

FORM - 3

[See rules 4(9), 5(4), 6(2), 7(7), 8(5) and 9(5)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer/collection centre/dismantler/recycler by 30th June following to the financial year to which that return relates].

Quantity in Metric Tonnes (MT) or Kilograms (Kg) per year

1	Name and address of the producer/collection centre/dismantler/ recycler	DEEP CHAND BARDHU HOSPITAL, ASHOK VIHAR PHASE - 04, DELHI - 110052	
2	Name of the authorized person and complete address with telephone and fax numbers and e-mail address	MEDICAL SUPERINTENDENT / DEEP CHAND BARDHU DR. VATSALA AGGARWAL (msdcbh-delhi@gov.in) HOSPITAL ASHOK VIHAR PHASE - 04 011-27305953 DELHI-110052	
3	Total quantity e-waste sold/purchased/sent for processing during the year for each category of electrical and electronic equipment listed in the Schedule 1 (Attach list)	NIL No ELECTRICAL / ELECTRONIC EQUIPMENT CONDEMNED DURING 2023 JAN TO 2023 DEC	
	Details of the above	TYPE	QUANTITY
3(A)*	DISMANTLERS: Quantity of e-waste in MT purchased & processed and sent to (category wise):	NIL	NIL
3(B)*	RECYCLERS: Quantity of e-waste in MT purchased/processed (category wise):	NIL	NIL
4	Name and full address of the destination with respect to 3 (A-B) above	NIL	NIL
5	Type and quantity of materials segregated/ recovered from e-waste of different categories as applicable to 3(A) & 3(B)	Type NIL	Quantity NIL

Note: The applicant shall provide details of funds received (if any) from producers and its utility with an audited certificate.

enclose the list of recyclers to whom e-waste have been sent for recycling. * strike off whichever is not applicable

Place D.C.B. HOSPITAL DELHI

Date 11/6/2024.

Signature of the authorized person

Note:- We are maintaining comprehensive records of all electronic & electrical generated within its premises as per guidelines of E-waste Manu Rules.

1- Authorised recyclers possessing EPR Certification is under process

Form - IV
(See rule 13)
ANNUAL REPORT

→ Total 17 Pages
only.

[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)]

Sl. No.	Particulars																					
1	Particulars of the Occupier	MEDICAL SUPERINTENDENT																				
	(i) Name of the authorized person (occupier or : operator of facility)	DR. VATSALA AGGARWAL																				
	(ii) Name of HCF or CBMWTF	DEEP CHAND BADDHU HOSPITAL																				
	(iii) Address for Correspondence	KOKIMOLA BAGH, ASHOK VIHAR PHASE - IV																				
	(iv) Address of Facility	NEW DELHI - 110052																				
	(v) Tel. No, Fax. No	011 - 27305952/53																				
	(vi) E-mail ID	Medcbhd18@delhi																				
	(vii) URL of Website	-																				
	(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 Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: DRC/CMWS/COI/2021/BMW/AS/AUTH/ 5741944 Valid upto: 17/7/2024																				
	(xi). Status of Consents under Water Act and Air Act	Valid upto: 08/12/2026																				
2	Type of Health Care Facility	Multi Speciality Hosp.																				
	(i) Bedded Hospital	No. of Beds: 200-300 De Addiction ward (Total 230)																				
	(ii) Non-bedded hospital	NA -																				
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)																					
	(iii) License number and its date of expiry	-																				
3	Details of CBMWTF	Biotic Waste Solution Pvt Ltd.																				
	(i) Number of health care facilities covered by CBMWTF	NA -																				
	(ii) No. of Beds covered by CBMWTF	NA -																				
	(iii) Installed treatment and disposal capacity of CBMWTF;	Kg / day NA -																				
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	Kg / day NA -																				
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	<table border="1"> <tr> <td>Yellow Category:</td> <td>2487.72 kg</td> <td>18426.48 kg</td> </tr> <tr> <td>Red Category:</td> <td>2938.76 kg</td> <td>22654.43 kg</td> </tr> <tr> <td>White:</td> <td>1130.53 kg</td> <td>595.515 kg</td> </tr> <tr> <td>Blue Category:</td> <td>642.874 kg</td> <td>5318.338 kg</td> </tr> <tr> <td>General Solid Waste:</td> <td>4075.59 kg</td> <td></td> </tr> </table>	Yellow Category:	2487.72 kg	18426.48 kg	Red Category:	2938.76 kg	22654.43 kg	White:	1130.53 kg	595.515 kg	Blue Category:	642.874 kg	5318.338 kg	General Solid Waste:	4075.59 kg						
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White:	1130.53 kg	595.515 kg																				
Blue Category:	642.874 kg	5318.338 kg																				
General Solid Waste:	4075.59 kg																					
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility																					
	(i) Details of the on-site storage	<table border="1"> <tr> <th>Size</th> <th>Room (R)</th> <th>Room (Y)</th> <th>Room III</th> <th>Room IV</th> </tr> <tr> <td>Length</td> <td>3.28</td> <td>1.71</td> <td>2.70</td> <td>2.70</td> </tr> <tr> <td>Width</td> <td>3.34</td> <td>1.93</td> <td>1.45</td> <td>1.43</td> </tr> <tr> <td>Height</td> <td>2.84</td> <td>2.84</td> <td>2.84</td> <td>2.84</td> </tr> </table>	Size	Room (R)	Room (Y)	Room III	Room IV	Length	3.28	1.71	2.70	2.70	Width	3.34	1.93	1.45	1.43	Height	2.84	2.84	2.84	2.84
Size	Room (R)	Room (Y)	Room III	Room IV																		
Length	3.28	1.71	2.70	2.70																		
Width	3.34	1.93	1.45	1.43																		
Height	2.84	2.84	2.84	2.84																		

