

MSSSH/DPCC/81

April 29, 2019

Sr. Env. Engineer
WMC - I
Delhi Pollution Control Committee
IVth floor, ISBT Building
Kashmere Gate
New Delhi - 110 006

Q.S.
30/4/19
(INQUIRY 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 Report under BMW rules for the period January 2018 to December, 2018

Dear Sir,

We are enclosing herewith Annual report in Form - IV with respect to Bio-Medical waste generated at Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Mandir Marg, Saket, New Delhi - 110 017 for the year January, 2018 to December, 2018.

We have an agreement with M/s. Biotic Waste Solutions Private Ltd. for disposal of Bio-Medical Waste generated in the hospital and the said agreement is valid till 30th June, 2019.

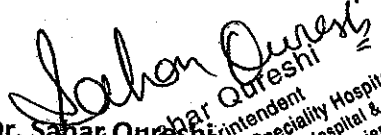
We are also enclosing herewith yearly collection report for 2018 issued by Biotic Waste Solution Pvt. Ltd.

Thanking you,

Yours faithfully,

For Max Smart Super Speciality Hospital

(a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences)


Dr. Sanjay Kumar Qureshi
Medical Superintendent
Max Smart Super Speciality Hospital
(A Unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences)
DMC Regn. No.-03280


Max Smart Super Speciality Hospital, Saket

A unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences

(Gujarmal Modi Hospital and Research Centre for Medical Sciences Registered under the Societies Registration Act XXI of 1860)

Regd. Office: Mandir Marg, Press Enclave Road, Saket, New Delhi- 110017

Phone: +91-11-7121 2121, Fax: +91-11-2696 3801

www.maxhealthcare.in

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 preceeding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

Sl. No.	Particulars											
1	Particulars of the occupier											
	(i) Name of the Authorised person (occupier or operator of facility):	: Dr. Sahar Qureshi										
	(ii) Name of HCF or CBMWTF	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences)										
	(iii) Address for Correspondence	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017										
	(iv) Address of Facility	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017										
	(v) Tel. No. Fax No.	: 011 - 71212121										
	(vi) Email ID	: susheela.krishnan@maxhealthcare.com										
	(vii) URL of Website	: maxhealthcare.com										
	(viii) GPS coordinates of HCF or CBMWTF	: 28.527267, 77.211482										
	(ix) Ownership of HCF or CBMWTF	: Private Hospital										
	(x) Status of Authorisation under the Bio-Medical Waste (management and Handling) Rules	: Authorisation No. DPCC/(11)(5)(887)/S-010/BMW-06 valid up to 11.09.2019										
	(xi) Status of Consents under Water Act and Air Act	: Consent Order No. DPCC/WMC/2015/35910 Valid upto 10.08.2019										
2	Type of Health Care Facility											
	(i) Bedded Hospital	: 250 bedded Hospital										
	(ii) Non Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: Not Applicable										
	(iii) License number and its date of expiry	: Regn. No. DGHS/NH/137 - valid upto 31.03.2020										
3	Details of CBMWTF											
	(i) Number of healthcare facilities covered by CBMWTF	: Biotic Waste Solutions Pvt. Ltd. 46-SSI Industrial Area, GTK Road, Delhi-110033										
	(ii) No. of beds covered by CBMWTF	: Not Applicable										
	(iii) Installed treatment and disposal capacity of CBMWTF	: Not Applicable										
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: Not Applicable										
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	<table border="1"> <tr> <td>Yellow Category</td> <td>: 31279.88 Kg.</td> </tr> <tr> <td>Red Category</td> <td>: 45165.52 Kg.</td> </tr> <tr> <td>White</td> <td>: 3242.45 Kg</td> </tr> <tr> <td>Blue Category</td> <td>: 12973.47 kg.</td> </tr> <tr> <td>General Solid Waste</td> <td>: 68367 Kg</td> </tr> </table>	Yellow Category	: 31279.88 Kg.	Red Category	: 45165.52 Kg.	White	: 3242.45 Kg	Blue Category	: 12973.47 kg.	General Solid Waste	: 68367 Kg
Yellow Category	: 31279.88 Kg.											
Red Category	: 45165.52 Kg.											
White	: 3242.45 Kg											
Blue Category	: 12973.47 kg.											
General Solid Waste	: 68367 Kg											

