



Ref. No.

Date:

15/11/2023

Sr. Scientific Officer
Delhi Pollution Control Committee
Deptt, Of Environment, Govt. of NCT of Delhi
4th & 5th Floor ISBT Kashmere Gate,
Delhi-110006

(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Sub: - Submission of Annual Bio Medical Waste Report FY 2022.

Sir/Madam

Please find the enclosed herewith duly filled annual for the Period of January 2022 to December 2022 of Bio Medical Waste generated at CK Birla Hospital, Punjabi Bagh, and Disposed of through SMS Water Grace BMW Management Pvt. Ltd., Nilothi, Delhi.

Thanking You,

For CK Birla Hospital

Authorized Signatory

Encl. as above



CK Birla Healthcare Pvt Ltd

57/41, Punjabi Bagh (W), New Delhi 110026, India

+91 11 41592200 | +91 11 42092198 (Fax) | reachus@ckbhospital.com | www.ckbhospital.com

Registered Office: Birla Tower, 8th Floor, 25 Barakhamba Road, New Delhi- 110001, India | CIN No. U74140DL2014PTC272562

Form – IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Mr. Amit Sharma
	(ii) Name of HCF or CBMWTF	:	CK Birla Hospital
	(iii) Address for Correspondence	:	57/41 Rd Number 41, West Punjabi Bagh, Punjabi Bagh, New Delhi, Delhi 110026
	(iv) Address of Facility	:	57/41 Rd Number 41, West Punjabi Bagh, Punjabi Bagh, New Delhi, Delhi 110026
	(v) Tel. No, Fax. No	:	+911141592200
	(vi) E-mail ID	:	reachus@ckbhospital.com
	(vii) URL of Website	:	www.ckbhospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <u>Private</u> or Semi Govt. or any other) Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC/ (11) (5) (01)/2021/BMW/NST/AVTH/5943548 Valid upto: 19/04/2026
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 50
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
	(iii) License number and its date of expiry	:	F-24/1578/WD/DGHS/NH/HQ/2021-24
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	SMS WATER GRACE BMW Pvt. Ltd.
	(ii) No. of Beds covered by CBMWTF	:	50
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	N/A Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	N/A Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category: 1297.32 Kg</i> <i>Red Category: 851.76 Kg</i> <i>White: 67.59 Kg</i> <i>Blue Category: 361.49 Kg</i> <i>General Solid Waste: 3290.65 Kg</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: 125Sq.ft

facility		Capacity: Provision of on-site storage: (Cold storage or any other provision)				
(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
			Incinerators	N/A		
			Plasma Pyrolysis	N/A		
			Autoclaves	N/A		
			Microwave	N/A		
			Hydroclave	N/A		
			Shredder	N/A		
			Needle tip cutter or destroyer	N/A		
			Sharps	N/A		
			Encapsulation or concrete pit	N/A		
			Deep burial pits	N/A		
			Chemical disinfection:	N/A		
			Any other treatment equipment:	N/A		
			(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) N/A Disposed to SMS WATER GRACE BMW Pvt. Ltd.
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	01 nos. (Closed Body Vehicle for collection from CK Birla Hospital) DL -1R-11746			
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
			Incineration	N/A		
			Ash	N/A		
			ETP Sludge			
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		SMS WATER GRACE BMW Pvt. Ltd. DJB, STP Nellothi, New Delhi 110041			
(vii)	List of members HCF not handed over bio-medical waste.		N/A			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes, Minutes Attached			

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		46
	(ii) Number of personnel trained		279
	(iii) Number of personnel trained at the time of induction		92
	(iv) Number of personnel not undergone any training so far		25
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		N/A
	(iv) Any Fatality occurred, details		N/A
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A
	Details of Continuous online emission monitoring systems installed		N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		N/A
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....

