DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR VI, ROHINI, DELHI 85

F.No.1 (27)/2012/BSAH/BMW/ 1624-26 Dated: 25/1/2021

To,

The Member Secretary,
Delhi Pollution Control Committee,
4th Floor, ISBT Building,
Kashmere Gate Delhi-6.

Sub: Submission of Annual Report of Bio Medical Waste for the year 2020.

Sir,

Please find enclosed herewith the Annual report of Bio - Medical Waste for the year 2020 in prescribed format (Form-IV) duly submitted by Nodal Officer BMW in r/o Dr. BSA Hospital for information and necessary action at your end.

Yours sincerely,

Encl. as above

Additional Medical Superintendent (I)

Copy to:-

1. Addl. Director (BMW-Mgmt) Dte. Of Health Services, Govt. of NCT of Delhi F/17 Karkardooma, Delhi.
2. Nodal Officer (BMW).
3. Programmer of Dr. BSAH for upload the report in website.

22/1/21

Additional Medical Superintendent (I)

Form - IV (See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 31st January 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 authorised person (occupier or: operator of facility)		Dr. P. S KHATANA Medical Director
	(ii) Name of HCF or CBMWTF	:	DR. BABA SAHEB AMBEDKAR
	(iii) Address for Correspondence	:	Hospital,Sec-6,Rohini
	(iv) Address of Facility		Delhi – 110085
	(v)Tel. No, Fax. No	:	011-27055585
	(vi) E-mail ID	:	msbsah@yahoo.co.in
	(vii) URL of Website		Delhi gov.in/WPS/connect/doit/ Dr. BSAH/Home
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation 5 years No.: Application No.- 2198737 Issued on 13.11.2020
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 04.03.2024
2.	Type of Health Care Facility	:	Multi specialty hospital
	(i) Bedded Hospital	:	No. of Beds: 500+
	(ii) Non-bedded hospital (Clinic or Blood Bankor Clinical Laboratory or Research Institute or Veterinary Hospital orany other)	:	N.A.
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	N.A
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg/day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	---------- Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 83,743 Kg Red Category: 58,009 Kg White: 1209 Kg Blue Category : 15472 Kg General Solid waste: 28,8000 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Detailsof the on-sitestorage facility	:	Size : Total Area 87"x64" Capacity : Provision of on-site storage : (cold storage or any other provision)
	(2)Details of the treatment or disposal facilities		Type of treatment / Equipment — No Of Units — Capacity Kg/day — Quantity Treated or Disposed in kg Per annum Incinerators Plasma Pyrolysis Autoclaves: One 1000Litres/ Cycle Microwave Hydroclave Shredder : 240KG/Hr Needle tip cutter or Destroyer :At every generation site Sharps encapsulation or concrete pit - - Deep burial pits: Chemical disinfection - On site - - Any other treatment equipment:
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA
	(iv) No of vehicles used for collection	:	Common facility vehicle

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA
	(iv) No of vehicles used for collection and transportation of biomedical Waste	:	Common facility vehicle
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where generated disposed Incineration Ash ETP Sludge: STP Sludge 93.14 KG/Annum
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic waste solution private limited 46, SS I Industrial Area G T Karnal Road, Delhi 110033
	(vii) List of member 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 1. 27.05.2020 2. 09.07.2020 (Minutes of meeting) Enclosed
7	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management (ii) number of personnel trained		54 Sessions 980 Health care workers
	(iii) number of personnel trained at the time of induction		183
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details:		

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?		STP(Sewage treatment plant) Continuous online flow monitoring systems
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from January 2020 to December 2020.

PS Khatana

Name and signature of the Head of Institution

MEDICAL DIRECTOR
Dr. BSA Hospital
Govt. of NCT of Delhi
Sector- 6, Rohini, Delhi- 110085

Date:-
Place:- Delhi

(5)

Baba Saheb Ambedkar Hospital

Delhi :: CH...(Hospital) Not In Ganga Basin

CPCB : -- --- ---- --:--

SPCB : -- --- ---- --:--

pH

STP_1_Outlet
Std Val : 6.50 - 8.50
Last recvd : 13-01-21 14:34

COD

STP_1_Outlet
Std Val : 0.00 - 250.00
Last recvd : 13-01-21 14:34

BOD

STP_1_Outlet
Std Val : 0.00 - 30.00
Last recvd : 13-01-21 14:34

TSS

STP_1_Outlet
Std Val : 0.00 - 50.00
Last recvd : 13-01-21 14:34

(6)

DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR VI, ROHINI, DELHI—85

F.No. F.27 (01)/2017/BSAH/HICC/ 9169 – 180 Dated:- 27/05/2020

MINUTES OF MEETING

Hospital Infection Control Committee (HICC) meeting was conducted on 18th May 2020, at 12pm under the chairmanship of Medical Director, Dr. BSA Hospital in the Conference hall.The meeting was attended by the following officials:

Dr. M.M. Kohli(MD & Chairperson HICC), Dr.S.D.Sharma (Quality Nodal Officer),Dr. Sunil Bhatnagar(AMS (A)) , DR. G.P.Kaushal (AMS (E)), Dr Renu Gur (Secretary HICC & HOD Microbiology), Dr. Anil Mishra (HOD Anaesthesia), Dr.P.S.Khatana (HOD Surgery), Dr.Harender Kumar(HOD Medicine), Dr.Sandhya Jain (CMO NFSG, OBG), Dr.Amit Johari (Nodal OfficerCovid), Dr. Shalini Duggall Infection Control Officer), Dr. Deepak Dhamnetiya (Epidemiologist),Dr.Pradeep Sharma (MO I/C PWD), Dr.Vineeta Gupta (MO I/C ward 2), Dr.Sandeepa (MO I/C Gen. store), Dr.Aftabuddin Ahmad (SR Surgery, RDA), Dr.Rishu Mishra(SR Medicine , RDA), Dr.Vineet Kumar (SR Radio, RDA), Ms.Satnam Kaur (DNS), Ms Shakuntala Gagwar (ANS), Mr.Mukhraj Gurjar (ICNursing officer), Ms.Gunjan Yadav (IC Nursing officer)

The following points were discussed in meeting:-

1. The meeting started with the welcome address by Dr Renu Gur, Secretary HICC.
2. A PowerPoint presentation was made with reference to the 'Advisory for managing Health care workers in COVID and Non-COVID areas of Hospital issued by the Ministry of Health & Family Welfare dated 15/05/2020' for purpose of implementation in Dr BSA Hospital.
3. **SOP HIC:**It was informed to all the members by Dr Renu Gur that a Standard Operative Procedure Manual for Hospital Infection Control during Covid had been released on 18/04/2020 by our worthy Medical Director & Chairperson HICC, Dr. M.M Kohli.
4. **TRAININGS:** All members were informed that more than 500 healthcare workers have been trained through various sessions on Infection Prevention and control and Specimen collection in reference to Covid 19. SOP on infection control and other related training material had been made available on the BSA Hospital website by AMS (A) Dr S. Bhatnagar for wider circulation to all the staff members of the hospital
5. **TRIAGE:** Triage to be established as per the guidelines of Health & FW, GNCT of Delhi, at entry of hospital for screening of all patients for fever/ cough, etc. Preferably separate entrance for patients and Staff.
6. **PRECAUTIONS at ENTRY POINTS:** (Action : DMS A , Covid Coordinator , Concerned Facility Manager, Security Supervisor)
   a. Regular (thermal) screening of all hospital staff and patients by the Security personnel in appropriate PPE (Triple layer surgical mask, reuse gloves) and arrangement for hand wash/ hand rub at all the entry points.

b. The security guard has to ensure that patients and attendants are wearing the face cover. Triple layer surgical masks can be given to patients if face is uncovered.

c. Social distancing between patients has to be maintained starting from the entry point inside the hospital and all other areas of the hospital by the Security Supervisor and their staff.

7. SOCIAL DISTANCING: There is need to educate all health care workers to practice social distancing strictly. Also need to avoid having tea or meals together inside the hospital/ canteen etc. Such preventive measures should be followed properly and habitually.

8. ACCIDENTAL EXPOSURE TO COVID POSITIVE PATIENTS: All such episodes to be reported to the concerned HOD/In charge/Supervisor/Facility Manager. All the health care workers reporting such exposures have to fill in the Google sheet duly verified by the concerned HOD.

