



BLK-MAX

Super Speciality Hospital

October 13, 2025

BLK/ZHEVP/2025/OCT/18

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 July 2025 to September 2025.

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



Dr. Sanjay Mehta
Zonal Head & Executive Vice President

Dr. Sanjay Mehta
Zonal Head & Executive Vice President
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

Encls: As above



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 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 against Tetanus and Hepatitis B

		Jul-25		Aug-25		Sep-25	
42	Quantum of waste generated	Non covid	Covid	Non covid	Covid	Non covid	Covid
	Incinerable	4598.89	0.00	4497.91	0	4547.23	0.00
	Autoclavable/Microwavable	8499.34	0	8136.02	0	8180.39	0
	Blue Puncture proof boxes for glasses	1999.32	0.00	1804.97	0	1847.13	0
	White puncture proof for Sharps	419.35	0.00	433.73	0	448.18	0.00
	Cytotoxic waste for incineration	254.96	0	225.58	0	257.63	0
	Total	15771.86	0	15098.21	0	15280.56	0
	TOTAL NON COVID + COVID	15771.86		15098.21		15280.56	

Signature of Nodal Officer

Signature of Medical Superintendent

Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

Minutes of Infection Control meeting 23/09/2025

S.No.	Attended by		
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Not Attended
4	Dr. Ramji Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr Rachna	Member	Attended
6	Dr Sunil Prakash	Member	Not Attended
7	Dr U Valecha	Member	Not Attended
8	Dr Shimpi	Invited member	Attended
9	Dr Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr Tarun	Invited member	Attended
12	Dr Pradyut Bag	Invited member	Attended
13	Dr Pankaj Lohia	Invited member	Attended
14	Dr Deepak	Member	Attended
15	Sis Rosamma/ Sis Anumol	Member	Attended
16	Mr Jitendra	Invited member	Attended
17	Mr Ramesh / Mr Siby	Member	Attended
18	Mr Durga Prasad	Member	Attended
19	Mr Vivek Trikha	Member	Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Himanshi - ICN	Member	Attended
22	Ms. Akshita - ICN	Member	Attended
23	Ms. Nutan -ICN	Member	Attended
24	Ms. Monika - ICN	Member	Attended
25	Mr Ravinder	Invited member	Attended

Agenda of the Meeting :

1	HAI and other HIC indicators-Aug 2025					
2	Review of previous MOM					
3	Antibiogram 24-25					
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
	CSSD	Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements	Engineering department to resolve the problem at the earliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Open
	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for	Human Resource to implement the same in all staff	HR/ ICT	30/9/2025	A meeting was held with HR on 22.09.2025. It was decided that after completion of the third

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Aug 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.0 per 1000 central line days, CAUTI 1.2 per 1000 Foley's catheter days, SSI rate is 0.15%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Aug 2025 was presented. Incidence of NSI were 0.60 per 1000 patient days. The number has reduced significantly	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Aug 2025 was presented. Compliance to Segregation was 97%, storage was 97% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Aug 2025 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Antibiogram 24-25	Dr Tarun presented the Antibiogram for 24-25.	The antibiogram showed that rates of MDROs have not increased significantly. The same will be uploaded on the intranet for everyone's access.	NA	NA	Closed

S.No.	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
5	Dr. Jasjit Bhawan / Dr. Rachna	Member	Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sund Prakash	Member	Not Attended
8	Dr. U. Valscha	Member	Attended
9	Dr. Sanjeev	Member	Not Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr. Atish Sinha	Member	Not Attended
12	Dr. Deepak	Member	Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr. Jitendra	Invited member	Attended
15	Mr. Ramesh / Mr. Siby	Member	Attended
16	Mr. Durga Prasad	Member	Attended
17	Mr. Vivek Tripathi	Member	Not Attended
20	Mr. Manni	Invited member	Attended
21	Ms. Shifali - ICN	Member	Attended
22	Ms. Himanshi - ICN	Member	Attended
23	Ms. Akshita - ICN	Member	Attended
24	Ms. Nutan -ICN	Member	Attended
25	Ms. Monika - ICN	Member	Attended