①

	facility		Capacity: $(4.60 \times 2.50 \times 2.84) = 32.66$ Cubic meters			
			Provision of on-site storage : (Cold storage or any other provision)			
	(ii) Disposal facilities	Sodium Hypochlorite & Optimiser 30	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
			Incinerators	-	-	-
			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.) NIL		
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	Two → 02 → one for Covid-19 waste other for Non-Covid waste			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
			Incineration	-	-	
			Ash	-	-	
			ETP Sludge / STP	126.34 kg	Per annum.	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Biotic WASTE SOLUTION Pvt LTD. Mr. ANKIT GUPTA			
	(vii) List of member HCF not handed over bio-medical waste.		NIL			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes. Copy of minutes of meetings were attached.			

2

Details trainings conducted on BMW.		
(i)	Number of trainings conducted on BMW Management	73
(ii)	Number of personnel trained	757
(iii)	Number of personnel trained at the time of induction	164
(iv)	Number of personnel not undergone any training so far	NIL
(v)	Whether standard manual for training is available?	Yes.
8	Details of the accident occurred during the year	18 (Needle stick injury)
(i)	Number of Accidents occurred	18
(ii)	Number of persons affected	18
(iii)	Remedial Action taken (Please attach details if any)	Detail Attached.
(iv)	Any Fatality occurred, details	No
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA -
	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?	chemical disinfection with Sodium hypochlorite solution.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA -
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) NA.

Certified that the above report is for the period from

January 2023 To December 2024.

14/Jan/2025
Hema A. Chaitanya
NCSB
Copy

Date:

Place:

Name and Signature of the Head of the Institution

NOAs/KR

P/Bmcc/Sector Control

Jan / 2023

SN Name Dept Age Sex R type of injury Initial dose / Rx Date ^{time} P tablet CMO.

from Attached

Needle Stick Injury Register is Maintained
along with Performance.

① Zifender Kumar N.O. 28y/m 6802 Needle stick injury Needle stick Injury ART given (tab) Dr. Pankaj

form attached

2-T-T. o.s. 1m/w
wound was
ART Tablet stat
Pt. sent for
viral marker

Hemant Prasad

* Month of Jan 2023

Needle - Stick injury - (01)

W. K. K. K.

NQAS/Kayakalp/Bruce/Infection Cards/

2023 Needle Stick Recd Register

PAGE NO
DATE

PAGE NO 50
DATE

S/N	Name	Dept.	Age/Sex	C.R. No.	Type of Injury	Initial dose Rx Date & time	Tablet	CMO
					Month of Feb 2023	Nil		
					Month of - MAR	1/2023		
					7/3/2023			
1	Dr. Sheetal Gupta	Casualty	27/F	24540	NSI	ART Recd. 7/3/2023 @ 1:10pm	ART given	Dr. Rajendar
2	Anuradha	Casualty	33/F	24939	NSI	ART Recd. 8/3/2023 @ 7AM	ART given	Dr. Ajini
					20/3/23			
3	Jyoti Rani	main OT	35/F	32256	NSI	ART Recd. 20/3/23 @ 4:30pm	ART Given	Dr. Shudhik
					13/04/23			
	Dr Sachin	ICU	29y/M	44504	NSI	ART Recd. 13/04/23 @ 7AM	ART given	Dr. T. Changan
							By T.T.O.S.M J.M stat	
					26/4/2023			
4	Shripal	Grand floor OPD	32/M	52014	NSI	ART Recd. 26/4/23 @ 2:35pm	ART given	Dr. Vipin
							By T.T.O.S.M J.M stat	
April 2023								

