

July 1, 2025

BLK/MS/2025/JUL/18


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 April 2025 to June 2025.

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


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

Encls: As above

RECEIVED

Asst./Clerk

Haryana State Pollution Control Board
ROHTAK



Quarterly Report For The Month		Apr-25	May-25	Jun-25			
<p align="center">Haryana State Pollution Control Board SCO-A-6,7,8 Near Vishal Hotel Sun City Sector -36 Rohtak Email:-hspcbroroh@gmail.com Quarterly Information required for BMW Management</p>							
S.No.	Particulars						
1	Name address of the Hospital Medical Clinic, Rohtak, 1st Floor, Landmark Building Medcal Mor, Rohtak Haryana, Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005						
2	No. of authorized/sanctioned beds N/A						
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-S.D BioMedical waste Management Company						
7.C	Whether tie up with CBWTF Operator Yes - S.D BioMedical waste Management Company						
8	Whether Nodal Officer for BMW Management designated? Yes						
8.A	If Yes-please give name & phone No. Mr. Jitender Kumar Sharma , 01130653770						
9	Whether Biomedical Waste management Committee formed? Yes						
9.A	If yes, give name of the members Members- 23 invited-02						
9.B	Date of last meeting 20.06.2024						
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						
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						
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 BMW guidelines and are sent to Biotic						
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 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 -127 Nursing- 690 Technicians and Paramedics- 105 GDA & Housekeeping- 210						
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 against Tetanus and Hepatitis B Yes						
42	Quantum of waste generated	Apr-25		May-25		Jun-25	
	Incinerable	Non covid	Covid	Non covid	Covid	Non covid	Covid
	Autoclavable/Microwavable	0	0	0	0	0	0.00
	Blue Puncture proof boxes for glasses	0	0	0	0	0	0
	White puncture proof for Sharps	0	0	0	0	0	0.00
	Cytotoxic waste for incineration	0	0	0	0	0	0
	Total	0	0	0	0	0	0
	TOTAL NON COVID + COVID	0		0		0	
Signature of Nodal Officer		<p align="center">Dr. Atish Sinha Medical Superintendent Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi-110 005</p>					
Signature of Medical Superintendent							

Minutes of Infection Control meeting 22/04/2025

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 Bhasin/ Dr. Rachna	Member	Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Not Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr. Atish Sinha	Member	Attended
12	Dr. Deepak	Member	Not Attended
13	Sis Rosamma/ Sis Anumol	Member	Attended
14	Mr. Ramesh / Mr. Siby	Member	Attended
15	Mr. Durga Prasad	Member	Attended
16	MS Nutan -ICN	Member	Attended
17	Ms Akshita- ICN	Member	Attended
18	Ms Himanshi	Member	Attended
19	Ms Shifali	Member	Attended
20	Sister Monika	Member	Attended

Agenda of the Meeting :

1	HAI and other HIC Indicators-March 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

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline
1	HAI	Healthcare associated infection data of March 2025 was presented. The HAI rates for VAE is 2.25 per 1000 ventilator days, CLABSI 1.74 per 1000 central line days, CAUTI is 0.00 per 1000 Foley's catheter days, SSI rate is 0.21%.	The CLABSI rate was high in the month of Feb 2025. It has beyond the set internal benchmark. There were 2 cases in MICU, one each in NSICU, OICU and 5th floor. There was some breach in Care bundles. Staff are counselled and retrained on the Care bundles.	ICT	NA
2	Needle stick injury	NSI data of March 2025 was presented. Incidence of NSI were 0.29 per 1000 patient days. The number has reduced significantly.	Training and awareness of staff to be done on proper handling of sharps.	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal for March 2025 was presented. Compliance to Segregation was 97%, storage was 97.5% and Transportation was 97%.	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of March 2025 was presented. Hand hygiene compliance has decreased in few units like BMT, OT.	The HICC members emphasised the focus on continued training.	ICT	NA
5	Recall event in CSSD	Dr. Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Steriliser was checked again.	The HICC members emphasised on training of CSSD staff.	Mr. Mani	NA
6	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 by the automated diluter is unreliable. 4. OT staff nurse to be trained in Foley's catheterization 5. Air circulation in OT 6. Traffic in OT	Green sheets to be kept in Surplus sheets in the inventory Housekeeping Head to sort out this long pending problem and streamline the process. Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods. A pool of trained nurses to be prepared for OT The AHU to be kept running in OT all through out the day. Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes	Mr. Durga/ Mr. Jitender Mr. Durga/ Mr. Jitender Mr. Durga/ Mr. Jitender Sis Anumol/ Sis Shifali Mr. Ramesh Dr. Atish/ Sis Susan/ Dr. Valecha	As early as possible Immediate Immediate Immediate Immediate Immediate
		7. Manpower in OT after 4pm	After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available.	Sis Anumol	Immediate
		8. Job responsibilities of GDA	GDAs in OT and other areas should not be used for jobs for which they are not privileged.	Dr. Atish/ Mr. Jitender/ Mr. Durga	Immediate
		9. Cleaning disinfection in OT	Housekeeping Head to streamline cleaning disinfection in between patient in the OT	Mr. Durga/ Mr. Jitender	Immediate
		10. PPE usage in OT and OT etiquettes	At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes	Dr. Atish/ Dr. Valecha	Immediate

