



MAX
Healthcare

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

MSSH/DPCC/2022

June 14, 2022

To,
The Scientific Officer
Delhi Pollution Control Committee
IVth floor, ISBT Building
Kashmere Gate
New Delhi – 110 006

Sub: Submission of Annual Report under BMW rules for the period January, 2021 to December, 2021

Dear Sir,

This is to inform you that we have Online filed Annual Report in Form IV with respect to Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi – 110 017 for the period January, 2021 to December, 2021. A copy of the same is enclosed herewith for your reference.

Following documents are also attached herewith for your perusal :

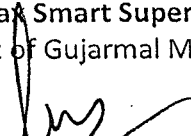
1. Minutes of Meetings of the Hospital Infection Control Committee
2. Form 1 – (Accident reporting) – Nil report

We would also like to inform you that we have an agreement with M/s. Biotic Waste Management Solutions Pvt. Ltd. for disposal of Bio Medical Waste generated in our said hospital.

Thanking you,

Yours faithfully,

For Max Smart Super Speciality Hospital
(a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences)


Dr. Gurpreet Singh
Vice President & Unit Head

Encl : As above.



DELHI POLLUTION CONTROL COMMITTEE
4th Floor, ISBT Building Kashmere Gate, Delhi 110006

Form 4
(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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : 7861096

Period : 2021

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	DR GURPREET SINGH
(ii) Name of HCF or CBMWTF:	Max Smart Super Specialty Hospital (A Unit of Gujarmal Modi Hospital & Research Centre)
(iii) Address for Correspondence:	MAX SMART SUPER SPECIALITY HOSPITAL (A UNIT OF GUJARMAL MODI HOSPITAL & RESEARCH CENTRE FOR MEDICAL SCIENCES)
(iv) Address of Facility:	Press Enclave Road, Mandir Marg, Saket, New Delhi
(v) Tel. No.:	9810462528
(vi) Fax. No.:	-
(vii) E-mail ID:	susheela.krishnan@maxhealthcare.com
(viii) URL of Website:	www.maxhealthcare.com
(ix) GPS coordinates of HCF or CBMWTF:	28.527267, 77.211482
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: Authorisation No. DPCC/(11)(5)(01)/2019/BMW/NSI/AUTH/2683569, valid up to : 15.08.2024 Valid Upto: 15/08/2024
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 09/08/2024
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds(for Bedded Hospital):	250.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	
(iii) Licence Number:	137
(iv) Licence date of expiry:	31/03/2023
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 37300.90 Red Category: 42495.15 White Category: 2969.34 Blue Category: 9391.36 General Solid Waste: 322536.83
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	

(i) Details of the on-site storage facility:	Size: 484 Metric Tonnes/Day Capacity: 760 Metric Tonnes/Day Provision of on-site storage: Separate storage for each category, ventilation system provided			
(ii) Disposal Facility:	Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)
	Autoclaves	1	20 ltrs	1698
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0			
(iv) No of vehicles used for collection and transportation of BMW:	1			
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	Type of waste	Quantity Generated	Where disposal	
	ETP Sludge	85	Handed over to Authorised Bio Medical waste disposal agency - M/s. Biotic Waste Solutions Pvt. Ltd.	
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	Biotic Waste Solutions Pvt. Ltd. , 46, SSI Industrial Area, GT Karnal road, Delhi-110033			
5. Do you have BMW management committee:	yes			
details:	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			
6. Training Conducted on BMW Details				
(i) Number of training conducted on BMW Management:	78			
(ii) Number of personnel trained:	598			
(iii) Number of personnel trained at the time of induction:	402			
(iv) Number of personnel not undergone any training so far:	0			
(v) Whether standard manual for training is available:	yes			
(vi) Any other information:	Nil			
7. Details of the accident occurred				
(i) No. of accident occurred:	0			
(ii) Number of the persons affected:	0			
(iii) Remedial Action taken:	Not Applicable			
(iv) Any Fatality occurred, details:	No			
8. 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			
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	STP & ETP are installed in our Hospital and always met the standards			
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	STP & ETP are installed in our Hospital and always met the standards			
11. Any other relevant information:	No			
12. Certified that the above report is for the period from:	January 2021 to December 2021			