Signature
Date

PAGE NO. 53

DATE			
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PAGE NO. _____
DATE

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Initial dose / RX	Date	Time	Initial RX	emo.
ART PRF	25/5/22	11pm	ART given	Dr. Paulay
Refcom 10/6/2023				

Month of June/2023.
 Month of June 2023 - Nil.
 ~~Nil~~
 ~~21/7/2023~~

isaf dok talan	18	7/23	5.23 PM	OK, Svanne
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No
1187
- June 2001

H. Kam.
18/12/03

1.	Dr. Radhika Cernelty	26/f	114879	Needle injury	by 1700 given	20/8/8	at 8:33 PM	Dr. T. Chanyun
----	----------------------	------	--------	---------------	---------------	--------	------------	----------------

Qty. 1105ml given	25/9/23	at 4:30 am	Dr. Manjunath.
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NO 1251 form recd.
H/Am.
8/9/2023

270

Sl. No.	Name & Phone no.	Dept.	Age/Sex	C.No.	Type of Injury Source of "	Initial dose / Tx.	date	Time / Initial Treatment	HOD / CMO
1.	Meenu 8368491224	Paeds Cas.	32/F	137032	Needle Stick	ART no form Rid. till 11/10/2023	25/9/23	7:30pm.	Dr. Ajin
total →						01	X		
<div style="display: flex; justify-content: space-between;"> <div> <p>10/10/23</p> <p>19/10/23</p> </div> <div> <p>Oct / 2023</p> </div> </div>									
①	Sawzab's Bharti	Casualty	25/M	145726	Needle Stick	ART	9/10/23	9:30am	Dr. Ajin
①	Dr. Manojat Kaur	LR in Hindurao Hosp.	28/F	151646	Needle stick	ART	19/10/23	4pm	Dr. Ajin.
①	Dr. Pooja	Paeds	22/F	155491	Needle stick	ART total → RT 303	26/10/23	11pm	Dr. Ajin
①	Suraj	Housekeeping 5th floor	31/M	160814	Needle stick.	ART	5/11/23	6:10 pm	Dr. Sudha CMO
②	Dr. Akanksha	LR in	25/F	163829	Needle stick	ART	10/11/23	11 pm	Dr. Sushen
total →						02	X		

7/12/23								
No	Name & Phone No	Sex	Age	CR. No	Type of injury source	Initial dose/Tx	Date	Time / Initial Treatment
1.	Dr Shivangi	med.	29y/A	6121	needle stick	ART	7/12/23	7/12/23
Total - (2)					laite			
Total Needle Stick injury					in year 2023 from Jan to Dec 2023			

1.	Jan / 2023	—	01
2.	Feb / 2023	—	NIL
3.	March / 2023	—	03
4.	April / 2023	—	02
5.	May / 2023	—	01
6.	June / 2023	—	NIL
7.	July / 2023	—	01
8.	Aug / 2023	—	02
9.	Sept / 2023	—	01
10.	Oct / 2023	—	03
11.	Nov / 2023	—	02
12.	Dec / 2023	—	02

Note! - all Candidates - taken PEP As per Protocol. and all are healthy. No any complaint felt after PEP.

Total Needle Stick injury → 18

laite

Signature

DEEP CHAND BANDHU HOSPITAL
GOVERNMENT OF NCT OF DELHI
KOKIWALA BAGH, ASHOK VIHAR, PHASE-IV
NEW DELHI-110052

Email: madcbhdhs.delhi@nic.in, Phone No.: 011-27301374

F.No.32/119/MS/DCBH/2015 4370-72

Dated: 7/10/23

MEETING NOTICE

A meeting shall be held under the chairmanship of Medical Superintendent on **12.10.2023** at **2:00 PM** regarding **Biomedical Waste Management** meeting for smooth functioning of this hospital. The following Officers/Officials shall attend the meeting:-

