

October 13, 2025

BLK/ZHEVP/2025/OCT/19


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 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

Shashi Kumar
16/10/25
RECEIVED

✓
Asst./Clerk

Haryana State Pollution Control Board
ROHTAK

Quarterly Information required for BMW Management

Signature of Medical Superintendent

Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Raj. 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. Shimpli	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 Tripathi	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

Minutes of Infection Control meeting 29/08/2025

S.No.	Attended by	Chairperson	Attended
1	Dr. Rk Singhal	Chairperson	Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Mr. 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	Not Attended
10	Dr. Gurbachan Singh	Member	Attended
11	Dr. Atish Sinha	Member	Not Attended
12	Dr. Deepak	Member	Attended
13	Sis. Rosamma/ Sis. Anamol	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 HIC 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 microfibre 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-complained 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 trolleys. Hinge 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

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		
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	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				

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's 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. Hinge 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