



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

Form 4
(See Rule 13)
ANNUAL REPORT

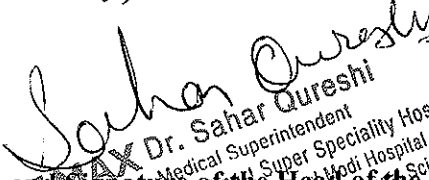
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : 5922148

Period : 2020

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.: DPCC/(11)(5)(01)/2019/BMW/NST/AUTH/2683569 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: 65801.62 Red Category: 39845.91 White Category: 3529.78 Blue Category: 8942.13 General Solid Waste: 136636.57
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 <i>Sq. ft.</i> 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)
	List is Empty			
(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	
	List is Empty			
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	Biotic Waste Solutions Pvt. Ltd., 46 - SSI Industrial Area, GTK Road, Delhi 110033			
5. Do you have BMW management committee:	yes			
details:	2020			
6. Training Conducted on BMW Details				
(i) Number of training conducted on BMW Management:	53			
(ii) Number of personnel trained:	1500			
(iii) Number of personnel trained at the time of induction:	199			
(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:	N.A			
(iv) Any Fatality occurred, details:	None			
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 the Hospital premises 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 the Hospital premises and always met the standards.			
11. Any other relevant information:	No			
12. Certified that the above report is for the period from:	January, 2020 to December 2020			


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

Date : 16/06/2021

Place : SOUTH

FORM - I

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

ACCIDENT REPORTING

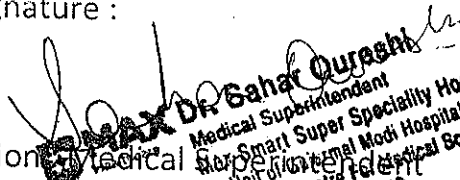
1. Date and Time of accident : Nil
2. Time of Accident : N.A.
3. Sequence of events leading to accident : N.A.
4. Has the Authority been informed immediately : N.A.
5. The type of waste involved in accident : N.A.
6. Assessment of the effect of the accident on human health and the environment : N.A.
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 : 10.06.2021

Signature :

Place : New Delhi

Designation :


Dr. Sahar Qureshi
Medical Superintendent
Sri Smart Super Speciality Hospital
(A Unit of Central Medical Sciences)
Research Centre for
DMC Regn. No. 03280

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

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Monday, 3rd October 2020 **Time:** 02:00pm – 02:30pm **Venue:** ZOOM App

Chaired by: Dr Arun Dewan

Present:: Gaje Singh;; Ms. Jyoti Esther; Dr. Rohin Saini; Mr. Samson;; Dr Manju Mani; Ms. Manju Devi Tyagi

Leave of Absence: Dr Manju Khemani; Dr Prashant Saxena; Dr. Sumeet Shah; Dr. Manish Malik; Dr. Jitendra Maheshwari; Dr. Bansidhar Tarai; Dr Sahar; Dr Ritesh Aggarwal; Col. Aarti Dutt; Dr Varun; Dr Mukul Kapoor; Dr Kaushalendra Pratap Singh

Agenda Items:

1. Relevant Quality Indicators
2. Discussion on suspected HAIs from Pentaho
3. Any other points with permission from chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: Discussion on relevant Quality Indicator			
	Decrease in bundle care compliance was observed. Due to Corona pandemic this has resulted into frequent changeover of staff. Periodic sensitization of new joiners to be done	ICN	On Going
Agenda No 2: Dissemination of Covid 19 Protocols			
	ICN to share updated Covid-19 infection protocols with all the relevant stakeholders	ICN	15-10-2020
Agenda No 3: Sharing of HIC presentation and related data with Committee 1 week prior to meeting			
	For better discussion and understanding, Agenda along with relevant data to be shared with committee meeting members 1 week prior to meeting	Quality Team	On Going

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, 25th August 2020 Time: 02:00pm – 02:40pm Venue: ZOOM App

Chaired by: Dr Manju Mani

Present:; Gaje Singh;; Ms. Jyoti Esther; Dr. Rohin Saini; Mr. Samson;; Dr Manju Mani; Ms. Manju Devi Tyagi; Ms. Deepti Sujata Kachchap; Dr Sahar Qureshi; Dr Varun Koul; Dr Mukul Kapoor; Dr Manju Khemani;

Leave of Absence: Dr. Manish Malik; Dr. Jitendra Maheshwari; Dr Prashant Saxena; Dr. Sumet Shah; Bansidhar Tarai; Dr Ritesh Aggarwal; Dr Kaushalendra Pratap Singh

Agenda Items:

1. Relevant Quality Indicators
2. Discussion on suspected HAIs from Pentaho
3. Any other points with permission from chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: Discussion point			
1	Nursing Quality Team to share the updated CQI ppt with Quality Team for review along with the action take report.	Ms. Deepti Sujata/ Ms. Deepika	8 th September 2020
3	Infection control team to share the updated CQI ppt with the Quality Team	Ms. Jyoti/ Mr. Samson	8 th September 2020
4	HR Department to share the updated CQI ppt along with updated Vaccination status of the staff.	Ms. Mithila Bhatia	8 th September 2020

Minutes of Meeting

Date: Tuesday, 4th February 2020 **Time:** 04:00pm – 05:30pm **Venue:** DSA Training Room

Chaired by: Dr Arun Dewan

Present: Dr. Bansidhar Tarai; Dr Sahar; Gaje Singh; Dr Ritesh Aggarwal; Col. Aarti Dutt; Ms. Jyoti Esther; Dr. Rohin Saini; Ms. Greeshma; Dr Varun; Mr. Samson; Mr. Vaibhav; Dr Manju Mani; Ms. Anju Panwar; Mr. Ashutosh; Ms. Deepti Sujata; Ms. Manju Devi Tyagi

Leave of Absence: Dr Manju Khemani; Dr Prashant Saxena; Dr. Sumeet Shah; Dr. Manish Malik; Dr. Jitendra Maheshwari.

Agenda Items:

1. Replacement of Broken Dustbins
2. Delays in AEB Follow ups
3. Discussion on Corona virus Surveillance
4. Discussion on the provision of Influenza vaccine to the staff
5. Discussion on the low bundle compliance
6. Comparative data of the HAI
7. Relevant Quality Indicators

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: Replacement of Broken Dustbins			
	There are many broken bins in the IPD areas which are not changed due to non-availability, and which is hampering the work of staff working in those areas.	Ms. Anju Panwar	Open
Agenda No 2: Delays in AEB Follow ups			
	MS to be informed through mail informing about the staff that is not following the AEB regime.	ICN	Immediately
Agenda No 3: Discussion on Corona virus Surveillance			
a.	Full PPE to be worn by the first person who will be attending the patient. 4-5 sets of HIV kits to be kept in the emergency department in case of any patient positive with the nCoV is received in the hospital	Housekeeping / Nursing Team	Immediately
b.	Only ER & 4th floor staff has been vaccinated. ICU staffs also need to be immunized.	Ms. Bindhu Joseph	Immediately
Agenda No. 4: Comparative data of the HAI			
	Comparative data of the HAI for the last 6 months to be prepared by ICN and share with the members.	ICN	Next Meeting
Agenda No. 5: Discussion on the low bundle compliance			
	Nurse Patient ratio was one reason which was discussed. ICN to prepare bullet points on bundle non compliance	ICN	Within a month