Minutes of Infection Control meeting 19/05/2025

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. Ramji Mehrotra	Member	Not Attended
5	Dr. Jasjit Bhasin/ Dr. Rachna	Member	Not Attended
6	Dr. Sajjan Purohit	Member	Not Attended
7	Dr. Sunil Prakash	Member	Not Attended
8	Dr. U. Valecha	Member	Not Attended
9	Dr. Sanjeev	Member	Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr. Atish Sinha	Member	Attended
12	Dr. Shimpi	Invited Member	Attended
13	Dr. Deepak	Member	Not Attended
14	Sis Rosamma/ Sis Anumol	Member	Attended
15	Mr. Ramesh / Mr. Siby	Member	Attended
16	Mr. Durga Prasad	Member	Attended
17	MS Nutan-ICN	Member	Attended
18	Ms. Akshita-ICN	Member	Attended
19	Ms. Himanshi	Member	Attended
20	Ms. Shifali	Member	Attended
21	Sister Monika	Member	Attended
22	Mr. Vivek Tripathi	Member	Attended

Agenda of the Meeting :

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

MOM of previous meeting

Discussion	Decision	Responsibility	Timeline	Status
Dr Purabi discussed that Barcode system for Reuse Rems 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 Rems. Mr Mani, CSSD incharge, too shall work on it.	Dr Atish/ Mr Mani/ ICT/ Mr Azad	End of June 2025	Tagging of all SUDs in the new Barcode software is underway.

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated infection data of April 2025 was presented. The HAI rates for VAE is 1.45 per 1000 ventilator days, CLABSI 1.884 per 1000 central line days, CAUTI is 1.55 per 1000 foleys catheter days, SSI rate is 0.14%.	The CAUTI rate is just beyond the internal benchmark. Emphasis and training on Care bundles to be carried out.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of April 2025 was presented. Incidence of NSI were 0.62 per 1000 patient days. The number has reduced significantly	Training and awareness of staff to be done on proper handling of sharps.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for March 2025 was presented. Compliance to Segregation was 97%, storage was 98% and Transportation was 97%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of March 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	Recall event in CSSD	Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Steriliser was checked again with the BI in the 25212 cycle with negative result and followed by 25213 cycle. BI failure apparently due to Over load. Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance : Schedule regular maintenance of sterilizer equipment	The HICC members emphasised on training of CSSD staff.	Mr Mani	NA	Under monitoring
6	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	Green sheets to be kept in Surplus sheets in the inventory	Mr Durga/ Mr Jitender	As early as possible	Open.
		2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.	Housekeeping Head to sort out this long pending problem and streamline the process.	Mr Durga/ Mr Jitender	Immediate	Open.
		3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.	Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods.	Mr Durga/ Mr Jitender	Immediate	Open.
		4. OT staff nurse to be trained in Foley's catheterization	A pool of trained nurses to be prepared for OT	Sis Anumol/ Sis Shifali	Immediate	Staff has been trained in Foley's catheterization. Closed
		5. Air circulation in OT	The AHU to be kept running in OT all through out the day.	Mr Ramesh	Immediate	The AHU is kept functional during the whole day. Closed
		6. Traffic in OT	Traffic in OT has to be minimized, especially w.r.t vendors etc. Vendors have to be told to follow OT etiquettes	Dr Atish/ Sis Susan/ Dr Valecha	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed
		7. Manpower in OT after 4pm	After 4 pm, one Senior Nursing staff to handle the OT responsibilities should be available.	Sis Anumol	Immediate	OT manpower is available after 4 pm. Closed
		8. 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	Open.
		9. Cleaning disinfection in OT	Housekeeping Head to streamline cleaning disinfection in between patient in the OT	Mr Durga/ Mr Jitender	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed
		10. PPE usage in OT and OT etiquettes	At the same time, it has been observed that many move out of OT to different areas of the hospital and enter the OT in the same scrubs, not even putting a sterile gown on top of it. This may be a cause of cross contamination. Staff and doctors have to be counselled to follow OT etiquettes	Dr Atish/ Dr Valecha	Immediate	Dr Atish has discussed and counselled the OT staff. On monitoring. Closed

