

GOVERNMENT OF NCT OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT LOK NAYAK HOSPITAL: NEW DELHI-110002 (DEPARTMENT OF SANITATION, HK & BMWM)

No. F- 69(7)/DPCC Letter/BMWM/LNH/2016/279

Date: 09/04/2019

To,

The Member Secretary, Delhi Pollution Control Committee, 4th Floor ISBT Building, Kashmere Gate, Delhi 110006

Sub:- Submitting Annual Report of BMWM from 01st January, 2018 to 31st December, 2018.

Sir,

Kindly find enclosed the Annual Report of Bio-Medical Waste Management from 01st January, 2018 to 31st December, 2018 for Lok Nayak Hospital, New Delhi.

Thanking you,

Regards,

Medical Director
Lok Nayak Hospital

New Delhi Date:

No. F- 69(7)/DPCC Letter/BMWM/LNH/2016/ Copy to:-

- 1. PA to MD
- 2. Office Copy

Medical Director Lok Nayak Hospital New Delhi

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)]

1	facility (HCF) or common bio-inedical w	, ,		
Sl.				
No. 1.	Particulars of the Occupier			
	(i) Name of the Authorized person (occupier or : operator of facility)	DR. KISHORE SINGH		
	(ii) Name of HCF or CBMWTF	Lok Nayak Hospital		
	(iii) Address for Correspondence	J.L.N. Marg, New Delhi-110002		
	(iv) Address of Facility	J.L.N. Marg, New Delhi-110002		
	(v)Tel. No, Fax. No	23236000, 23232870		
	(vi) E-mail ID	Inhmsoffice@gmail.com delhi.in/wps/wcm/connect/DoIT_LNJP/Injp/Home NA		
	(vii) URL of Website			
	(viii) GPS coordinates of HCF or CBMWTF			
	(ix) Ownership of HCF or CBMWTF	State Government		
	(X) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Online status of Authorization has been submitted and awaited for certificate.		
	(XI). Status of Consents under Water Act and Air Act	Valid up to: Under process awaited PWD reports		
2.	Type of Health Care Facility	Hospital		
	(i) Bedded Hospital	No. of Beds:- 2053		
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical	NA		
	Laboratory or Research Institute or			
	Veterinary Hospital or any other)			
	(iii) License number and its date of expiry	NA		
3.	Details of CBMWTF			
+	(i) Number healthcare facilities covered by CBMWTF	NA		
	(ii) No of beds covered by CBMWTF	NA		
	(iii) Installed treatment and disposal capacity of CBMWTF:	NA		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA		
		Yellow Category :- 8831 kg/month (Avg.)		
4.	Quantity of waste generated or	Red Category :- 9544 kg/month (Avg.)		
	disposed in Kg per annum (on	White :- 766 kg/month (Avg.)		
	monthly average basis)	Blue Category :- 754 kg/month (Avg.)		
		General Solid waste:-		
		Green Bag :- 33122 kg/ Per Month (Avg.)		
		Blue Bag :- 33545 kg/ Per Month (Avg.)		

A	Details of the Storage, treatment,	Yellow			
1	transportation, processing and Disposal Facility	Red			
6	(i) Details of the on-site storage facility	Size: Adequate			
	lacinty	Capacity: Adequate Provision of on-site storage: NA			
-					
	disposal facilities	Type of treatment Equipment	No of units	Capacity Kg/ Day	Quantity treatedore disposed
		per			in Kg
		Incinerators :- Incinerator is closed Plasma Pyrolysis :- NA		or is closed on	annum n 13/6/2010
		Plasma Pyrolysis :- Autoclaves :-	01	1700 Ltr.	114528
		kg/Yr Microwave :-	03	60Ltr. (Two 30 LTr. (1)	
		Hydroclave :-	NA	2 2 2 3 3 ()	
		Shredder :- Needle tip cutter	01	360 Kg/ Ho	our
		or destroyer :- Sharps	100 (App	orox)	
		encapsulation or :- concrete pit	NA		
		Deep burial pits :- Chemical disinfection	NA · NA		
		Any other	IVA		
		treatment	C1 1-14		
	(iii) Quantity of recyclable wastes Park Catagory (1312 and catagory)				
	sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) 114528 Kg Per Annum 1. Vehicles used by M/s SMS Watergrace Bio Medi Waste (P) Ltd.			
	(iv) No of vehicles used for collection and transportation of biomedical waste				Bio Medical
	bioinedical waste	2. Vehicles used by Private contracto	MCD for or.	collection Blu	ie & Green
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	ETP Sludge around 20-25 kg/ per month as informed by the PWD Department.			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s SMS Watergrace Bio Medical Waste (P) Ltd.			te (P) Ltd.
	(vii) List of member HCF not handed over bio-medical waste.	NA			
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.	les (Copy of the mil	nutes of me	eeting enclose	ed)