Date : 08/06/2022

Place : SOUTH

Name and Signature of the Head of the Institution

DR. GURPREET SINGH

FORM - I

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

ACCIDENT REPORTING

- | | | |
|---|---|--------------------------------------|
| 1. Date and Time of accident | : | Nil |
| 2. Time of Accident | : | N.A. |
| 3. Sequence of events leading to accident | : | N.A. |
| 4. Has the Authority been informed immediately | : | N.A. |
| 5. The type of waste involved in accident | : | N.A. |
| 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 : 08.06.2022

Signature :

Place : New Delhi

Designation : Medical Superintendent

Sahar Qureshi
MAX DR. Sahar Qureshi
Medical Superintendent
Max Smart Super Specialty
(A Unit of Gujaramti
Research Centre)

EMERGENCY CODES & RESPONSE TEAMS

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 RESPONSE			
Code	Situation	To be Contacted	Message
Code Red	Fire	Fire Safety Officer - 8888 Admin & Security Head Engg. Head Bio-Medical Head Chief – Nursing Services Front Office Head Head Operations / MS. Unit Head (in case of major fire)	CODE RED - Fire detected at "<Location>". Please activate Emergency Response Team
Code Pink	Child Abduction	Admin & Security Head Head Operations / MS. Front Office Head Chief – Nursing Services Treating Consultant	CODE PINK - CHILD MISSING from "<Location>". Close all exits and initiate search
Code Black	Bomb Threat	Admin & Security Head Head Operations / MS Chief – Nursing Services Front Office Head CEO (in case of major code black)	CODE BLACK - Suspected bomb threat - please activate response team
Code Blue	Cardiac Arrest	Doctor on Duty – ICU Doctor on Duty – ER Floor Manager – ICU Floor Manager – Particular Location Assigned staff nurse	CODE BLUE at "<Location>". RESPOND IMMEDIATELY
Code Yellow	External/Internal Disaster	Admin & Security Head Head Operations / MS Chief – Nursing Services Engg. Head Bio-Medical Head Front Office Head CEO (in case of major disaster)	CODE YELLOW - Activate Central Command centre
Code Violet	Violent Patient/Attendant	Admin & Security Head Head Operations / MS Chief – Nursing Services Treating Consultant	CODE VIOLET - Violent or aggressive patient/attendant at "<Location>". REACH IMMEDIATELY

HOSPITAL INFECTION CONTROL COMMITTEE

Minutes of Meeting

Date: Wednesday, 10th February 2021

Time: 03:30pm - 4pm

Venue: Conference Room

Chairman: Dr. Arun Dewan

Co-Chairperson: Dr Manju Mani

Present: Dr. Sahar Qureshi; Dr Ritesh Aggarwal; Ms. Manju Devi Tyagi; Mr. Samson; Dr Rohin Saini; Dr Varun; Dr Bindu Sharma; Ms. Deepti Sujata; Mr. Gaje Singh; Mr. Vaibhav Bhatia; Mr. Brajesh Kumar; Ms. Anju Pawar; Mr. Ashok Hooda; Ms. Bindu Joseph; Ms. Rajni; Mr. Vishal; Mr. Jitender; Dr Anuroop;

Absent: Dr Manish Malik; Dr Ripen Gupta; Dr Mukul Kapoor; Ms. Deepika Tanwar; Dr Jitender Maheshwari; Dr Manju Khemani; Dr Prashant Saxena; Mr. Anoop Jose

Agenda Items:

1. Discussion on relevant Quality Indicator
2. Any other issue with permission of Chairperson

S. No	Actionable Points	Responsibility	Target Date
Agenda: 1 Discussion on relevant Quality Indicators			
1.	Infection Control Nurse presented the indicator data to all the committee members		
Agenda 2: Discussion regarding updated Surveillance audit scheduled			
1.	New updated surveillance audit schedule was discussed with committee members and was approved for implementation		
Agenda 3: Discussion on suspected Pentaho cases			
	ICO presented the suspected Pentaho cases which are shared in Executive Dashboard report.		