Minutes of Infection Control meeting 20/06/2025

S.No.	Attended by	Chairperson	Secretary
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	Not Attended
6	Dr Sajjan Purohit	Member	Not Attended
7	Dr Sunil Prakash	Member	Not Attended
8	Dr U Valecha	Member	Not Attended
9	Dr Sanjeev	Member	Attended
10	Dr.Gurbachan Singh	Member	Not Attended
11	Dr Atish Sinha	Member	Attended
12	Dr Deepak	Member	Not 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	Not Attended
17	MS Nutan -ICN	Member	Attended
18	Ms Aksita- ICN	Member	Attended
19	Ms Himanshi	Member	Attended
20	Ms Shifali	Member	Attended
21	Sister Monika	Member	Attended
22	Mr Vivek Trikha	Member	Attended

Agenda of the Meeting :

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

	MOM of previous meeting	Discussion	Decision	Responsibility	Timeline	Status
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	Tagging of all SUDs in the new Barcode software is completed in Endoscopy. It is in progress in the OTs. Closed

Discussion of Present meeting

		Discussion	Decision	Responsibility	Timeline	Status
1	HAI	Healthcare associated Infection data of May 2025 was presented. The HAI rates for VAE is 3.9 per 1000 ventilator days, however there were no PVAPs. CLABSI 1.48 per 1000 central line days, CAUTI is 0.98 per 1000 Foley catheters, SSI rate is 0.26%.	Emphasis and training on Care bundles to be carried out.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of May 2025 was presented. Incidence of NSI were 0.67 per 1000 patient days. The number has reduced significantly	Training and awareness of staff to be done on proper handling of sharps.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for May 2025 was presented. Compliance to Segregation was 94%, storage was 94% and Transportation was 96%.	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	Recall event in CSSD	Dr Purabi discussed the Recall event in CSSD. The plasma sterilization cycle 25209 tested with Biological Indicator failed the QC process. Few items were not released but none was used. All items were recalled. Steriliser was checked by the Biomedical team and found satisfactory functioning. Sterilizer was checked again with the BI in the 25212 cycle with negative result and followed by 25213 cycle. BI failure apparently due to Over load. Training imparted to all staff on proper loading procedure and sterilizer operation. Regular Maintenance : Schedule regular maintenance of sterilizer equipment	The HICC members emphasised on training of CSSD staff.	Mr Mani	NA	No further events have occurred. Closed
6	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	Green sheets to be kept in Surplus sheets in the Inventory	Mr Durga/ Mr Jitender	As early as possible	Inventory count has been done. In process to procure new stock. Open
		2. Cleaning disinfection in clinical areas is questionable. Multiple instances of non compliance have been noted.	Housekeeping Head to sort out this long pending problem and streamline the process.	Mr Durga/ Mr Jitender	Immediate	Open.
		3. Dilution of Hydrogen peroxide by the automated diluter is unreliable.	Housekeeping Head to sort out this long pending problem and streamline the process or use alternate methods.	Mr Durga/ Mr Jitender	Immediate	Open.
		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	Open.