Attended
22	Sis Anjana	Member	Attended

Agenda of the Meeting :

1	HAI - Feb 2022	
2	Review of previous MOM	
3	Infections in Medical Oncology	
4	Vaccination of HbsAg in Food handlers	

MOM of previous meeting

1	Cidex in Gynae OPD	Dr. Purabi informed that a space for placing Cidex for Transvaginal probe in gynae OPD is needed.	The sapce will be provided.	Dr. Suhas, Quality dept.	28th Feb	Open
	Discussion of present meeting					

1	HAI	Healthcare associated infection data of Feb 2022 was presented. The HAI rates for VAE is 3.50, P VAP 0, CLABSI 1.16, CAUTI is 1.49 and SSI is 0.66%.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Feb 2022 was presented. Incidence of NSI were 0.04%.	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 90%, Disposal was 86%, storage was 88% and Transportation was 92%. In COVID area it was 92%, 90%, 91%, 94% respectively.	NA	NA	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Oct 2021 were presented. Hand hygiene compliance rates were within acceptable limits.	NA	ICT	NA	Under monitoring
5	Infections in Medical Oncology	Dr Purabi informed the members about the discussion done with the Medical Oncology team with regards to infections in this group of patients.	The HICC members emphasised the following. First retraining of all staff on Line care and Hand hygiene. Second hand rub to be made available and accessible in all clinical areas without fail. Dr Dhirender and Dr Suhas to take a decision on its implementation. Third, Nursing to increase the inventory of sterile green sheets. Doctors to be trained on wound dressing.	Dr Suhas/ Dr Dhirender/ HICC	31st March	Open
6	Hep B vaccination for food handlers	Hep B vaccine was earlier given to food handlers who is required to enter clinical areas. The new Max policy, this group should be excluded.	HICC recommends that Hep B vaccine be given to this particular group of Food handlers.	Dr Suhas	31st March	Open
7	Mock drill for Communicable disease	It was decided to hold the mock drill in second week of April.	Quality dept will facilitate and conduct the drill.	Dr Navin/ HICC	Second week of April	Open

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*[Handwritten signature]*



Minutes of Infection Control meeting 23/02/2022

S.N.	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	Attended
5	Dr. Dharma	Member	Attended
6	Dr. Jasjit Bhasin/ Dr. Rachna	Member	Attended
7	Dr. Sujon Purohit	Member	Not attended
8	Dr. Sunil Prakash	Member	Not attended
9	Dr. U. Valecha	Member	Not Attended
10	Dr. Jasbir Khanuja	Member	Not Attended
11	Dr. Gurbachan Singh	Member	Attended
12	Dr. Suhas	Member	Attended
13	Dr. Vivek Gupta	Member	Attended
14	Dr. Tarun Thukral	Invited member	Attended
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20	Ms. Nisha James - ICN	Member	Attended
21	Mr. Jitender/ Mr. Rajiv	Member	Attended
22	Sis Anjana	Member	Attended

Agenda of the Meeting :

1	HAI - Jan 2022		
2	Review of previous MOM		
3	Infections in CTVS ICU		

1	Duration of Pre surgical prophylaxis	It was discussed to audit cases of LSCS and TKR on duration on surgical prophylaxis	The HICC decided that retrospective audit on the duration of antibiotics given will be done for LSCS and TKR for Oct 2021. The data will be shared with Administration for discussion with respective surgeons. The audit findings were shared with the HICC members. In TKR, Post discharge antibiotics were prescribed in few high risk patients. In gynae, non compliance were noted in few cases, which shall be discussed with concerned dept	HICC	10th March	THE AMS team will meet on 2nd march with Gynae team to discuss the findings.
Discussion of present meeting						
1	HAI	Healthcare associated infection data of Oct 2021 was presented. The HAI rates for VAE is 3.26, P. VAP 0, CLABSI 1.30, CAUTI is 1.35 and SSI is 0.86%.	NA	ICT	NA	Under monitoring



2	Needle stick injury	NSI data of Oct 2021 was presented . Incidence of NSI were 0.08% .	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented, Compliance to Segregation was 89% ,Disposal was 90% ,storage was 90% and Transportation was 94%. In COVID area it was 93%,91%,93%,95% respectively.	NA	NA	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Oct 2021 were presented. Hand hygiene compliance rates were within acceptable limits.	NA	ICT	NA	Under monitoring
5	Infections in CTVS ICU	Dr Purabi informed the committee that one case of Acinetobacter and one case of Klebsiella pneumoniae was isolated in Feb 2022 in ventilated patients. On doing a RCA, it was found out that the ventilator cassettes were not sent for autoclave by the staff in ICU, citing shortage.	The matter was discussed with Dr Mehta and Dr Suhas. It was now decided that dedicated ventilators will be kept for CTVS and Transplant ICUS, and these will not be shared with other areas. The number of ventilators will also be increased. The staff has been counselled too , to follow the IC protocols.	Dr Suhas	28th Feb	Open
6	Cidex In Gynae OPD	Dr Purabi informed that a space for placing Cidex for Transvaginal probe in gynae OPD is needed.	The sapce will be provided.	Dr Suhas, Quality dept.	28th Feb	Open

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*[Handwritten signature]*

Minutes of Infection Control meeting 23/01/2022

S.N.	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
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20	Ms. Nisha James - ICN	Member	Attended
21	Mr. Jitender/ Mr. Rajiv	Member	Attended

Agenda of the Meeting :

1	HAI - Dec 2021		
2	Review of previous MOM		

Review of last MOM

1	Placement of Hand Rub stands at the entrance of each OT.	It was raised by Dr. Purabi that the present hand rub dispenser outside the OTs are non functional.	Dr. Suhas suggested to place automated hand rub dispenser in front of each OTs	Dr. Suhas	31.08. 21	Dr. Suhas informed that order for the Hand rub stands have been ordered. They will be placed when they are received in the hospital. Closed
2	Duration of Pre surgical prophylaxis	It was discussed to audit cases of LSCS and TKR on duration on surgical prophylaxis	The HICC decided that retrospective audit on the duration of antibiotics given will be done for LSCS and TKR for Oct 2021. The data will be shared with Administration for discussion with respective surgeons.	HICC	15th Jan 2021	The audit findings were shared with the HICC members. In TKR, Post discharge antibiotics were prescribed. In few high risk patients. In gynae, non compliance were noted in few cases, which shall be discussed with concerned dept.

Discussion of present meeting						
1	NAI	Healthcare associated Infection data of Oct 2021 was presented. The HAI	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Oct 2021 was presented. Incidence of NSI were 0.11%.	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 85% ,Disposal was	NA	NA	NA	Under monitoring.
4	Hand hygiene	Hand hygiene data for the month of Oct 2021 were presented. Hand hygiene compliance rates were within acceptable limits.	NA	ICT	NA	Under monitoring

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