S.No.	Name of Officer/Official	S.No.	Name of Officer/Official
1.	Dr. Vatsala Aggarwal	1	Ms. Rajni Arora, ANS
2	Dr. Bharat Bhushan Bhartiya	2	All Sister In-charge
3	Dr. Sandeep Kr. Dhaliya, Nodal Officer BMW	3	Ms. Heena Alam, Sr. Nursing Officer
4	Dr. Archana Singh, Spl. Gr. II (Paeds)	4	Ms. Lalita Patil, Nursing Officer
5	Dr. C D Jassal, HOD Obs. & Gynae & Quality Circle In-Charge of Labour Room	5	Ms. Poonam Ruhil, Nursing Officer
6	Dr. Ravi Prakash Shingh, Nodal Officer, NQAS	6	Ms. Ashley Mathew, Nursing Officer
7	Dr. Raminder, HOD Aneas.	7	Ms. Deepshikha, Nursing Officer
8	Dr. T changsan, Kayakalap Nodal Officer	8	Ms. Aishwarya, CT Branch
9	Dr. Aparana Dutt, In-charge (Outsource)	9	Sh. Rohtashvamaal Yadav, Nursing Officer
10	Dr. Pankaj Kumar, Nodal Officer Horticulture	10	Supervisor Housekeeping
11	Dr. Renu T Bali, Spl. Gr. I (Medicine)	11	JE, PWD (Electrical)
12	Dr. Raj Kumar Pads, Specialist	12	
13	Dr. Manoj Singh, Nodal Officer, Infection Control	13	JE, PWD Civil/ Electric
14		14	Supervisor Nursing Orderly/S.G

All are requested to make it convenient to attend the meeting positively.


(Dr. VATSALA AGGARWAL)
MEDICAL SUPERINTENDENT

F.No.32/119/MS/DCBH/2015 4370-72

Dated: 7/10/23

Copy to:

1. HOO/DMS
2. All concerned
3. Guard File


(Dr. VATSALA AGGARWAL)
MEDICAL SUPERINTENDENT

9

DEEP CHAND BANDHU HOSPITAL
KOKIWALA BAGH, ASHOK VIHAR, PHASE IV, NEW DELHI-52

EMAIL: msdcbhdhs.delhi@nic.in

Ph: 011-27305953

No.F/32/119/DCBH/PB/2015/

Date: 10/10/2023

A meeting regarding Biomedical Waste Management at Deep Chand Bandhu Hospital was held on 12.10.2023 at 2:00 pm in Conference Hall, 3rd Floor, DCBH under the chairmanship of Medical Superintendent. The attendance sheet of officers/officials of biomedical waste management committee is attached alongwith

The issues discussed and decided by BMW committee are as follows:

1. **To continue regular supervision for proper segregation of BMW-** All sister I/Cs of wards, labor room, ICU, OT, Casualty and OPD services will supervise and ensure the handling of biomedical waste as per relevant BMW rules, 2016 by the doctors, nursing staff, nursing orderlies and housekeeping staff working in the above mentioned areas. Any mishandling of BMW in their respective areas must be reported in writing to I/C BMW at the earliest by concerned sister I/C. (Action- ANS/Sister, I/Cs-wards/ICU/OT/Labor Room/Casualty/OPD).
2. **To shift to gas based DG set or install Retro-fit emission control device in DG sets:** In view of increasing air pollution, DPCC has issued guidelines for DG sets installed at various hospitals/industries. In this regard, PWD-Electrical is directed to ensure the compliance of the guidelines in time bound manner. (Action Taken- A/E-Electrical (PWD), J/E-Electrical (PWD) and Nodal officer-PWD)
3. **To strictly continue the implementation of ban on single use plastic in the hospital premises-** As per Plastic Waste Management Rules, 2016 and its subsequent amendments, the hospital must stop using single use plastic in the hospital premises. In this direction, it was decided to replace single use plastic eg. In cutlery, carry bags, packaging material, single use pens, plastic aprons, shoe covers, IEC posters etc with the available alternatives made up of biodegradable materials or as deemed fit. (Action: HOO, DMS, All HODs, ANS and Sister-I/Cs).
4. **To ensure induction Training of all Doctors-** It is mandatory for every newly recruited specialist/medical officer/ senior resident/Junior Resident to undergo BMW management training within 7 days of joining. The trainings are being conducted on all