5	Details of Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	Size : 484 sq.ft			
		Capacity : storage capacity of 760 kg/day			
		Provision of on-site storage : Air Conditioners installed in storage area			
	(ii) Disposal Facilities	Agreement with Biotic Waste Solutions Pvt. Ltd. For disposal of Bio Medical Waste			
		Type of treatment equipment	No. of Units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators	Not applicable		
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps			
		Encapsulation or concrete pit			
		Deep burial pits:			
Chemical disinfection					
Any other treatment equipment					
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	: Red Category (like plastic, glass etc.) : Not Applicable				
(iv) No of vehicles used for collection and transportation of biomedical waste	: Not Applicable				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	: Quantity Where generated and disposed				
	Incineration Ash :	Not applicable			
	ETP Sludge :	Not applicable			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: Biotic Waste Solutions Pvt. Ltd.				
(vii) List of member HCF not handed over bio-medical waste	: Not Applicable				
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	We have Infection Control Committee which is monitoring the activities related to Bio Medical Waste management. Minutes of the meeting held during the period are attached as Annexure - A			
7	Details of trainings conducted on BMW				
	(i) Number of trainings conducted on BMW management	: Approximate :- 52			
	(ii) Number of personnel trained	: All employees are trained			
	(iii) Number of personnel trained at the time of induction	: Approximate :-2000			
	(vi) Number of personnel not undergone any training so far	: Nil			

	(v) Whether standard manual for training is available ?	Infecion Control Manual Is available and Bio Medical Waste management Is a part of the same
	(vi) Any other information	: Nil
8	Details of the accidents occurred during the year	: None
	(i) Number of Accidents occurred	: Nil
	(ii) Number of persons affected	: Nil
	(iii) Remedial action taken (Please attach details if any)	: Not applicable
	(iv) Any Fatality occurred, details	: None
9	Are you meeting the standards of Air Pollution from the incinerator? How many times in last year could not met the standards?	: Not applicable
	Details of Continuous online emission monitoring systems installed	: Not applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	: STP installed. We always met the standards
11	Is the disinfection method or sterilization meeting the log 4 standard? How many times you have not met the standards in a year?	: Not applicable
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) : Not applicable

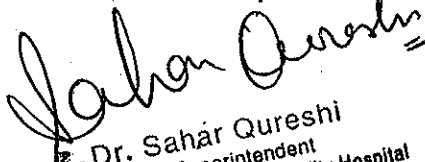
Certified that the above report is for the preiod from 1st January, 2018 to 31st December, 2018

Date : 29.04.2019

Place : New Delhi

Dr. Sahar Qureshi

Medical Superintendent


 **Dr. Sahar Qureshi**
 Medical Superintendent
 Max Smart Super Speciality Hospital
 (A Unit of Gujarmal Modi Hospital &
 Research Centre For Medical Sciences)
 DMC Regn. No.-03280

FORM - I

[See Rule 4 (O), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and Time of accident : Nil
2. Time of Accident : Ni
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : N.A.
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accident on human health and the environment : N.A.
7. Emergency measures taken : N.A.
8. Steps taken to alleviate the effect of accident : N.A.
9. Steps taken to prevent the recurrence of such an accident : N.A.
10. Does your facility has an emergency control policy ? if yes give details : YES
Copy attached as Annexure - **A**

Date : 29.04.2019

Signature :

Place : New Delhi

Designation : Medical Superintendent

Sahar Qureshi
Dr. Sahar Qureshi
Medical Superintendent
Max Smart Super Speciality Hospital
(A Unit of Max Institute of Medical Sciences)
Research Center For Medical Sciences
DMC Regn. No.-03280



EMERGENCY CODES & RESPONSE TEAM

Policy

In the event of an emergency in the hospital, and when there is a need to make a public announcement or raise an immediate alert, the staff on no. 55 and inform the nature of the emergency:

EMERGENCY CODES & TEAM MEMBERS		
Code	Situation	To be Contacted
Code Blue	Cardiac Arrest	ICU Duty Doctor / Emergency Duty Doctor / Anesthesiologist on Duty / Floor Manager - ICU / Floor Manager - ER / Shift Manager / Security Supervisor
Code Red	Fire	Fire Safety Officer - 8888 Security Supervisor - Security Hotline Maintenance Engineer - Engineering Hotline Biomedical Engineer - Biomedical Hotline Floor Manager / Duty Manager / Medical Superintendent Information to be sent to Head - Operations / CNS / Head-Security In case of Major Fire - Information to be sent to V P Operations
Code Pink	Child Abduction	Security Supervisor - Security Hotline / Extn 1001/2222 SR-Pediatrics / Floor Manager / Duty Manager / Head-Security Information to be sent to Head - Operations / CNS / Medical Superintendent
Code Black	Bomb Threat	Head-Security Security Supervisor - Security Hotline / Extn 1001/2222 Maintenance Engineer - Engineering Hotline / Duty Manager Information to be sent to Head-Operations / Medical Superintendent / CNS / CFO VP Operations (in case of major threat)
Code Yellow	External Disaster	Head Operations Emergency Medical Officer Chief Nursing Superintendent Biomedical Engineer Security Supervisor - Security Hotline / Extn 1001/2222 / Duty Manager Medical Superintendent & Head-Security
Code Violet	Violent Patient / Attendant	Security Supervisor - Security Hotline / Extn 1001/2222 Floor Manager Duty Manager Head-Security Information to be sent to Medical Superintendent / CNS

Date: Saturday, 20th Jan 2018

Time: 1 pm to 2 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Bansidhar Dr. Tarai; Gaje Singh; Manju Devi Tyagi; Dr Nutan Panda; Dr Sahar Qureshi; Anju Panwar; Dr Ritesh Aggarwal; Dr. Nidhi M Dev; Dr Bela Makhija; Dr Mukul Kapoor ; Dr. Alka Bhasin; Brajesh Kumar

Leave of Absence: Dr Prashant Saxena

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Infection Control Update including HAI rates / bundle compliances /antibiotics trends/ biomedical waste management compliance
3. Discussion on the following items
 - Increased Incidence of acinetobacter baumannii
 - Biomedical Waste Management in OT
 - Issue regarding disinfection of soiled linen on floors
 - Antibiotic Audits
4. Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: The meeting started with an update on Last MOM by all concerned stakeholders. All actionable items were closed			
Agenda No 2: Increased Incidence of acinetobacter baumannii			
1.	It was discussed & agreed upon that the surface cleaning of HDUs will also be done using the same cleaning agent which is been used in ICUs	Manisha Rattan	With Immediate Effect
2.	Hand Hygiene compliance to be strictly monitored in all the ICUs & HDUs	Bindu Joseph	With Immediate Effect
3.	Drinking Water Bottle filling area to be revamped	Brajesh Kumar	15 th March 2018
Agenda No 3: Biomedical Waste Management It was observed that sometimes there is improper segregation of waste from OT			
4.	It was decided that Separate meeting with Surgical group will be done to ensure appropriate biomedical waste segregation	Dr T S Jain	31 st March 2018
Agenda No 5: It was told that currently dirty linen is not been treated in sodium hypochlorite solution on floors and straight away sent to Laundry for cleaning as a result, permanent strains are left on linen			

5.	Protocol to be reinforced on floors that the dirty linen is been adequately treated with sodium hypochlorite before sending to laundry	Manju Tyagi	With Immediate Effect
Agenda No 6: Antibiotic Audits of OBG & Urology Summary of OBG Audit - Ceftum is continued for 5 days post discharge - Magnex use has decreased - In one odd case, Augmentin was also given Urology Audit - Indication & Dose of Magnex grossly inappropriate - Inappropriate dose as well as Tapering dose of Amikacin - Levoflox at the time of discharge for 5-7 days - Loading dose / Single dose not evident			
6.	It was decided that Greeshma will provide details of 3 cases where details regarding IV antibiotic name & timing not mentioned in CPRS	Greeshma	28 th Feb 2018
7.	Clinical Antibiotic Audit of ER (Sample Size: 50) and Orthopedics (Sample Size: 50 TKR & THR) to be done in next 2 months	Greeshma	31 st March 2018
8.	Next meeting with OBG team & urology team to be planned	Manisha Rattan	1 st April 2018
9.	Indian as well as International Guidelines for Urology to be seen – Divide patients into 2 categories – patient with underlying infection at the time of surgery Vs Patient without infection	Dr Ritesh Agarwal	1 st April 2018

