

October 4, 2022

BLK/MS/2022/OCT/14

Dr. R. Aggarwal
Addl. Director (BMW Mgmt.)
Directorate of Health Services
Swasthya Sewa Nidhi 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 July 2022 to September 2022.

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


Dr. Suhas Parmami
Medical Superintendent

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

Encls: As above



Quarterly Report For The Month		Jul-22	Aug-22	Sep-22
Govt.of NCT of Delhi, Directorate of Health Services Swasthya Sewa Nidhi Bhawan, F-17, Karkardooma, Delhi-32. (Ph No.22304549) Quarterly Information required for BMW Management				
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 Moogia , 01130653858		
9	Whether Biomedical Waste management Committee formed?	Yes		
9.A	If yes, give name of the members	14 members Invited-03		
9.B	Date of last meeting	30.09.2022		
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, Yellow		
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		
12	Whether using Biohazard and Cytotoxic Symbols	Yes		
13	Whether Packaging & labeling Practiced	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/trayles?	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 BMW		
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 -78 Nursing - 342 Technicians and Paramedics- 47 ODA & Housekeeping - 253		
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 SPCC	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 SPCC	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 against Tetanus and Hepatitis B	Yes		

42		Quantum of waste generated:	Jul-22		Aug-22		Sep-22	
			Non covid	Covid	Non covid	Covid	Non covid	Covid
		Incinerable	4554.68	36.63	4692.97	177.83	4251.74	49.36
		Autoclavable/Microwaveable	7571.77	47.95	7512.27	159.74	7042.13	60.61
		Blue Puncture proof boxes for glasses	1926.46	8.25	1976.84	30.41	1618.42	15.21
		White puncture proof for Sharps	396.14	6.3	387.37	25.35	327.16	2.34
		Cytotoxic waste for incineration	139.91	0	132.24	0	136.08	0
		Total	14588.96	99.13	14501.69	393.33	13375.53	127.52
		TOTAL NON COVID + COVID	14688.09		14895.02		1.503.05	

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. Suhas Parikh
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 048

Minutes of Infection Control meeting 15/07/2022			
S.N.	Attended by		
1	Dr. RS Singhal	Chairperson	Attended
2	Dr. Purabji Banman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Not Attended
4	Dr. Ramji Mehtastra	Member	Attended
5	Dr Jagjit Bhasin/ Dr Rachna	Member	Not Attended
6	Dr Sujan Panchal	Member	Not attended
7	Dr Sunil Prakash	Member	Not attended
8	Dr U Volecha	Member	Attended
9	Dr Jashir Khanuja	Member	Attended
10	Dr Tanus	Invited member	Attended
11	Dr Shimpli	Invited member	Attended
12	Dr. Guribachan Singh	Member	Attended
13	Dr. Sohan	Member	Attended
14	Dr Dineshender Kumar	Member	Attended
15	Mrs Gorlina Tuteja	Invited member	Attended
16	Dr Vivek Gupta	Member	Attended
17	Dr Skidhart	Member	Not Attended
18	Sis. Ressamma/ Sis. Anna	Member	Attended
19	Mr Ramesh /Mr Sibi Verghese	Member	Attended
20	Mr Jitender/ Mr Harsh	Member	Attended
21	Mr. Jitendra/ Mr. Amit	Member	Attended
22	Mrs Parminder - ICN	Member	Attended
23	Mr. Arun Kumar - ICN	Member	Attended
24	Mrs Sushma - ICN	Member	Attended
25	Mrs Arjana-ICN	Member	Not Attended

Agenda of the Meeting :	
1	HAI - June 2022
2	Review of previous MDM

MDM of previous meeting		All closed	Discussion of present meeting		
1	HAI	Healthcare associated infection data of June 2022 was presented. The HAI rates for VAE is 2.07 , P VAP 2.07, CLABSI 2.35, CAUTI is 1.24 . SSI rate is 0.38%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA
2	Needle stick injury	NSI data of June 2022 was presented . Incidence of NSI were 0.50.	NA	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 91% ,Disposal was 90%,storage was 91% and Transportation was 94% In COVID area it was 93%, 92%, 93%, 95%	NA	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of June 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.	Re-training of hand hygiene to be carried out.	ICT	NA