(10)

week days (except Saturday) at 12pm-1pm on 4th floor. It must be continued to be incorporated this clause of mandatory BMW training in the offer letter for every newly recruited Senior resident/Junior Resident. The first salary for the residents (S.R/J.R) will only be released after submission of induction BMW training certificate, which will be issued by I/C BMW or competent authority. **(Action- I/C BMW, I/C-Resident, Sister I/Cs-BMW/ NQAS and concerned Dealing Assistants).**

5. **To continue Regular on site training and induction training of other health Care providers-** All the lab trainees, nursing staffs, technicians, outsourced housekeeping staff, nursing orderlies must undergo BMW management training within 07 days of joining. Respective HODs/Incharges, M.O I/C Outsourcing, I/C Trainees, Supervisor-Housekeeping and Nursing Orderlies must ensure the induction training. The induction training shall be conducted by Nursing officer I/C-BMW. A separate register to maintain this record will be maintained by Nursing officer I/C-BMW. **(Action- All HODs, Nursing officer incharge-BMW, I/C-Outsourcing).**
6. It is mandatory for all Housekeeping staff to use PPE while handling and transporting the biomedical waste from the site of generation to the storage site. Further, proper colored trolleys must be used for transportation of BMW from wards to storage site. **(Action- I/C-Outsourcing, Supervisor- Housekeeping).**
7. PWD must ensure functioning of STP plant, its filter press and flow meters. Proper logbook of STP must be maintained and STP sludge must be handed over to CBWTF. Any faults, if occurs at any time, must be corrected at the earliest and an action taken report must be submitted within 07 days. **(Action- I/C PWD, AE/JE-Electrical/Civil)**
8. PWD have already been directed to ensure installation of ETP and OLMS system in remodeling plan. A status/compliance report in this regard may be submitted to the Medical Superintendent at the earliest. **(Action – I/C PWD, AE/JE- Electrical/Civil)**
9. PWD Civil must ensure repair and maintenance work of BMW storage Room as per BMW Rules, 2016. **(Action- I/C PWD, AE/JE –Civil)**
10. **Regarding immunization:** All hospital workers must be immunized for Hep B and Tetanus and their records must be maintained at hospital level as per BMW management rules. Separate registers must be maintained in immunization room for

(11)

permanent and contractual staff depicting their status of immunization. (Action- ANS and Sister I/C-OPD/Immunization)

11. **Regarding Annual Health Check up:** Annual health check up of all outsourced staffs is to be done as mandated by BMW rules 2016 and the record of the same is to be maintained. (Action-I/C-Outsourcing, ANS).
12. Housekeeping/sanitation department to see that the storage and final disposal of bags (including Bar coding and entry on COVID-19 APP) at the storage site is as per BMW rules, 2016 and CPCB guidelines from time to time. A compliance report in this regard must be submitted by supervisor on daily basis and would be countersigned by Sister-I/C OPD or Sister-I/C BMW/NQAS. Sister I/C NQAS must ensure deputation of dedicated housekeeping staff on daily basis for this purpose and provide necessary logistics for the same. (Action- Sister I/c-BMW/NQAS, Supervisor-Housekeeping,)
13. Pretreatment of liquid chemical waste: This must be ensured and a daily record for the same must be maintained at all the concerned departments. (Action- All HODs, ANS)
14. **Website of Hospital-** All the information of BMW generation, segregation and disposal etc must be updated on hospital website after obtaining the data from MRD. (I/C IT and MRD)

These are issued with the prior approval of the competent authority


Dr Sandeep Kumar Dahiya
Nodal Officer-BMW

Copy to:

1. P.A to M.S
2. HOO/DMS
3. ALL H.O.Ds
4. I/C Resident
5. I/C IT cell
6. ANS and All Sister I/Cs
7. BMW committee members
8. AE/JE (Electrical and Civil)
9. Supervisor (Housekeeping services)


Dr Sandeep Kumar Dahiya
Nodal Officer-BMW

(12) 10/10/23

Subject: Meeting on BSO - Medical Waste Mgt. (Bimed).

at 12 pm.