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Saturday, 24th Mar 2018

Time: 1 pm to 2 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Bansidhar Dr. Tarai; Gaje Singh; Manju Devi Tyagi; Dr Nutan Panda; Dr Sahar Qureshi; Anju Panwar; Dr Ritesh Aggarwal; Dr. Nidhi M Dev; Dr Mukul Kapoor; Dr. Alka Bhasin; Brajesh Kumar; Dr Prashant Saxena

Leave of Absence: Dr Bela Makhija

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Infection Control Update including HAI rates / bundle compliances / antibiotics trends / biomedical waste management compliance
3. Discussion on the following items
 - Biomedical Waste Management in OT
 - Antibiotic Audits
4. Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: The meeting started with an update on Last MOM by all concerned stakeholders. All actionable items were discussed.			
Agenda No 2: Biomedical Waste Management Waste management practices to be strengthened as per the renewed guidelines. Proper segregation of products of conception.			
1.	Product has to be eliminated in yellow sealed bag		With Immediate Effect
Agenda No 2: Implementation of new guidelines for reduction in CAUTI			
2.	International guidelines for cleaning protocol of catheter to be reviewed for reduction in the rate of CAUTI	ICO/ ICN's	1 st May 2018

Minutes of Meeting

Date: Saturday, 17th July 2018

Time: 3 pm to 4 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Gaje Singh; Saleen Simon; Dr Sahar Qureshi; Dr Bansidhar Tarai; Dr Nutan Panda; Mr. Brajesh Kumar; Dr Bela Makhija; Ms Anju Panwar; Ms Radhika Govil; Ms Bini Joseph; Ms Jyoti; Ms Narinder Kaur; Ms Bindu Sharma

Leave of Absence: Dr Ritesh Aggarwal; Dr Prashant Saxena; Dr Bhaskar Sakia

Agenda Items will be:

- HAI incidents with RCA in June month - ICN
- Discussion on implementation of New BMW and General Waste Guidelines - Microbiologist
- Restricted antibiotic audit Update - Clinical Pharmacist
- Hand Hygiene compliance update – ICN
- Laparoscopic instruments sterilization
- VRE patients: Isolation or not
- Issues in OT for BMW segregation.
- Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: HAI incidents were presented by the ICN in front of committee. After discussion it was decided that CLABSI reported in June 2018 does not fit in definition so it should exclude.			
1.	Post op wound care PIL to be given to patient at the time of discharge. Orthopedic needs to randomly to be monitored by ICN	Wound Care Nurse	Continuous Process
2.	No sterillum to be use in post-operative dressing. A mail to be circulate to all clinicians by MD office	Dr T S Jain	5 th August 2018
Agenda No 2: New BMW and General waste guidelines presented in front of committee.			
3.	It was suggested that a new Autoclave machine to be purchase and process to be initiate. ICC approved the same	Ms Anju Panwar	25 th August 2018
4.	Bags to be procure as per new guidelines	Anju Panwar	20 th August 2018
5.	New posters for BMW and General Waste to be print	Radhika Govil	Done

