



BLK-MAX

Super Speciality Hospital

January 2, 2026

BLK/MS/2026/JAN/16

To,
The Regional Officer,
Haryana State Pollution Control Board
SCO-A-6,7,8 Near Vishal Hotel
Sun City Sector-36
Rohtak.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

Please find enclosed the quarterly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1st Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run by Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) for the month of October 2025 to December 2025.

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


Dr. Kapil Goyla
Medical Superintendent

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

Encls: As above

*Report submitted to HSPCB, Rohtak through speed post.
SPC No. EP688096648IN. Dispatch date: 06/01/26.*

*Durga Nand Pd.
15462*



Quarterly Information required for BMW Management

Signature of Medical Superintendent

Minutes of Infection Control meeting 16/12/2025

S.No.	Attended by	Chairperson	Attended
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 Bhasin/ Dr Rachna	Member	Attended
6	Dr Sunil Prakash	Member	Not Attended
7	Dr U Valecha	Member	Attended
8	Dr Kapil Goyal	Member	Attended
9	Dr Sanjeev	Member	Attended
10	Dr.Gurbachan Singh	Member	Attended
11	Dr Rajesh Kumar Jain	Member	Attended
12	Dr Deepak	Member	Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr Ramesh / Mr Siby	Member	Attended
15	Mr. Jitender	Member	Attended
16	Mr Durga Prasad	Member	Attended
17	Mr Vivek Trikha	Member	Attended
18	Ms. Shifali - ICN	Member	Attended
19	Ms. Himanshi - ICN	Member	Attended
20	Ms. Akshita - ICN	Member	Attended
21	Ms. Nutan - ICN	Member	Attended
22	Ms. Monika - ICN	Member	Attended

Agenda of the Meeting :						
1	HAI and other HIC indicators-Oct 2025					
2	Review of previous MOM					
	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	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	In process for budget Approval. Open
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 foley catheter days, SSI rate is 0.08%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Oct 2025 was presented. Compliance to Segregation was 96%, storage was 95.2% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Oct 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	Common observations during rounds	5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.	HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.	Dr Kapil/ Dr Nikhil	Immediate	OT protocols have been implemented. No further non-compliances have been observed. Closed. To be under monitoring.
		5b. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.	HICC discussed the need of administrative controls on these issues. Dr Nikhil to help implement proper protocols in OT.	Dr Kapil/ Dr Nikhil	Immediate	Staff has been counselled and trained. Closed. To be under monitoring.
		5c. IV needles are kept wrapped by micropore plaster onto the administration sets.	The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices	Sister Anu	Immediate	Implemented. Closed
6	Post operative Wound care after discharge	Many patients were observed to have Surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr Purabi to prepare the educational matter, and send for printing to Dr Deepak.	Dr Purabi/ Dr Deepak/ Dr Kapil	30.11.2025	Open
7	Hepatitis B vaccination	Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.	It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr Kapil will send a communication to all about the enhanced provisions for better implementation.	Sis Anu/ Dr Kapil/ ICT	Immediate	Open
8	Quality Improvement program on CLABSI	Dr Purabi discussed that a QIP for CLABSI will be undertaken	All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26	NA

Minutes of Infection Control meeting 29/11/2025

S.No.	Attended by	Role	Status
1	Dr. Rk Singhal	Chairperson	Not 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. Kapil Goyal	Member	Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Deepak	Member	Attended
12	Sis Rosamma/ Sis Anumol	Member	Attended
13	Mr. Ramesh / Mr. Siby	Member	Attended
14	Mr. Durga Prasad	Member	Attended
15	Mr. Vivek Tripathi	Member	Attended
16	Ms. Shifali - ICN	Member	Attended
17	Ms. Himanshi - ICN	Member	Attended
18	Ms. Akshita - ICN	Member	Attended
19	Ms. Nutan - ICN	Member	Attended
20	Ms. Monika - ICN	Member	Attended
21	Mr. Ravinder	Invited member	Attended

Agenda of the Meeting :