HOSPITAL INFECTION CONTROL COMMITTEE

Minutes of Meeting

Date: Saturday, 26th June 2021 **Time:** 1pm - 2pm

Venue: Conference Room

Chairman: Dr. Arun Dewan

Co-Chairperson: Dr Manju Mani

Present: Dr. Sahar Qureshi; Dr Ritesh Aggarwal; Ms. Manju Devi Tyagi; Mr. Samson; Dr Rohini Saini; Dr Varun; Dr Bindu Sharma; Ms. Deepti Sujata; Mr. Gaje Singh; Mr. Brajesh Kumar; Ms. Anju Pawar; Ms. Rajni; Dr Manish Malik; Mr. Anoop Jose; Ms. Deepika Tanwar

Absent: Dr Ripen Gupta; Dr Mukul Kapoor; Dr Jitender Maheshwari; Dr Manju Khemani; Dr Prashant Saxena

Agenda Items:

1. Discussion on status of previous minutes of meeting
2. Discussion on relevant Quality Indicators
3. Discussion on HIC Observation during NABH Internal Audit.
4. Any other point, with permission from chairperson

S. No	Actionable Points	Responsibility	Target Date	Status
Agenda: 1 Discussion on previous minutes ATRs				
Status of all the previous meeting minutes were discussed and all points were addressed and implemented				CLOSED
Agenda: 2 Presentation of relevant Quality Indicators				
1.	All the cases of CLABSI cases to be reviewed for learning by Dr Ritesh Aggarwal	Dr Ritesh Aggarwal & ICN	20-06-21	OPEN
2.	Moving forward amount of BMW generated month-wise to be presented in the meeting	Medical Quality	Next HIC meeting	OPEN
Agenda: 3 Discussion on HIC observation during NABH Internal Audit				
1.	HIC Budget was presented and discussed by the committee members	Dr Bansidhar	NA	NA
2.	Discussion on updated Antibigram and surveillance culture compliance. Compliance to surveillance culture audit was validated by the Chairperson	Dr Bansidhar	NA	NA
3.	Compliance to Restricted Antibiotic was discussed and was decided that ICN would report the cases to Dr Ritesh for discussion with concerned Clinicians	Dr Ritesh Aggarwal & ICN	Immediately	OPEN
Importance to compliance to Infection control goals set by the committee was reiterated by the Chairperson				

Minutes of the Meeting

Agenda: Raising trend of infections in ICU-2

Date- 30.09.2021

Department: ICU -2

Chairperson: Dr. Arun Dewan

Minutes of the Meeting Recorded By: Mr.Suby

Members present- Dr. Sahar, Dr. Ritesh Aggarwal, Ms. Manju Devi Tyagi, Dr. Rohin, Dr. Varun Koul, Dr. Vinay Kumar, Ms. Anju Panwar, Ms. Shinsi Reji, Mr. Shailendra Kumar, Ms. Bijendera Kumar, Mr. Ankit and Mr. Suby.

S.No.	Points Discussed	Responsibility	Time line	Remark
1.	All health care workers who enter in the ICU should ensure the policy of hand hygiene.	All Health Care workers, Ms. Bindu Joseph, Team leaders	ASAP	
2.	Bed, bedside locker and other high touch areas should be cleaned and disinfected at least thrice (3) times in a day. Each bed and areas should be cleaned with separate dusters marked as bed numbers and follow the contact time.	Mr. Vipin Premi, Mr. Bahadur	ASAP	
3.	Separate mops and dusters for cleaning the isolation rooms; follow the cleaning pattern from clean area to infected area in a zigzag motion. Floor scrubbing time was fixed at 6 pm to 9 pm.	Ms. Anju Panwar, Mr. Vipin Premi, Mr. Bahadur	ASAP	
4.	Hamper bags should be changed either soiled with blood and body fluids or 3/4 th filled in each shift. Extra required bags can be keep in the ICU when there is any immediate need.	Ms. Anju Panwar	ASAP	
5.	Isolation room policy such as wearing appropriate personal protective equipment before entering the room and disposal at the point of origin. Moving of used gloves from one patient to another is strictly prohibited.	Ms. Bindu Joseph, Team leaders,	ASAP	
6.	Signage boards (contact, airborne and droplet precautions) to be made available for alerting health care providers.	Dr. Rohin	ASAP	Pending since more than 2 weeks
7.	Curtains should be changed in every 7 days and also in the terminal cleaning and	Ms. Anju Panwar	ASAP	