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	Details trainings conducted on BMW	
0	(i) Number of trainings conducted on BMW Management	42 (Avg.) per Annum
7	(ii) number of personnel trained	
		938 (Avg.) per Annum
	(iii) number of personnel trained at the time of induction	62
	(iv) number of personnel not undergone any training so far	All covered
	(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	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Incinerator is closed on 13/6/2010
	Details of Continuous online emission monitoring systems installed	NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	ETP/ STP further up gradation and repairing of ETP 600 KLD 1250 KLD based on EBR technology is under process as information provided by PWD. (Copy enclosed)
11.	Is the disinfection method or sterilization meeting the log 4 standards?	Yes
	How many times you have not met	
	the standards in a year?	
12.	Any other relevant information	NA

Certified that the above report is for the period from 01.01.2018 to 31.12.2018

Medical Director
Lok Nayak Hospital
New Delhi

A meeting of BMWM Committee was held on 24/11/2017 at 02:00 PM in conference hall of Admin Block. Meeting chaired by Director Professor M. K. Daga,(Department of Medicine) Chairperson BMWM Committee. The Chairperson appraised extensive work done by BMWM Team. Following members attended the meeting:-

1.	Dr. M. K. Daga, M. S. Medicine		Chairperson
2.	Dr. R. S. Tolia, DMS, BMWM		Member
3.	Dr. Shagufta Vij, MO Ic BMWM	-	Member Sect
4.	Dr. C. B. Singh, Prof. Surgery Dept.	-	Member
5.	Dr. Monika Chaudhary, Splt. Micro	-	Member
6.	Dr. Vanita Jayaswal, MO I/c Kitchen		Member
7.	Mrs. Sandal Vats, Nursing Supdt.		Member
8.	Mrs. Kiran Dewan, Sr. Dietician		Member
9.	Mr. Bijender Kumar, Sanitary Officer	-	Member
10.	Mr. R. N. S. Yadav, E.E (Elect)	-	Member
11.	Mr. A. K. Singh, AE (Elect)		Member
	Mr. Ramkesh Meena, AE (Civil)		Membér
	Mr. Nandan Singh, JE, (Civil)		Member
14.	Mr. Rajesh Kumar Saini, ICN	-	Member
15	Mrs. Anita Toppo, Nursing Officer BMWM	-	Member
16	Mrs. Geeta Kumari, Nursing Officer, BMWM	-	Member

The minutes of last meeting which was held on 05/04/2017 was presented before the committee. The same has approved by committee.

The report of NGT discussed in meeting:-

The consent to operate (CTO) for Boiler can not be applied by the Department of BMWM, Sanitation & HK, due to ban in boiler operation by National Green Tribunal as informed by AE (Electrical) PWD.

The application for CTO will be apply by the Department of BMWM, Sanitation & HK, as soon as the ban on boiler operation will be lifted & a fresh report obtained.

The AE (elect), Mr. A. K. Singh appraised regarding height of chimney as per the guidelines, the stake of chimney should be high than the tallest building of the hospital. The matter related to the civil branch and the necessary step to be taken.

The ETP was found closed in last NGT Round and the hospital was imposed a fine of Rs.50,000/- due to that by NGT which has been duly deposited by Hospital to Delhi Pollution Control Committee. Mr. A. K. Singh appraised committee that the ETP & STP both working and the Civil PWD will submit the ETP/ STP inspection report of DPCC in this regard to Department of Biomedical Waste Management.

AE (Electrical) informed that the ETP was working during NGT round. It was closed as a routine process, the same explained to the NGT Team. The team mentioned the plant should be in operation 24x7. Now the ETP & STP both are working on optimum capacity.

The concern raised regarding liquid waste generated in hospital whether it is being drained into sewer after treatment or not? The civil & Electric department mentioned that all old sewage drain line are 8 to 9 feet deep from ground and it hard to define whether all sewage being drained into ETP/STP plant or not. The appropriate action taken in this regard to capture all drain of hospital into newly proposed ETP plant which will be proposed to constructed in MAMC with capacity of 2100 KLD.

All committee members were of the opinion, to send a letter to chief engineer electric and civil to submit the compliance report on NGT round through MO I/c PWD.

The concern of management of solid waste raised by committee members. The green & blue bins supplied to the some patient care unit are postal box type and in corridors the bins placed are paddle operated type. These bins has to be identified in patient care area and in corridor than the exchange of these bins can be planned. Further more the black bins which are being used previously are of no use in wards now. A meeting has been planned with workshop to paint these bins into blue and green for their use in bins.