6.	All New posters to be made available in all the concerned areas	ICN	10 th August 2018
7.	Training of all staff including Nurses, Doctors, GDA, Housekeeping and Technicians	ICN	20 th August 2018
Agenda No 3: Restricted Antibiotic audit report and findings presented in front of committee			
1.	More stress to be given on wards and ER. Next time both restricted and all antibiotics usages of wards to be presented (ICU excluded).	Greeshma Paul	Continuous process
Agenda 4: Hand Hygiene compliance rate was presented in front of committee.			
Agenda No 5: Laparoscopic Instrument Sterilization			
2.	List of departments indent Cidex and Cidex OPA to be share with ICN and Dr Bansi.	Brajesh Kumar	5 th August 2018
3.	Bronchoscope to be plasma sterilized at the end of the day...additional cost to be calculated by CSSD	Gaje Singh	5 th August 2018
4.	CIC recommends for additional purchase of laparoscopic instruments if required. Dr Arun Dewan and Dr Bansi can attend the next user's meet.		
Agenda 6: VRE patient Isolation			
5.	No Isolation required for VRE patient only contact precaution to be taken. A mail from MD office to all clinicians and mail from NS office to all nurses to be send	Dr T S Jain & Ms Manju Tyagi	5 th August 2018
Agenda 7: Issues in OT for BMW segregation			
6.	BMW segregation to be done at the time of generation	All Surgeons/Nurses/Technician	With immediate effect
Miscellaneous			
7.	Ultrasonic nebulizer is recommended for nebulization of colistin and aminoglycosides. It is to be purchased in ICU and CIC approves the same	Dr Arun Dewan/ Dr Ritesh	25 th August 2018
8.	All HAI confirmation, ICNs should discuss with Dr Bansi too.	ICN	Going Forward

Minutes of Meeting

Date: Tuesday, 30th Oct 2018

Time: 4 pm to 5 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Gaje Singh; Dr Manju Mani; Ms Nisha; Dr Sahar Qureshi; Dr Bansidhar Tarai; Ms Aarti Dutt; Mr. Brajesh Kumar; Ms Anju Panwar; Ms Radhika Govil; Mr Rijo Joseph; Ms Jyoti; Ms Manju Tyagi; Dr Vikram Singh; Dr Bhaskar Sakia; Mr Vaibhav; Mr Vijin.

Leave of Absence: Dr Ritesh Aggarwal; Dr Prashant Saxena;

Agenda Items will be:

- HAI incidents with RCA in Sep month – ICN
- Strengthening of Infection Control Practices
 - Perineal Wash (Soap & Water)
 - Full – length sterile sheets
 - Checking of line insertion (ICN)
 - Daily ICN rounds in morning along with ICU Team.
- ICU Ducts cleaning.
- Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: HAI incidents were presented by the ICN in front of committee.			
1.	Post op wound care PIL to be given to patient at the time of discharge.	Nursing TL	Continuous Process
2.	All post op follow up OPD patients randomly monitored by ICN.	ICN	Continuous Process
3.	No sterillum to be use in post-operative dressing. A mail to be circulate to all clinicians by MD office	Dr T S Jain	15 th Nov 2018
Agenda No 2: Perineal Wash (Soap & Water) for both catheterize and non-catheterized patients.			
4.	NS has been replaced by soap solution (H+ Herbal liquid soap solution) in Critical care areas. Small pilot study to be done by ICN for non-critical areas with available soap (for normal hand washing).	ICN	20 th Nov 2018
Agenda No 3: It was presented in-front of ICC that Full – length sterile sheets to be made available for			

all sterile procedures.			
5.	Full length sheets to be made available to CSSD	Ms. Anju Panwar	Going forward
6.	CSSD to provide enough full length sheets in all ICU's	Mr. Gaje singh	Going forward
7.	Cut sheets to be made available in all the sets.	Mr. Gaje singh	Going forward
Agenda No 3: Random check on Line insertion			
8.	ICNs to do random checks on line insertion (CVL, PICC, Foley's catheter, Intubation etc.)	ICN	Continuous process
Agenda No 5: ICN rounds in morning along with ICU Team.			
9.	ICN to take round along with ICU team twice a week	ICN	Continuous process
Miscellaneous			
10.	ICRA form to be share with all nursing TL and supervisors.	Quality Team	Done
11.	Long dispensers to be indented for all ICU's/ ER/ Dialysis	ICN	15 th Nov 2018
12.	ICU duct cleaning calendar to be share with ICU TL/Supervisor and ICN's	Brajesh Kumar	20 th Nov 2018
13.	Biomedical waste compliance to be checked on regular basis and report to be shared with committee	ICN	With immediate effect