

TRSH/Admn/2025-26/

28.06.2025

Env. Engineer, BMW Cell,  
Delhi Pollution Control Committee,  
Department of Environment,  
(Govt. of NCT of Delhi),  
4<sup>th</sup> Floor, ISBT Building, Kashmere Gate,  
Delhi - 6

Subject: Submission of Annual Report

Sir,

Please find enclosed herewith (Form-IV) Annual Report of Bio Medical Waste generated in our hospital for the year 2024.

Kindly acknowledge the same.

Thanking you,

Yours faithfully,  
For Tirath Ram Shah Hospital

*Dr. J.P. Singh*  
Medical Director



*28/06/25*  
(ENQUIRY COUNTER)  
DELHI POLLUTION CONTROL COMMITTEE  
DEPARTMENT OF ENVIRONMENT  
GOVT. OF NCT OF DELHI  
4TH FLOOR, ISBT BUILDING,  
KASHMERE GATE, DELHI-110006



**Form - IV (See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Jatindera Paul Singh Medical Director
	(ii) Name of HCF or CBMWTF	:	Tirath Ram Shah Charitable Hospital
	(iii) Address for Correspondence	:	2A, RBL Sher Das Sawhney Marg, Rajpuri Road, Delhi - 110054
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	44333333
	(vi) E-mail ID	:	admin@trsch.com
	(vii) URL of Website	:	www.trsch.com
	(viii) GPS coordinates of HCF or CBMWTF	:	27.2046N, 27.4997E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC/(11X5)(01)/2024/BMW/NBT/AUTH/427638601 valid up to 12-06-2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: G-47375 From 08-04-2025 to 07-04-2030
2.	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	:	No. of Beds: 200
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	DHS/NH/102 Valid upto 31-03-2026
3.	Details of CBMWTF	:	SMS Water Gate BMW But Ltd
	(i) Number healthcare facilities covered by CBMWTF	:	Details pertaining to CBMWTF
	(ii) No of beds covered by CBMWTF	:	"))
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg/day ))
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	----- )) Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 12059.3 kg/yr Red Category : 9425.72 kg/yr White: 3205.39 kg/yr Blue Category : 2183.76 kg/yr General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	:	
	(i) Details of the on-site storage facility	:	Size : 125 sq ft. Capacity : Segregated space for all category of waste as per the provision Provision of on-site storage : (cold storage or any other provision)

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disposal facilities		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:			60 ltr/day
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.) <del>31449 kg.</del> NIL			
(iv) No of vehicles used for collection and transportation of biomedical waste		By CMWTFP			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where generated disposed Incineration Ash ETP Sludge 48kg			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		GMS Bio grace BMW RA Ltd.			
(vii) List of member HCF not handed over bio-medical waste.		—			
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.	YES			

*bn*

7	Details trainings conducted on BMW		No. of
	(i) Number of trainings conducted on BMW Management		Trainings - 34
	(ii) number of personnel trained		No. of Personnel Trained - 138
	(iii) number of personnel trained at the time of induction		105
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		YES
	(vi) any other information		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA Incinerator not available in the hospital-
	Details of Continuous online emission monitoring systems installed		Yes, installed
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		60 Ltr / day - chemical disinfection
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) NA Incinerator not available

Certified that the above report is for the period from 1-1-24 to 31-12-24

Name and Signature of the Head of the Institution

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Date:  
Place:



## TIRATH RAM SHAH CHARITABLE HOSPITAL

### Hospital Infection Control Committee Meetings Minutes

Date : 11<sup>th</sup> July 2024  
Time : 11am  
Location : School of Nursing, Conference Hall  
Chairperson : Dr. J.P. Singh (Medical Director)  
Convener : Dr. Yukti Sharma (Sr. Consultant – Microbiology & Infection Control Officer)

#### Members Present:

HICC Members	Invitees
1. Medical Superintendent - Dr. Nitin Srivastava	1. Sr. Consultant (Surgery) – Dr Anurag Dadu
2. Nursing Superintendent – Cicily George	2. Sr. Consultant (Surgery) – Dr. Ashish Gupta
3. Sr. Quality Manager - Arkaprabha Bhattacharya	3. Sr. Consultant (Gynaecologist) – Dr. Modhusmita Chetia
4. Sr. Consultant (Surgery) - Dr. Anand Tyagi	4. Sr. Consultant (Gynaecologist) – Dr. Juhi Srivastava
5. Sr. Consultant (Gynaecologist) – Dr. Nishi Makhljha	5. Sr. Consultant (Gynaecologist) – Dr. Reema Jain
6. Sr. Intensivist & HOD (ICU) – Dr. Deepesh Gupta	6. Sr. Consultant (Gynaecologist) – Dr. Payal Modi
7. Infection Control Nurse – Elis	7. Sr. Consultant (Anaesthesia) – Dr.S.R. Yadav
8. OT Incharge – Ruby Dogra	
9. Linked Nurse – Binoy Varghese	
10. Linked Nurse – Jolce John	
11. Linked Nurse – Marilamma Phillipose	
12. Linked Nurse – Tessy Biju	
13. CSSD Technician – Mohit Kumar	