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1S (BMWM & Sanitation & HK)

HOD, Microbiology

MO I/c PWD Member

on leave -

) I/c HICC mber

MO I/c O.T. Member

MO I/c ICU Member

as the capacity of fraction.......

) I/c (BMWM & Sanitaion &HK) mber

Ex. Engineer PWD (Elect.) Member Ex. Engineer PWD (Civil) Member

itary Officer mber

Nursing Superintendent Member

Dr. M.K. Daga Chairperson

MD for approval

Approved.

MOSTE (BIYWM (Santation)

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Minutes of Meeting

A meeting of members of BMWM committee was held on 20/07/2018 at 2:00 PM in the Chamber of Procurement Officer, Room no. 16 and the following officers/officials have attended the meeting:-

2. 1	Dr. M. K. Daga Dr. R. S. Tolia Dr. R.S. Ahlawat Dr. C. B. Singh	(M.S. Medical) (DMS BMWM) (HOD Med) (Dept. of Surgery)	Chairperson Vice Chairperson Member
	Dr. Shagufta Vij	(MO I/c BMWM)	Member Secretary
	Dr. Vikas Manchanda	(Inf. Cont. Officer)	Member
	Dr. Dheeraj	(MO I/c PWD)	Member
	Ms. S. Vats	(Nur. Supdt)	Member
9.	Mr. Bijender Kumar	(Sanitary Officer)	Member
10.	Mr. A. K. Singh	(Asst. Eng. PWD)	
11.	Mr. Badal Kumar	(JE Civil, PWD)	
12.	Mr. Rajesh Kumar Sa	aini (Nur. Officer Inc. Cont)	Member
13. Ms. Geeta Kumari (Nursing Officer BMWM)			Member
14. Mr. Ghanshyam Mahawan (Nur. Officer BMWM)			Member

The following issues discussed in the meeting:-

- 1. Separate Storage area of Bio-Medical Waste:- The storage area to store Bio-Medical Waste behind the OPD Block is too small and need to be extended. It was decided in the meeting that the existing storage area will be used for Yellow Bags and the present trolley washing will be used to store Red Bags.
- 2. It was decided in the meeting that the BMW Bags will be stored in the same coloured trolleys inside the storage area.
- Platform for Weighing Machine:- Platform for weighing machine to weigh the BMW Bags will be constructed/made in both the storage areas by the PWD
- 4. Bio-Medical Waste trolley washing area:- The extra room/to be created in both storage areas for washing of BMW trolleys.
- 5. Drainage system for washing & storage area:-the drainage system of the BMW storage area and trolleys washing area will be connected with the sewage system having access to ETP/STP of the hospital.
- 6: Sign Board for Storage area:- Proper signboards with Bio-Hazard Symbol with name of the hospital to be installed of in both the storage areas of size 5" x 3" which is clearly visible.
- Bar coding as per BMWM Rule 2016:- The procurement of Bar Coding System as per BMWM rule 2016 will be started as per guidelines issued by DPCC.
- 8. Authorization of Consent to operate:- Our department cannot apply for Consent to Operate due to non availability of reports. PWD will provide the report of STP/ETP, Gen. Set, Boiler etc. every six months
- 9. Spillage in yellow bags:- Clarification was sought from HICC & it was decided that spillage kit will have yellow bag for storage of spillage.
- 10. Staff for Infection control:- MO I/c Infection Control required one more Nursing Officer for immunization purpose. Nursing Supdt. LNH assured to depute a Nursing Officer for the same.

 BMWM Training:- Training of all health care workers will be done along with Infection Control Training program.

Dr. M. K. Daga (M.S. Director) Dr. R. S. Ahlawat (HOD Med)

Dr. R . S. Tolia DMS (Sanitatin & BMWM)

Dr. C. B. Singh (Dept. of Surgery)

Dr. Dheeraj (MO I/c PWD) Dr. Vikas Manchanda (Inf. Cont. Officer)

Dr. Shagufta Vij (MO I/c BMWM &Sanitation)

Ms. S. Vats (Nur. Supdt)

Mr. Bijender Kumar (SanitaryOfficer)

Mr. A. K. Singl (Asst. Eng. PWD)

Mr. Badal Kumar (JE Civil, PWD)

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Mr. Rajesh Kumar Saini (Nur. Officer Inc. Cont)

Ms. Geeta Kumari
(Nursing Officer BMWM)

Mr. Ghanshyam Mahawan (Nur. Officer BMWM)