S	Pre Surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 99.5%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anaesthesia Team	NA	Under monitoring
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Minutes of Infection Control meeting 31/08/2022					
S.N.	Attendee ID	Designation	Attendance		
1.	Dr. Ritesh Singh	Chairperson	Attended		
2.	Dr. Purush Barmen	Secretary	Attended		
3.	Dr. Rajesh Pandit	Member	Attended		
4.	Dr. Renu Malhotra	Member	Not Attended		
5.	Dr. Jagat Bhambhani/ Dr. Rachna	Member	Not Attended		
6.	Dr. Sejwan Panchal	Member	Not attended		
7.	Dr. Sandeep Prakash	Member	Not attended		
8.	Dr. U. Vaishak	Member	Not Attended		
9.	Dr. Anubir Kherwani	Member	Not Attended		
10.	Dr. Tarun	Invited member	Attended		
11.	Dr. Nitin	Invited member	Not Attended		
12.	Dr. Gurkaran Singh	Member	Attended		
13.	Dr. Jitendra	Member	Attended		
14.	Dr. Dhivender Kumar	Member	Not Attended		
15.	Dr. Deepak	Member	Attended		
16.	Mr. Balaraman/ Dr. Ane	Member	Attended		
17.	Mr. Ramesh/ Mr. Milu Varghese	Member	Attended		
18.	Mr. Bhendekar/ Mr. Manish	Member	Attended		
19.	Mr. Parvezdar - ICM	Member	Attended		
20.	Mr. Arvind Kumar - ICM	Member	Attended		
21.	Ms. Anjana - ICM	Member	Not Attended		

Agenda of the Meeting :					
1.	HAI - July 2022				
2.	HAI/ nosocomial				
3.	Placement of COVID positive patients awaiting RT-PCR				
4.	CDC ICU issues				
5.	HIV NTP				
6.	Blood and body fluid exposure program				
7.	Review of previous MIM				

MIM of previous meeting		Discussion of present meeting				
1.	HAI	Healthcare associated infection data of July 2022 was presented. The HAI rates for VAE is 3.4%, P-VAP is, GIABSI 1.1%, CAUTI is 1.78 , SSI rate is 0.80%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA	Under monitoring
2.	Needle stick injury	NSI data of June 2022 was presented. Incidence of NSI were 0.50.	NA	ICT	NA	Under monitoring
3.	Biomedical waste disposal	The audit report of BMW disposal in was presented. Compliance to Segregation was 95.5%, Disposal was 89.2%, storage was 80% and Transportation was 81.2% in COVID area it was 92.4%, 93%, 93.6%, 94.3%	NA	NA	NA	Under monitoring
4.	Hand hygiene	Hand hygiene data for the month of June 2022 were presented. Overall hand hygiene compliance rates in the hospital were within acceptable limits.	Re-training of hand hygiene to be carried out.	ICT	NA	Under monitoring
5.	Pre surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 96.8%. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anesthesia Team	NA	Under monitoring
6.	Cardiac surgery	A meeting was held on 24.08.2022 alongwith DR. Ramji and other members to discuss the issues in CTVS ICU and OT.	Dr. Purush Barmen informed that the dirty instruments are being cleaned inside the OT premises. It was discussed that these instruments shall be sent to CSD after being sprayed with enzymatic cleaner. No wash will be done inside the OT as there is no defined area.	DR. Subhash/ Dr. Chintan	Immediate	Open