9. CONTACT TRACING: Infection Control Committee has been identified by the hospital vide circular F No. 5(1)/2011-12/BSAH/PS/Vol-II/8542, Dated 08.05.2020. ICC activated since 1st May 2020 for contact tracing. The data of contact tracing was presented wef 01/05/2020.

10. STANDARD PRECAUTIONS: These precautions need to be followed at all times. Rational Use of Personal Protective Equipment needs to be done along with proper disposal.

11. DONNING- DOFFING PPE:

a. It was pointed out by Dr Mishra (HOD Anaesthesia), that the demarcation for area of donning and doffing needs to be looked into in the area of Maternity OT and Emergency OT, ICU, Labour Room. Areas to be identified by the concerned In charges in consultation with M.O In charge PWD in case some alterations/additions have to be done.Mirror in Donning area. (Action : Concerned HOD/ Incharges / MO Incharge PWD)

b. It was suggested by Dr Renu Gur that for identification of HCWs after donning PPE, name of HCW to be mentioned on PPE.

c. For prevention and control of infection, a 'Buddy' system or 'Check' system should be developed while PPE is worn.

d. Breach in PPE must be informed to HOD/ In charge immediately.

12. REUSE OF N95 AS PER HOSPITAL ADVISORY. Dr Vinita and Dr Mishra pointed out that in the Covid Ward (Suspected) and in areas of Aerosol generating procedures, the N95 mask needs to be disposed after that shift and cannot be reused.

13. CLEANING ANS DISINFECTION: Strict Cleaning and Disinfection Protocol needs to be followed with proper record in the checklist. Fresh Hypochlorite solution to be prepared in each shift. It was stressed that all surfaces need to be cleaned followed by disinfection at least once in each shift and as and when required. (Action : Sister Incharges / ANS/ DNS to get it implemented by the Housekeeping staff and support staff).

14. PATIENT TRANSPORTATION: The issue of proper transportation of Covid / Suspected Covid patient was discussed. Dr Vinita Gupta M.O Incharge Ward 2A (Suspected Covid ward) informed that there is need for proper transportation of suspected Covid patients. It was decided that a

proper procedure needs to be adopted for the transport of such patients. Inform the area/ ward before hand and thorough disinfection of route of transportation within the hospital.

15. BIOMEDICAL WASTE: Biomedical waste guidelines should be followed in letter and spirit. Yellow bins, red bins and bags of appropriate sizes must be made available by submitting demand.

26/05/20

Dr Ashok Jaiswal
Add. Medical Superintendent (I)

F.No. F.27 (01)/2017/BSAH/HICC/ 9150 / 180 Dated:- 27/05/2020

Copy to:-

1. PS to MD for information
2. AMS(All)/DMS(All)
3. All MOI/C/ Covid- Nodal Officer
4. All HOD's
5. Covid-Co-ordinator
6. DNS/ANS/ Senior Nursing Officer
7. All Hospital Manager's
8. Infection Control Nursing Officers
9. Guard File

26/05/20

Dr Ashok Jaiswal
Add. Medical Superintendent (I)

(9)

GOVT. OF NCT OF DELHI
SECTOR – 6, ROHINI, DELHI - 110085

S(30)/ 2017/BSAH/MOM/ Minutes of Meeting Dated:-

BMW Committee meeting was held under the Chairmanship of Medical Director Dr. BSA Hospital regarding various issues on 09.07.2020 at 11:00 AM in the Conference Hall of BSA Hospital . The following officials attended the meeting.

S.No	Members Name	Designation
1	Dr. P S Khatana	Chairperson & Medical Director
2.	Dr. Ashok Jaiswal	AMS (I)
3	Dr. J.S. Martolia	DMS (A)
4.	Dr. Renu Gur	Secretary BMWM/ HOD Microbiology
5.	Dr. Dolly Chawla	HOD OBG & Gyn
6	Dr. Jitendra	HOD Surgery
7	Dr. Pradeep Sharma	MO I/C PWD
8	Dr. Sandeepa	MO I/C General store
9	Dr. Nidhi	HOD Aneasthesia
10.	Mr. Surender	DCA (Accounts)
11	Ms. Shakuntala	ANS
12	Ms. Kusum Rana	Sister Incharge (BMWM)
13	Ms. Archana	Nursing officer BMWM
14	Ms. Sweta Mishra	Supt. Hospital Manager