Name and Signature of the Head of the Institution

Handwritten signature in blue ink

Date: 04/Jan/23

Place: CNBH, N. Delhi





INFECTION CONTROL COMMITTEE MEETING

Date and Time: 15/07/2022 at 3:30pm-4:30pm

Venue: 3rd floor LDR Suite

Members Present: Dr Gurpreet Popli, Dr Ranoo Mann Arora, Dr Aatish Malik, Dr Mandeep Singh, Dr shilpi, Dr Nitin, Ms. Nirmala Reddi, Ms. Indu Maggo, Ms. Prabhjot Kaur, Ms. Reena Wilson, Mr. Charanjeet, Ms. Mahek Sharma, Dr Lalit, Mr Vivek

Absentees:

S. No.	Name of Member	Designation / Department
1.	Dr Gurpreet Popli	Head Anesthesia & Critical Care
2.	Dr Nitin	Consultant Critical care
3.	Dr Ranoo Mann Arora	Head Medical services
4.	Dr Atish Malik	Deputy Manager- Medical services
5.	Dr Rajeev Gupta	Head Internal Medicine
6.	Dr Poonam Sidana	Head Neonatology
7.	Dr Mandeep Singh	Head Breast Oncology
8.	Dr Nivedita	Head Obs & Gynae
9.	Dr Amit Javed	Head General Surgery
10.	Dr shilpi	Infection Control Officer
11.	Ms. Nirmala Reddi	Head of Nursing
12.	Ms. Indu Maggo Ms. Prabhjot Kaur	Nursing Matron
13.	Mr. Harish	Incharge OT
14.	Ms. Reena Wilson	Infection Control Nurse
15.	Ms. Deeksha	Lead Operation (Facility Services)
16.	Mr. Charanjeet	Incharge Housekeeping
17.	Ms. Mahek Sharma	Incharge Quality

Minutes:

S. No.	Topic / Department	Discussion	Responsibility	EDC
1.	HIC Manual	Updated HIC manual to be shared with all the committee members.	Mahek- Quality	With effect immediately
2.	Hospital Acquired Infections	The RCA to be done for SSI keeping all the events during pre-op, Intra-op, and post-op. To be discussed in next meeting	Dr Shilpi- ICO Reena - ICN	25-07-2022
3.	Surveillance	The Hand Culture of the kitchen staff to be sent as per the schedule.	Reena- ICN Dr Ranoo Mann Arora -	30-07-2022



		Support from the management required.	Head Medical Services	
4.	HBS Titers	Hepatitis B Titer to be done at the time of pre Employment health checkup.	Pankaj- HR	30-07-2022
5.	Vaccination	Mandatory Typhoid vaccination to be done for Kitchen staff Support form management required	Reena- ICN Dr Ranoo Mann Arora(head Medical Services)	25-07-2022

ANNUAL BIO MEDICAL WASTE REPORT-2022													
Months	No. of days	Yellow		Red		Blue		White		Cytotoxic		Total	
		Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight	Bag	Weight
JANUARY	31	83	128.34	86	118.51	42	57.55	58	10.37	4	5.00	273	319.77
FEBRUARY	28	114	143.86	108	141.17	41	55.39	51	10.25	4	5.20	318	355.87
MARCH	31	102	540.74	99	503.78	35	151.87	26	25.89	1	0.24	263	1,222.53
APRIL	30	103	514.09	106	589.97	25	128.28	14	18.10	1	0.48	249	1,250.92
MAY	31	103	552.51	110	582.21	35	152.82	18	18.94	1	5.62	267	1,312.10
JUNE	30	104	512.79	107	538.82	28	125.27	21	13.80	0	0.00	260	1,190.68
JULY	31	115	511.96	110	480.01	34	114.82	33	22.44	1	4.41	293	1,133.64
AUGUST	31	106	441.14	100	459.15	35	145.70	29	25.99	0	0.00	270	1,071.98
SEPTEMBER	30	114	435.11	113	399.62	40	141.58	32	29.72	3	1.06	302	1,007.09
OCTOBER	31	106	434.68	100	391.75	32	113.79	22	15.85	3	1.02	263	957.09
NOVEMBER	30	113	461.10	110	445.56	34	135.36	29	39.35	2	3.15	288	1,084.52
DECEMBER	31	118	512.96	116	460.02	37	123.52	29	39.66	1	0.33	301	1,136.49
TOTAL	365	1281	5189.28	1265	5110.57	418	1445.95	362	270.36	21	26.51	3347	12042.67
AVERAGE/MONTH		320	1297.32	211	851.76	105	361.49	91	67.59	5	6.63	837	3010.67
AVERAGE/DAYS			42.54		27.93		11.85		2.22		0.22		98.71