Agenda of the Meeting :						
1 HAI and other HIC Indicators-July 2025						
2 Review of previous MOM						
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	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	Adequate Green sheets in the Inventory but Manpower storage of handling and packing of green sheets	Mr Durga/ Mr Jitender	As early as possible	Green linen will be added in CSSD as per linen requirement shared by Mr. Mani in 3 phases. Current value of stock is 15.75 lakhs. In 1st phase we have added 5.5 lakhs. In 2nd phase linen worth 4 lakhs are ordered & will be added in circulation by 30th Aug 25. 3 gds are dedicated posted in CSSD for packing linen. Closed
		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 Jitender	Immediate	Batch of 20 Vidyarthi & all OSVE staffs were trained & briefed for continuous 15 days by nursing & ICN team. 7 Different colour-coded microfiber dusters for each day have been introduced on the 7th floor . Closed
		3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Manual dilution of disinfectant (hydrogen peroxide) non-compliance with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.	Mr Durga/ Mr Jitender	Immediate	Two dedicated staff deployed for dilution, maker checker checklist is implemented to verify the uses & consumption on daily basis. A video making while dilution is being implemented for strengthening the process. Manual dilution process has been improved with three separate cans identified by different tie bands, caps used on all cans, dilution charts displayed in the designated area, and regular hands-on training provided to staff. Daily dilution preparation video are recorded for better control on dilution process. Closed
		4. Job responsibilities of GDA	GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Mr Jitender/ Mr Durga	Immediate	Closed
2	CSSD Audit (Safety Audit)	The findings of the safety round pertaining to CSSD were discussed. Environmental Cleaning & Disinfection of CSSD, Trolley found compromised, Hinge Instruments found opened	Emphasis on Cleaning & Disinfection of Surfaces and trollies. Hinges instrument needs to be kept open during the sterilization process.	Mr. Mani/ICT	Immediate	Staff has been trained, Repeat audits have been done. No non compliance has been observed during these audits Closed
1	Discussion of Present meeting					
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of July 2025 was presented. The HAI rates for VAE is 1.2 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.5 per 1000 central line days , CAUTI 0.91 per 1000 Foley catheter days, SSI rate is 0.45%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of June 2025 was presented . Incidence of NSI were 0.37 per 1000 patient days. The number has reduced significantly	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96% , storage was 96.9% and Transportation was 97% .	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 emphasized the focus on continued training.	ICT	NA	Under monitoring
5	CSSD	Mr Mani informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the earliest as possible.	Mr Ramesh, Mr Siby	30/9/2025	Open
6	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same in all staff	HR/ ICT	30/9/2025	Open

Minutes of Infection Control meeting 25/07/2025

S.No.	Attended by	Role	Status
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ranji Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr Rachna	Member	Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Atish Sinha	Member	Attended
12	Dr. Deepak	Member	Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr. Jitendra	Invited member	Attended
15	Mr. Ramesh / Mr. Siby	Member	Attended
16	Mr. Durga Prasad	Member	Attended
17	Mr. Vivek Tripathi	Member	Attended
18	Mr. Azad	Invited member	Attended
19	Ms. Sonali	Invited member	Attended
20	Mr. Manni	Invited member	Attended
21	Ms. Shifali - ICN	Member	Attended
22	Ms. Himanshi - ICN	Member	Attended
23	Ms. Akshita - ICN	Member	Attended
24	Ms. Nutan - ICN	Member	Attended
25	Ms. Monika - ICN	Member	Attended

Agenda of the Meeting :

1	HAI and other HIC Indicators-JUNE 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 organisation.	The HICC members approved of the same. DR. Atish to look into the feasibility of introducing the Barcode system for Reuse Items. Mr. Mani, CSSD Incharge, too shall work on it.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	End of June 2025
2	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 2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non-compliance have been noted. 3. Dilution of Hydrogen peroxide Manual process is still unsatisfactory.	Adequate Green sheets in the inventory but manpower storage of handling and packing of green sheets Housekeeping Head to sort out the long pending problem and streamline the process. Manual dilution of disinfectant (hydrogen peroxide) non-compliance with cleaning protocol evident from the presence of dirty Measuring Jar and the disinfectant cans.	Mr. Durga/ Mr. Jitender Mr. Durga/ Mr. Jitender Mr. Durga/ Mr. Jitender	As early as possible Immediate Immediate
		4. Job responsibility of GDA	GDA's in OT and other areas should not be used for jobs for which they are not privileged.	Mr. Jitender/ Mr. Durga	Immediate

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated Infection data of June 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.2 per 1000 central line days, CAUTI 1.1 per 1000 Foley catheter days, SSI rate is 0.21%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of June 2025 was presented. Incidence of NSI were 0.61 per 1000 patient days. The number has reduced significantly.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for June 2025 was presented. Compliance to Segregation was 96%, storage was 96% and Transportation was 96.7%.	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	Reuse policy Demonstration	Mr. Azad & Ms. Sonali from IT EXPLAINED the Barcode system for Reuse Items which is implemented successfully introduced in the organisation.	Demonstrated the Barcode system for Reuse Items by Mr. Azad & Ms. Sonali (IT). Mr. Mani CSSD Incharge ensures the complete sterilisation process.	Dr. Atish/ Mr. Mani/ ICT/ Mr. Azad	NA	Barcode system for all Reuse Items successfully completed in all the areas.
6	CSSD Audit (Safety Audit)	The findings of the safety round pertaining to CSSD were discussed. Environmental Cleaning & Disinfection of CSSD, Trolley found compromised, Hinge Instruments found opened.	Emphasis on Cleaning & Disinfection of Surfaces and trolleys. Hinges Instrument needs to be kept open during the sterilization process.	Mr. Mani/ICT	Immediate	Mr. Mani to arrange for a training of staff and follow up. Open