S No	Agenda	Discussion	Action to be taken by	Responsibility
1.	Bio-Medical Waste Management Monthly report (June 2020) ; Quarterly report (April2020-June2020)	Issue of adherence to proper disposal of PPE	Sister Incharge, BMWM Nodal Officer, BMWM	All Incharge
2.	CPCB guidelines for Covid 19 BMWM Covid 19 CPCB app for daily documentation of Covid waste	Discussion on Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of Covid 19 patients for implementation Revision 1: 25th March 2020 Revision 2: 18th April 2020 Revision 3: 10th June 2020 Covid 19 waste needs to be disposed as per BMW 2016 rules and that all waste need not be disposed in Yellow bag.	All concerned incharges of Isolation wards (HODs, ANS, Sister incharges and concerned staff) Sister Incharge BMWM to ensure proper record of COVID 19 waste in the CPCB mobile app.	All concerned incharges of Isolation wards (HODs, ANS, Sister incharges and concerned staff)

GOVT. OF NCT OF DELHI
SECTOR – 6, ROHINI, DELHI - 110085

	Inspection Team round of various areas for appropriate management of BMW	The round report has been submitted to AMS (I) The issue of improper segregation was noted and also shortage of BMW bins and trolleys for temporary storage in the generation sites.	AMS(I)	Weekly Training program is being held every Tuesday so concerned incharges to ensure that there staff is well trained in proper segregation of waste (Team BMWM and HIC) All the Sister Incharges were directed to submit fresh demand for requirement of bins etc. M O Incharge General Stores , Store keeper to ensure Uninterrupted BMW supplies.
4	M/S Biotic Solution Waste Pvt. Ltd has submitted an agreement for charges for collection of Covid-19 waste with effect from March-2020 to May 2021.	E- mail directly received from **Biotic Solution Waste Pvt. Ltd** by BSA Hospital. **Biotic Solution Waste Pvt. Ltd.**is Common Biomedical Waste Treatment Facility private firm authorized by DPCC for collection, transportation, treatment and disposal of BMW. An Email was sent to DPCC and CMO (BMW) for the necessary guidance from BSA Hospital. But no clarification recd for Covid 19 waste applicable charges.	An e mail to be sent to Secretary , Health , Delhi Govt for necessary directions. Also file to be sent to DCA (Accounts) for comments	MS Nodal Officer BMWM DCA
5.	BMW of CTC Maharaja Agrasen Hospital	CTC Maharaja Agrasen is attached with Dr. BSA Hospital only for Manpower, Material & not dealing any financial issues.		CDMO (NorthWest Zone)

SECTOR – 6, ROHINI, DELHI - 110085

Medical Waste of BSA Medical College	BSA Medical College started in the year 2016 has been sending there Bio-Medical Waste to the BSA Hospital storage site for further management till date. As per the BMW 2016 Rules notifed in the Gazette, every Occupier of the institute is responsible for managing there own biomedical waste generated by them.	An official communication to be sent to the Principal, BSA Medical College for the implementation of BMW 2016 rules notification in the gazette.	MS Nodal Officer BMWM
Pending renewal of BMW Authorization from DPCC.	The Hospital had applied for BMW authorization on 14/09/2019. (Validity of BMW authorization till 21/10/2019) Follow-up of the Appeal file that was sent by the hospital authorities to the Health Secretary for waiving off the Environmental Damage Compensation penalty.	Trace the file status and send the e-mail to the concerned person. Also input from DCA (Accounts Branch) to be taken for the same for resolving this matter.	MS Nodal officer BMWM for the renewal of authorization DCA

The meeting ended with vote of thanks of the chairperson. This issue with the prior approval of Medical Director

(Dr. Ashok Jaiswal)
AMS(I)
17/07/2020

F.No. 5(30)/ 2017/BSAH/MOM/ 14610 — 619

Dated:

1. PS to MD For information
2. AMS(All)/DMS(All)
3. All MO I/C
4. All HOD's
5. DCA, Account.
6. DNS/ANS.
7. Sister I/C through DNS.
8. Supt. Hospital Manager(Concerned Manager)
9. BMW Cell Staff
10. Guard File.

16/07/20
(Dr. Ashok Jaiswal)
AMS(I)