1. HAI and other HIC Indicators-Oct 2025
2. Review of previous MOM

	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
1	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	In process for budget Approval. Open
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated Infection data of Oct 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.36 per 1000 central line days, CAUTI 1.26 per 1000 Foley catheters, SSI rate is 0.08%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Oct 2025 was presented. Incidence of NSI were 1.1 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Oct 2025 was presented. Compliance to Segregation was 96%, storage was 95.2% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Oct 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	Common observations during rounds	Sa. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown.	HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate	OT protocols have been implemented. No further non-compliances have been observed. Closed. To be under monitoring.
		Sb. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff.	HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT.	Dr. Kapil/ Dr. Nikhil	Immediate	Staff has been counselled and trained. Closed. To be under monitoring.
		Sc. IV needles are kept wrapped by micropore plaster onto the administration sets.	The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices.	Sister Anu	Immediate	Implemented. Closed
6	Post-operative Wound care after discharge	Many patients were observed to have surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.	Dr. Purabi/ Dr. Deepak/ Dr. Kapil	30.11.2025	Open
7	Hepatitis B vaccination	Difficulties for Hepatitis B vaccination in the ER has been faced as ER staff insists to get the vaccination done only between 1-2 pm.	It was discussed that timings for Hepatitis B vaccination in the ER be extended. Nursing dept will depute one additional staff between 9-10 am and between 1-4 pm on all days. At the same time, Dr. Kapil will send a communication to all about the enhanced provisions for better implementation.	Sis Anu/ Dr. Kapil/ ICT	Immediate	Open
8	Quality Improvement program on CLABSI	Dr. Purabi discussed that a QIP for CLABSI will be undertaken.	All stakeholders in respective areas like MICU, 6th floor and BMT will be involved.	ICT	Dec 25 - June 26	NA

Minutes of Infection Control meeting 23/10/2025

S.No.	Attended by	Role	Attendance
1	Dr. Rk Singhal	Chairperson	Not Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	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. Kapil Goyal	Member	Attended
9	Dr. Sanjeev	Member	Not Attended
10	Dr. Gurbachan Singh	Member	Not Attended
11	Dr. Deepak	Member	Attended
12	Sis Rosamma/ Sis Anumol	Member	Attended
13	Mr. Ramesh / Mr. Siby	Member	Attended
14	Mr. Durga Prasad	Member	Attended
15	Mr. Vivek Tripathi	Member	Attended
16	Ms. Shifali - ICN	Member	Attended
17	Ms. Himanshi - ICN	Member	Attended
18	Ms. Akshita - ICN	Member	Attended
19	Ms. Nutan - ICN	Member	Attended
20	Ms. Monika - ICN	Member	Not Attended
21	Mr. Ravinder	Invited member	Attended

Agenda of the Meeting :						
1	HAI and other HIC Indicators-Sep 2025					
2	Review of previous MOM					
	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 in the CSSD.	Engineering department to resolve the problem at the earliest as possible.	Mr. Ramesh, Mr. Siby	30/9/2025	In process for budget Approval. Open
Discussion of Present meeting						
		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of Sep 2025 was presented. The HAI rates for VAE is 0 per 1000 ventilator days, however there were no PVAPs. CLABSI 2.39 per 1000 central line days, CAUTI 0.50 per 1000 Foley catheter days, SSI rate is 0.14%.	Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of Sep 2025 was presented. Incidence of NSI were 1 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for Sep 2025 was presented. Compliance to Segregation was 95%, storage was 96% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of Sep 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	Common observations during rounds	5a. OT personnel are mostly seen going in and out of the OTs to areas like washrooms, ICUs wearing the surgical gown and later on attending to a new case in the same surgical gown. 5b. Staff are observed carrying sterile and non-sterile items by hands instead of covered trolleys. At times, these items are placed on any surfaces like shoe rack etc. This compromises the sterility and also is a health hazard for staff. 5c. IV needles are kept wrapped by micropore plaster onto the administration sets.	HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT. HICC discussed the need of administrative controls on these issues. Dr. Nikhil to help implement proper protocols in OT. The matter was discussed with Sister Anu. She shall counsel the Senior Nursing in charges across, to stop such practices	Dr. Kapil/ Dr. Nikhil Dr. Kapil/ Dr. Nikhil Sister Anu	Immediate Immediate Immediate	Open Open Open
6	Post-operative Wound care after discharge	Many patients were observed to have Surgical site infection after discharge from the hospital.	It was suggested that an educational leaflet on wound care for post-operative patients. Dr. Purabi to prepare the educational matter, and send for printing to Dr. Deepak.	Dr. Purabi/ Dr. Deepak/ Dr. Kapil	30.11.2025	Open