S.NO	Name and Designation	Mobile No.	Signature
1.	Veeru Saini	9711165141	de
2.	SUNITA DHAMIJA	9911810808	8
3.	Ashu Sindhi	9899453418	de
4.	Teewari Rohella	8076766301	Teewari
5.	Lalit	9958653179	L
6.	Keene Thomas	8388826209	Keene
7.	Bunika Dahiyas	9968898635	Bunika
8.	Sunati Rehman	8527293441	Rehman
9.	Geetha	8920985881	Geetha
10.	Shashi Kaur	9582098570	Shashi
11.	Alma S.K.	7042721688	Alma
12.	Neelam	9718837867	Neelam
13.	Monika	844746071	Monika
14.	Jeena Arora	9654746264	Jeena
15.	Nargis J Usmani	8800516903	Nargis
16.	Dr. Ravi Pr Singh	872037255	Dr. Ravi
17.	DR. Raminder Kaur	9717691899	DR. Raminder
18.	Dr. Archana Singh	9868466302	Dr. Archana
19.	Dr. Sandeep Kumar Dahiya	8377064630	Dr. Sandeep
20.			

P.T.O

10/10/23

13

at 12.00

Subject: Meeting on Bio-Medical Waste Management

S.NO	Name and Designation	Mobile No.	Signature
1. (21)	Dr. Manoj Singh	9317522717	(un)
2. (22)	Ram Kumar (Civil) PWD	9711105304	PWD
3. (23)	Electrician	935306525	Leak
4. (24)	Hani/Kusham	9718814568	h
5. (25)	Derech Vade	9999160729	Derech
6. (26)	Pervene	8447077483	P
7. (27)	Kadlika	7082407775	Bus
8. (28)	Dr. Aparna Datt	9717293502	Aparna
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

DEEP CHAND BANDHU HOSPITAL

KOKIWALA BAGH, ASHOK VIHAR, PHASE IV, DELHI-110052

E-MAIL: msdcbh.delhi@nic.in

PH: 011-27305953

NO. F/32/119/DCBH/PB/2015/

DATE: 28/5/22

MINUTES OF MEETING

A meeting regarding Biomedical Waste Management at Deep Chand Bandhu Hospital was held on 28-04-2022 at 12 pm in Conference Room under the chairmanship of Medical Superintendent. The Following Officers/Officials of Biomedical Waste Management Committee attended the meeting (Attendance Sheet attached):

1. Dr Suman Kumari, MS	2. Dr Bharat Bhusan, DMS
3. Dr Sandeep Kr. Dahiya, Nodal Officer BMW	4. Dr Archana Singh, HOD Peds
5. Dr Ravi Prakash Singh, Nodal Officer, NQAS	6. Dr Renu T. Bali, HOD Medicine
7. Dr Manoj Singh, HOD Pathology	8. Dr Dharmesh Soni, HOD Anesthesia
9. Dr Naresh Kr. Meena, AE (Civil)	10. Mr. Jeetharam, JE (Civil)
11. Ms. Rajni Arora, ANS	12. Ms. Heena Alam, Nursing Officer NQAS
13. Ms. Clara Ekka Nursing Officer	14. Ms. Poonam, Nursing Officer
15. Ms. Sunita Dahiya, Nursing Officer	16. Ms. Monika, Nursing Officer
17. Ms. Nurgis J Usmani, Nursing Officer	18. Ms. Gurdeep Kaur, Nursing Officer
19. Ms. Shashi Kaushik, Nursing Officer	20. Ms. Updesh Kaur, Nursing Officer
21. Ms. Alma S. K, Nursing Officer	22. Ms. Lalita Devi Pathan, Nursing Officer
23. Mr. Virender Kumar	24. Mr. Rajesh/ Sachin N.O Supervisor
25. Mr. Rohitashvamaal Yadav, Nursing Officer	26. Mr. Palturam HKS Supervisor

The issues discussed and decided by BMW committee are as follows:

- Revision 5 Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of Covid-19 patients:** These are released on 26.04.2022 by Central Pollution Control Board. Copy of these Guidelines are being attached with these MOM for strict compliance by all concerned. The important changes pertaining to the hospital premises have been underlined on page 3 to page 6 (Action Taken All HODs, Covid Nodal Officer, BMW Nodal Officer, ANS, All Sister-I/Cs, Sister I/Cs BMW)
- Regular Supervision for Segregation of BMW:** All Sister I/Cs of wards, labor room, ICU, OT, Casualty and OPD services will supervise and ensure the handling of biomedical waste as per relevant BMW rules, 2016 by the Doctors, Nursing Staff, Nursing Orderlies and Housekeeping Staff working in the above mentioned areas. Any mishandling of BMW in their respective areas must be reported in writing to I/C BMW at the earliest by concerned Sister I/C. (Action- ANS/Sister I/Cs Wards/ICU/OT/Labor Room/ Casualty/OPD)
- Induction Training of all Doctors:** It is mandatory for every newly recruited Specialist / Medical Officer/Senior Resident / Junior Resident to undergo BMW Management training within 7 days of joining. The trainings are being conducted on all week days (Except Saturday) at 12pm-1pm on 4th Floor. It must be continued to be incorporated this clause of mandatory BMW training in the offer letter for every newly recruited Senior Resident / Junior Resident. The first salary for the Resident (S.R/J.R) will only