ANNUAL GENERAL WASTE REPORT-2022						
Months	No. of days	Blue Weight	Green Weight	Others Weight	Total Weight	
JANUARY	31	914.30	403.40		1317.70	
FEBRUARY	28	768.54	243.02		1011.56	
MARCH	31	817.71	402.85		1220.56	
APRIL	30	637.70	345.60		983.30	
MAY	31	748.60	416.10		1164.70	
JUNE	30	567.35	358.52		925.87	
JULY	31	673.86	325.38		999.23	
AUGUST	31	610.80	345.80		956.60	
SEPTEMBER	30	626.20	361.86		988.06	
OCTOBER	31	526.10	290.46		816.56	
NOVEMBER	30	422.26	296.85		719.11	
DECEMBER	31	475.01	288.86		766.92	
TOTAL	365	2049.57	1238.03		3290.65	
AVERAGE/MONTH		512.39	309.5075		822.66	
AVERAGE/DAYS		16.80	10.15		26.97	



HOSPITAL

HOSPITAL INFECTION CONTROL COMMITTEE

Date and Time: 28/09/2022 at 3:00pm-4:00pm

Venue: 3rd floor LDR Suite

Members Present: Dr Gurpreet Popli, Mr. Amit Sharma, Dr Ranoo Mann Arora, Dr Aatish Malik, Dr Shilpi Khanna, Dr Nitin Garg, Dr Gurleen Sikka, Dr Rajeev Gupta, Ms. Nirmala Reddi, Mr. Charanjeet, Ms. Mahek Sharma, Mr Vivek

Absentees: Dr. Nivedita, Dr. Amit Javed, Dr. Poonam Sidana, Dr. Mandeep Singh, Ms. Reena, Ms Deeksha

Minutes of meeting:

S. No.	Topic / Department	Discussion	Responsibility	EDC
1.	COVID –Protocol	<p>Continuation or discontinuation of screening for COVID 19 test prior to patient admission in accordance with the ICMR guidelines on purposive testing strategy for COVID 19 in India (Version VII, dated 10th January 2022, which states the following:- <i>"Asymptomatic patients undergoing surgical /non-surgical invasive procedures including pregnant women in /near labour who are hospitalized for delivery should not be tested unless warranted or symptoms develop"</i> was discussed.</p> <p>All members were informed about the office orders (No. F.29/COVID-19/2022-Estt.9H.) dated 9.2.2022 from AIIMS and Endst. No. MS/22/00016 dated 10.2.2022 from PGI Chandigarh), from AIIMS and PGI Chandigarh of having discontinued screening of asymptomatic patients for COVID 19 before admission for operative interventions and procedures as well as non- interventional procedures and imaging.</p> <p>In view of the above, and also reduced no. of COVID 19 cases in New Delhi, it was unanimously agreed upon to test for COVID. 19 for asymptomatic cases based on consultant discretion as per clinical condition of patient.</p> <p>COVID 19 test for symptomatic patients (ILI/SARI) must be done prior to admission.</p>	<p>All surgeons All physicians Anesthesia team</p>	Immediate effect