	disinfection. If there is any outbreak it should be changed once in two days.			
8.	Blood stained linens should be immersed in 1% sodium hypochlorite solution for 20 minutes and then send to laundry.	GDA	ASAP	
9.	Strictly follow the visitors' policy, only 2 visitors are allowed to enter in the ICU. Bags and other items in the visitors hand are not allowed.	Mr. Ram Ratan	ASAP	
10.	Scopes using for procedures such as bronchoscopy and endoscopy should be cleaned and disinfected in between the patients and also follow contact time of the solution which is using.	Mr. Bijender Kumar and other technicians	ASAP	
11.	Implementation of glow gel and ultra violet torch to ensure the effectiveness of cleaning and disinfection	ICN's	2 week	
12.	Spot training for HCWs whenever there is any breach in infection control policies.	ICN's	ASAP	
13.	Physiotherapists and dialysis technicians should adhere with isolation precautions.			
14.	ICU housekeeping and GDA buffer staff	Ms. Manju Devi Tyagi, Ms. Anju Panwar	ASAP	

HOSPITAL INFECTION CONTROL COMMITTEE

Minutes of Meeting

Date: Wednesday, 8th December 2021 **Time:** 4 - 5pm

Venue: Conference Room

Chairman: Dr. Arun Dewan

Co-Chairperson: Dr Arvind Taneja

Present: Dr Bansidhar Tarai; Sahar Qureshi; Dr Ritesh Aggarwal; Dr Rohin Saini; Dr Varun; Ms. Deepti Sujata; Mr. Gaje Singh; Ms. Anju Pawar; Ms. Deepika Tanwar; Mr. Suby P K; Ms. Rajni; Ms. Shinsl Reji; Mr. Nitin Kumar Biswas; Mr. Virender Yadav; Mr. Ashok Kumar; Mr. Suraj Gupta; Dr Bhaskar Salkia; Mr. Yogesh Marwah; Mr. Anoop Jose

Absent: Dr Mukul Kapoor; Dr Jitender Maheshwari; Dr Manju Khemani; Dr Prashant Saxena; Ms. Manju Devi Tyagi; Dr Manish Malik; Mr. Brajesh Kumar; Dr Atul NC Peters

Agenda Items:

1. Discussion on previous meeting minutes
2. Discussion on relevant Quality Indicators
3. Discussion on Central Infection control meeting minutes
4. Discussion on suspected HAIs as per Pentaho
5. Compliance to the infection control practices
6. Any other point, with permission from Chairperson

S. No	Actionable Points	Responsibility	Target Date	Status
Agenda: 1 Discussion on previous minutes ATRs				
1.	All the cases of CLABSI cases to be reviewed for learning by Dr Ritesh Aggarwal	Dr Ritesh Aggarwal & ICN	Immediately	CLOSED
2.	Moving forward amount of BMW generated month-wise to be presented in the meeting	Medical Quality	Next HIC meeting	CLOSED
Agenda: 2 ICN presented the relevant Quality Indicator to the committee				
1.	Restricted Antibiotic compliance to be monitored for 15 days and observations to be shared with committee members	Mr. Suraj Gupta	07-01-2022	
2.	Data of patients getting readmitted due to infection to be shared with ICN for further analysis	Dr Rohin Saini	1 st week of every Month	
Agenda: 3 Dr Bansidhar Tarai presented the minutes of Central Infection Control committee				
1.	Dr Bansidhar Tarai and Dr Ritesh Aggarwal to share the revised criteria for HAIs	Dr Ritesh Aggarwal & Dr Bansidhar Tarai	07-01-2022	
Agenda: 4 Compliance to Infection Control Practices				
1.	Compliance to Chlorhexidine bath to be checked in Orthopaedic cases	ICN	07-01-2022	
2.	Sensitization on Catheter care at home to be imparted in the Urology Department to the individual handling the discharge process	ICN	07-01-2022	
Committee members were apprised regarding the introduction of Catheter care set in the Medical ICU				