

April 16, 2021

BLK/MS/2021/APR/37



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 2021 to March 2021**.

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


Dr. Suhas Parnami
Medical Superintendent

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 (India)
Tel.: 91-11-30403040 Fax: 91-11-25752885 • info@blkhospital.com • www.blkhospital.com
Managed by Radiant Life Care Private Limited



Quarterly Report For The Month

Jan-21

Feb-21

Mar-21

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 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. Rosanima 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 25+ 1 invited member List of members is attached (Annexure-1)
9.B	Date of last meeting 19.02.2021
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 - 112 Nursing- 270 Technicians and Paramedics- 120 GDA & Housekeeping- 212
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 Quarterely Report sumitted 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 againts Tetanus and Hepatitis B	Yes

BLK HOSPITAL BMW DETAILS

42		Quantum of waste generated	Jan-21	Feb-21	Mar-21
		Incinerable	4481.54	3946.99	4293.38
		Autoclavable/Microwavable	8038.97	7352.46	8327.45
		blue Puncture proof boxes for glasses	1138.34	1220.95	1556.26
		white puncture proof for Sharps	167.22	210.97	284.73
		Cytotoxic waste for incineration	170.64	118.49	181.52
		Total	13996.71	12849.86	14643.34

COVID WASTE DETAILS

43		Quantum of waste generated	Jan-21	Feb-21	Mar-21
		Incinerable	2548.67	1830.15	1928.79
		Autoclavable/Microwavable	2358.55	1645.77	1649.94
		blue Puncture proof boxes for glasses	658.31	289.69	270.54
		white puncture proof for Sharps	203.45	128.8	70.7
		Cytotoxic waste for incineration	0	0	0
		Total	5768.98	3894.41	3919.97

Signature of Nodal Officer

Signature of Medical Superintendent

ANNEXURE -1

Minutes of Infection Control meeting 19/02/2021

S.N.	Attended by		
1	Dr. Rk Singhal	Chairperson	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	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	Not attended
14	Dr.Vivek Gupta	Member	Attended
15	Dr.Suhas	Member	Attended
16	Dr Sanjay Durani	Member	Not attended
17	Dr Dhirender	Member	Attended
18	Sis Rosamma	Member	Attended
19	Mr Ramesh	Member	Not Attended
20	Mr.Arun Kumar - ICN	Member	Attended
21	Mr.Dinesh - ICN	Member	Attended
22	Ms Nisha James - ICN	Member	Attended
23	Mr.Jitender	Member	Attended
24	Ms Preeti - ICN	Member	Not Attended
25	Dr Navin	Member	Attended
26	Ms. Mamoni	Invited Member	Not Attended

The HIC meeting was chaired by Dr RK Singhal.					
Agenda of the Meeting :					
1	HAI - Dec 2020 - Jan 2021				
2	Presentation of annual summary for 2020, risk assessment and Infection control plan				
A	Pending points of last meeting - None				
B	Discussion - present meeting				
1	HAI	Healthcare associated infection data of Dec 2020 and Jan 2021 was presented. The HAI rates for VAP is 1.28 in Dec and 1.32 in Jan 2021. VAE rate is 1.28 in Dec and 1.32 in Jan 2021. CLABSI rates is 1.35 in Dec and 1.06 in Jan 2021 respectively. CAUTI is 1.10 in Dec and 1.70 in Jan 2021 respectively. SSI in Dec was 1.00% and 0.67% in Jan 2021. All HAI rates are within the internal benchmark.	NA	ICT	NA
1	Needle stick injury	NSI data of Dec 2020 and Jan 2021 were presented. Incidence of NSI were 0.05% in Dec, and 0.10% in Jan 2021 respectively.	NA	ICT	NA
					Under monitoring

2	Biomedical waste disposal	The audit report of BMW disposal in COVID Areas was presented. Compliance to Segregation was 93% in Dec 2020 and 93.5% in Jan 2021 respectively. Compliance to Disposal was 91.75% in Dec 2020 and 91.8% in Jan 2021. respectively. Compliance to storage was 94% in Dec 2020 and 92% in Jan 2021 respectively. Compliance to Transportation was 93% in Dec 2020 and 94% in Jan 2021 respectively. Also presented the audit report of BMW disposal in Non COVID Areas. Compliance to Segregation was 93. % in Dec 2020 and 91% in Jan 2021. Compliance to Disposal was 91% in Dec 2020 and 93% in Jan 2021 respectively. Compliance to Storage was 91% in Dec 2020 and 94% in Jan 2021 respectively. Compliance to Transportation was 95% in Dec 2020 and 93% in Jan 2021 respectively.	NA	NA	NA	Under monitoring
3	Hand hygiene	hand hygiene data for the month of Dec and Jan 2021 were also presented. Consolidated Hand Hygiene data for the month of Dec 2020 and Jan 2021 was also presented. Hand hygiene compliance rates were within acceptable limits.	NA	ICT	NA	Under monitoring

4	Annual summary of 2020	Annual summary of the year 2020 was presented. VAP - 1.98 per 1000 ventilator days. VAE - 1.7 per 1000 ventilator days. CLABSI - 1.88 per 1000 central line days. CAUTI - 1.52 per 1000 Foley's days. SSI - 0.71%. Hand hygiene rate was 91.6%. Blood and body fluid exposure rate was 0.87%. Risk assessment for 2021 was done and shared with committee. Infection Control plan for the year 2021 was also presented.	NA	ICT	NA	NA
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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/6540/3130

Date:30/03/2021

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 : 24/03/2021
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : DPCC Lab
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	STP Outlet	Prescribed Standard
1	pH	7.3	6.5-9.0
2	Total Suspended Solids (TSS)	28	100.0
3	Oil and Grease	1.2	10.0
4	Bio-Chemical Oxygen Demand(BOD)[3 days at 27°C]	16	30.0
5	Bio - assay Test (percent survival of fish after 96 hours in 100 percent effluent)	90	90.0-100.0
6	Chemical Oxygen Demand(COD)	44	250.0

*All parameters are in mg/l except pH.

N. Moitra
Dr Nandita Moitra
I/C Water Laboratory

NANDITA MOITRA
Scientist 'C'

SSA
SSA/Analyst/JLA