CHANDI
HOSPITAL

2.	CAUTI, CLABSI, VAP, SSI, NSI, Blood and body fluid exposures, PPE compliance rate and hand hygiene	<p>The members were informed about nil HAI and device associated infections at CKBH, Punjabi bagh in last 2 months based on strict IPC surveillance.</p> <p>The members were informed that hand hygiene compliance rate which previously was 75 % has increased to 80%.</p> <p>Rigorous trainings and strict implementation of policies, good practices by HCW and management support and motivation have been utmost for the same.</p>	ICN	NA
3.	Environmental Surveillance for Critical care areas	<p>Based on Guidelines for Environmental Infection Control in Health-Care Facilities (2003), which state that surface sampling for OT using environmental swabbing must be done for research, as part of an epidemiologic investigation, or as part of a comprehensive approach for specific quality assurance purposes, it was discussed, to discontinue the same at CKBH, PB.</p> <p>Moreover, culture based methods take time and the environmental microorganisms if isolated cannot be implicated as causes of SSI, if they occur. Surgeons and HCW practices are more important aspects in prevention of HAI.</p> <p>Henceforth, following the above and NABH guidelines, monitoring of housekeeping activities will be done using direct observation of cleaning methods / frequency and by using a marker pen on a routine basis. Mr. Charanjeet was instructed to ask the HK to use different mops for OT and corridors. Sampling of air using settle plate for OTs will continue to be done on a weekly basis. In addition, they will be done whenever AHU and OT ducts are manipulated by the maintenance team.</p> <p>The members were informed of the CDC guidelines for fogging, which, if required must be done using stabilized Hydrogen peroxide. Mr. Vivek and Mr. Charanjeet have been informed of the same</p>	<p>Mr. Vivek, Mr, Charanjeet, Ms Reena, Nursing incharge of OT, ICU, PICU, NICU, labour room</p> <p>NS to instruct all nurses for the same.</p> <p>Nursing incharges / Ms Reena to monitor compliance</p> <p>Ms Mehak to make appropriate changes with due signatures of HICC chairperson</p> <p>Mr Vivek and Mr. Charanjeet to look for chemicals to be used for fogging whenever required</p>	w.e.f from 1 October 2022

4.	MRSA screening of patients	As per discussion for screening of MRSA for orthopaedic and implant surgery patients, it was discussed to use 2% Mupirocin ointment at the time of patient preparation or prebathing prior to surgery. Testing for MRSA would not be cost effective and might create a stigma in patients. To avoid such issues, MRSA screening in patients will not be performed on a routine basis.	NS/Matrons for instructions to all nurses ICN / OT incharge for monitoring of the same Team Pharmacy for procurement after approval from MS	15 October 2022
5.	Biomedical waste management	The members were informed that the BMW generated in kg/bed/day at CKBH, PB is as per the national benchmark. The monthly and annual report is being uploaded on website duly complying to MOHFW guidelines A managerial level self-audit sheet has been given to Mr. Vivek for completion and submission to quality/IPC department of any tasks if remaining. The Autoclave procured for pretreatment of lab waste and used blood bags needs to be commissioned with due protocol	Mr. Vivek/ Mr Charanjeet	15 October 2022
6.	NSI Pathway	It was discussed to keep a single dose of ART in the emergency department as a measure of HIV prevention after NSI or sharp injuries to known positive or unknown sources. Dr. Rajeev Gupta will be the primary consultant to reach, for any NSI Dr. Nitin Garg will be second in line in absence of Dr. Rajiv Gupta	Dr. Aatish Team pharmacy for procurement Ms. Reena to implement and monitor the same	15 October 2022
7.	Infection control measures in ICU	Clean trays to be placed on each bedside of the patients and to be used for medication. Trainings to be given regarding safe injection practices. Training regarding the PPE to be strengthen.	Ms. Reena Procurement ICU	15 th October

Ms Reena Wilson (ICN) to submit the action taken and closure report by 20 October 2022.

Minutes prepared by: Ms. Reena Wilson / Ms Mehak

Minutes Verified by: Dr. Shilpi Khanna

Minutes Approved by: Dr. Ranoo Arora

Dated: 30 September 2022