7	HINI vaccination	The HICC has decided to start the HINI vaccination for 2022-2023	Vaccine as per WHO recommendation to be arranged for staff	Dr Suhas/ Dr Dhivya/ ICT	Immediate	Open
8	Placement of SARS-CoV2-positive COVID patients	There were few cases of SARS-CoV2 positive patients who were tested negative by PCR.	It was decided to follow the present policy of shifting the patient to flu corner and also follow up with a RT-PCR for COVID. In patients, who does not fit to the clinical picture of COVID, an opinion may be taken from the treating	Dr Dhivya/ ICT	Immediate	Closed
9	HIV PEP	The new guidelines of NACO has listed Tenofovir, Lamivudine and Dolutegravir as the preferred PEP POC.	HICC has approved the combination Tenofovir, Lamivudine and Dolutegravir instead of Tenofovir, Lamivudine and Emtricitabine	ICT	Immediate	Closed
10	Blood and body fluid exposure and injection safety awareness program	Dr Purabi German informed that the infection control team has scheduled an awareness program on 'Blood and body fluid exposure and injection safety'	The program and agenda was appreciated by HICC. It shall be conducted in Sept 2022 involving all sections of staff. In the third week, the team will collaborate with BD for its program 'Aim for safety'. All logistics as per requirements have been approved by HICC and Dr Suhas	HICC/ Dr Suhas/ ICT	NA	Closed
11	Housekeeping issues	Shortage of curtains, biomedical bags not been discussed	Mr Harsh to replace curtains in clinical area weekly as per hospital policy. This is not been followed at present and non-compliance has been reported by Nursing.	Mr Harsh	Immediate	Open

Minutes of Infection Control meeting 30/09/2022

S.R.	Attended by	
1	Dr. Rik Singh	Chairperson
2	Dr. Purab Barman	Secretary
3	Dr. Rajesh Pande	Member
4	Dr. Ranjil Mehrotra	Member
5	Dr. Jagjit Bhalsi / Dr. Rachna	Member
6	Dr. Supriya Purohit	Member
7	Dr. Sunil Prakash	Member
8	Dr. U. Varecha	Member
9	Dr. Sushil Khanna	Member
10	Dr. Taran	Invited member
11	Dr. Shimpli	Invited member
12	Dr. Gursharan Singh	Member
13	Dr. Suhas	Member
14	Dr. Chirender Kumar	Member
15	Dr. Deepak Anandhika	Member
16	Sis. Rozaamma / Sis. Aarti	Member
17	Mr. Ramesh / Mr. Sital Verghese	Member
18	Mr. Harsh	Member
19	Mr. Parminder - IDH	Member
20	Mr. Arun Kumar - ICN	Member
21	Ms. Arjana - ICN	Member
22	Ms. Preetra - ICN	Member

Agenda of the Meeting :

1	Surveillance data - August 2022	
2	Concentration of Hypochlorite solution	
3	Non - Availability of green sheets and green gowns.	
4	Review of previous MOM	

MOM of previous meeting					
1	The dirty instruments are been cleaned inside the OT premises. It was discussed that these instruments shall be sent to CSSD after being sprayed with enzymatic cleaner. No pre-wash will be done inside the OT as there is no defined area				Open
2	Mr. Harsh to replace curtains in clinical area weekly as per hospital policy. This is not been followed at present and non compliance has been reported by Nursing.				New curtains have been obtained. In process to align with the hospital protocol.

Discussion of present meeting

1	HAI	Healthcare associated infection data of August 2022 was presented. The HAI rates for VAE is 4 , P VAP 2, CLABSI 3.18, CAUTI is 1.49 . SSI rate is 0.50%. All HAI rates were within acceptable range. RCA was done for each case and both patient factors and low compliance in bundle care has been found.	NA	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of August 2022 was presented. Incidence of NSI were 0.3.	NA	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BiW disposal in was presented. Compliance to Segregation was 91%, Disposal was 91.2%, Storage was 94% and Transportation was 94.6%. In COVID area it was 93%, 93.4%, 93%, 93.8% respectively.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of August 2022 were presented. Overall Hand hygiene compliance rates in the hospital were within acceptable limits.	NA	ICT	NA	Under monitoring

5	Pre Surgical Prophylaxis	The compliance to Pre surgical prophylaxis was 98.6 %. Most of these cases were given antibiotics in the wards and then repeated before the surgery.	NA	Anesthesia Team	NA	Under monitoring -
6	Housekeeping Issues	It has been observed during IC rounds that Concentration of Hypochlorite solution is doubtful.	Mr Harsh has been informed of the same. To keep done check for the proper dilution of sodium hypochlorite solution.	House keeping team	Immediate	Open
7		Non - Availability of sterile green sheets and green gowns.	This has been a problem and has been discussed number of times beforehand. However, even now, sterile sheets and gowns are in short supply across the wards. Mr Harsh and Mr Umash to sort out the protocol flow and close ASAP.	Mr Harsh and Mr Umash	Immediate	Open