- be released after submission of induction BMW training certificate, which will be issued by - I/C BMW or competent authority. (Action- I/C BMW, I/C- Resident, Sister I/Cs- BMW/NQAS and concerned Dealing Assistants)
4. **Regular onsite training and Induction training of other Health Care Providers:** All the lab trainees, Nursing Staffs, Technicians, Outsourced Housekeeping Staff, Nursing Orderlies must undergo BMW Management training within 7 days of joining. Respective HODs/In charges, M.O I/C Outsourcing, I/C Trainees, Supervisor-Housekeeping and Nursing Orderlies must ensure the induction training. The induction training shall be conducted by Nursing Officer I/C- BMW. A separate register to maintain this record will be maintained by Nursing Officer I/C- BMW. (Action Nursing Officer In charges-BMW, I/C-Outsourcing, All HODs)
 5. It is mandatory for all Housekeeping staff to use PPE while handling and transporting the biomedical waste from the site of generation to the storage site. Further, Proper colored trolleys must be used for transportation of BMW form wards to storage site. (Action Supervisor Housekeeping, Hospital Manager Outsourcing)
 6. PWD must ensure functioning of STP plant, its filter press and flow meters. Proper logbook of STP Must be Maintained and STP sludge must be handed over to CBWTF, Any faults, if occurs at any time, must be corrected at the earliest and an action taken report must be submitted within 2 days. (Action AE/JE Electrical/Civil)
 7. **Regarding Immunization:** All hospital workers must be immunized for Hep B and Tetanus and their records must be maintained at hospital level as per BMW Management rules. Separate registers must be maintained in immunization room for permanent and contractual staff depicting their status of immunization. (Action ANS and Sister I/C OPD)
 8. **Regarding Annual Health Checkup:** Annual health checkup of all outsourced staffs is to be done as mandated by BMW rules 2016 and the record of the same is to be maintained. (Action I/C Outsourcing and HM Outsourcing)
 9. **Pretreatment of liquid chemical waste:** This must be ensured and a daily record for the same must be maintained at all the concerned departments. (Action All HODs, ANS)

These are issued with the prior approval of the competent authority



Dr Sandeep Kumar Dahiya

Nodal Officer BMW

Copy to:

1. P.A to M.S
2. All concerned officers/officials

S.NO	Name and Designation	Mobile No.	Signature
1.	Dr. Ravi	8722 37055	Dr. Ravi
2.	Dr. Archana Singh (Spl. Paeds)	9868466302	Archana
3.	Sonia Dey Nigoffan	9868908366	Sonia
4.	Updesh	9873730627	Updesh
5.	Dr. Renu. Y. Bali	9868028544	Dr. Renu
6.	Dr. Aparna Datta	9717293502	Aparna
7.	Dr. Parul	888917787	Dr. Parul
8.	Guodeep Kaur	9654407818	Guodeep
9.	Rajni Arora	8929121745	Rajni
10.	DR. Raminder Kaur	9717691899	Dr. Raminder
11.	Dr. Manoj Singh	9212522917	Dr. Manoj
12.	Nargis J Usman S. Nigoff	8800516903	Nargis
13.	Lalitha	9950653178	Lalitha
14.	Poonam Devi Nigoff	9810958492	Poonam
15.	Susli Clara Elala	9650795210	Susli
16.	INKS Nigoffan	8076766301	INKS
17.	Sister Sunita Khanij	9911810800	Sister Sunita
18.	MOND. A4400B	7701654145	MOND. A4400B
19.	MULLESH PUNNA	828540290	Mullesh
20.	Ram Kumar Tapani	9711105304	Ram Kumar

17

Subject: Bio-medical waste management.

S.NO	Name and Designation	Mobile No.	Signature
1.	Dr Sandeep Kr. Dahiya	8377064630	(Signature)
2.	Heena Agar	9654146264	(Signature)
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