#### AGENDA:

1. Laparoscopic Surgeries Port Site – The Infections, The Contemplations, The Persuasions & The Preventions.
2. Presentation of HIC & HAI Indicators.
3. Miscellaneous Points.

Prepared by: Infection Control Team	Approved by:
Microbiologist & ICO: Infection Control Nurse: Elis 2813	Medical Director:

*[Signature]*

Following points were discussed:

S.No.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1.	All the members were welcome by Chairperson of the committee .	Chairperson welcomed all the members.			
2.	Laparoscopic Surgeries Port Site – The Infections, The Contemplations, The Persuasions & The Preventions.	<ul style="list-style-type: none"> <li>Surveillance has been started by ICO and ICN since 31.1.2024.</li> <li>Findings of Surveillance as on date and its corrective and preventive measures (week- wise) was presented by the Infection control team and inputs were obtained from members to strategies future course of action.</li> </ul>		ICO ICN	
3.	? Atypical mycobacteria (MOTT) / other organisms as causative organisms	<ul style="list-style-type: none"> <li>Dr. Ashish Gupta Suggested to look into the gas pipe lines and cups (rubber / reducer). It may be the source of infection as well.</li> <li>Dr. Ashish Gupta also suggested to use disposable suction pipe in place of gas pipes anticipating this could be the potential source of infections.</li> </ul>	<ul style="list-style-type: none"> <li>MD Sir suggested to infection control team to take samples from gas pipes, caps and all the sterile packing those are used in laparoscopic surgeries.</li> <li>MD sir suggested for ETO of gas pipe or disposable suction pipes</li> </ul>	ICO ICN  OT Incharge	With immediate effect  Ongoing

Prepared by:  
Infection Control Team

Approved by:

Microbiologist & ICO:

Infection Control Nurse: *Chis* 2813

Medical Director:

# TIRATH RAM SHAH CHARITABLE HOSPITAL

	<ul style="list-style-type: none"> <li>MD sir advised Sister. Ruby (OT nursing Incharge) to ensure strict adherence and documentation of surgical hand hygiene practices of all the health care personnel.</li> </ul>	<ul style="list-style-type: none"> <li>Sr. Ruby surveillance of surgical hand hygiene verified by ICN on OT rounds.</li> </ul>	OT Incharge ICN	With immediate effect
	<ul style="list-style-type: none"> <li>Enhanced surveillance for Surgical Site Infections (SSI) and Port Site Infections. It is suggested that microbiology Cultures (Pus culture) be made mandatory for all suspected and confirmed cases of SSI and Port site infections during follow-up visits in the OPD.</li> </ul>	<ul style="list-style-type: none"> <li>Sr. Joice and OPD staff ensure microbiology cultures (pus culture) are collected in OPD during follow-up OPD visit.</li> </ul>	OPD Department	With immediate effect
	<ul style="list-style-type: none"> <li>The Infection Control Team asked the Hospital Infection Control Committee (HICC) members about continuation of double autoclaving of laparoscopic Instruments. The absence of Nontuberculous Mycobacteria (NTM) infections in the past 3 months.</li> </ul>	<ul style="list-style-type: none"> <li>MD Sir, MS Sir and Surgeons suggested discontinuing double autoclaving for laparoscopic instruments.</li> <li>Recommending a switch to single autoclaving for laparoscopic instruments.</li> </ul>	CSSD Department OT Department	With immediate effect

Prepared by:  
Infection Control Team

Microbiologist & ICO:

Infection Control Nurse:

*[Signature]*  
*[Signature]* 2813

Approved by:

Medical Director:

*[Signature]*

*[Signature]*



# TIRATH RAM SHAH CHARITABLE HOSPITAL

		<ul style="list-style-type: none"> <li>Senior Quality Manager recommended Implementing Progressive Class V Indicators in CSSD.</li> </ul>	<ul style="list-style-type: none"> <li>Progressive Class V indicators provide a higher level of accuracy and reliability.</li> </ul>	CSSD Department Purchase Department	Ongoing
4.	Presentation of HIC & HAI Indicators.	<ul style="list-style-type: none"> <li>ICN presented the HAI data &amp; HIC indicators with RCA &amp; CAPA.</li> <li>Hand Hygiene compliance data presented.</li> </ul>	<ul style="list-style-type: none"> <li>The HICC members shared their views regarding HAI.</li> <li>In-depth analysis of identified HAIs to determine underlying cause.</li> <li>Development of targeted corrective actions to address root causes and prevent future occurrences.</li> <li>Increased compliance with hand hygiene guidelines has contributed to a reduced risk of healthcare-associated infections.</li> <li>Continued efforts are necessary to achieve optimal hand hygiene practices among all healthcare workers.</li> <li>Sustain and reinforce education and training programs on hand hygiene.</li> </ul>	ICO ICN Linked Nurses          ICO ICN Linked Nurses	To Continued          To Continued

Prepared by:  
Infection Control Team

Microbiologist & ICO:

Infection Control Nurse:

Approved by:

Medical Director:

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# TIRATH RAM SHAH CHARITABLE HOSPITAL

	<ul style="list-style-type: none"> <li>Antimicrobial prophylaxis compliance data presented,</li> </ul>	<ul style="list-style-type: none"> <li>The hospital has shown improvement in adherence to antimicrobial prophylaxis guidelines.</li> <li>Develop and implement strategies to address identified gaps in compliance.</li> </ul>	ICO ICN	To Continued
	<ul style="list-style-type: none"> <li>Biomedical waste management compliance report was presented and found satisfactory.</li> </ul>	<ul style="list-style-type: none"> <li>Continuous monitoring and auditing of biomedical waste management practices.</li> <li>Ongoing education and training for healthcare workers on proper segregation, storage, and disposal of biomedical waste.</li> </ul>	ICN	To Continued
	<ul style="list-style-type: none"> <li>ICN presented data on Needle Stick Injury (NSI) with RCA and CAPA.</li> </ul>	<ul style="list-style-type: none"> <li>Regular training and education on NSI prevention and post-exposure protocols.</li> <li>Continued emphasis on safe injection practices and PPE use.</li> <li>Ongoing monitoring and analysis of data to identify areas for improvement.</li> </ul>	ICN	To Continued

Prepared by:  
Infection Control Team

Microbiologist & ICN

Infection Control Nurse: *28/13*

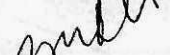
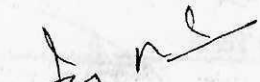
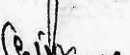
Approved by:

Medical Director:

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**TIRATH RAM SHAH CHARITABLE HOSPITAL**

5.	Miscellaneous Points	<ul style="list-style-type: none"> <li>Renovations and Construction – MS sir suggested to follow the ICRA during renovations and constructions to minimize the risk of hospital-acquired infections.</li> </ul>	<ul style="list-style-type: none"> <li>MS sir suggested, prior information has to be given to infection control team for any work regarding Renovations and Constructions in the hospital.</li> <li>Adopting ICRA will help the hospital maintain a safe environment during renovations and constructions.</li> <li>Necessary precautions are taken to prevent dust, debris, and other contaminants from entering patient care areas.</li> </ul>	<p>Stake Holders</p> <p>Maintenance Officer</p> <p>ICO</p> <p>ICN</p> <p>Housekeeping Incharge</p> <p>Hospital Staffs</p>	With immediate effect
		<ul style="list-style-type: none"> <li>The Infection Control Team has sought suggestions from HICC members regarding separate marking of utensils for Sero-Positive and Other Infective Patients.</li> </ul>	<ul style="list-style-type: none"> <li>Currently, this practice is not recommended, but some hospitals follow it as per their individual policies.</li> <li>Recommendation based on scientific data and policy to be made by the infection control officer.</li> </ul>	<p>HICC Members</p> <p>HIC Team</p>	On going

Prepared by: Infection Control Team	Approved by:
Microbiologist & ICO: 	
Infection Control Nurse:  2813	
	Medical Director:

# TIRATH RAM SHAH CHARITABLE HOSPITAL

				HICC Members HIC Team	On going
		<ul style="list-style-type: none"> <li>The Infection Control Team sought guidance from the Hospital Infection Control Committee (HICC) members regarding the ideal modality for isolating AFB (Acid-Fast Bacillus) positive patients in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>During the upcoming ICU construction, two existing cabins can be repurposed as Negative Pressure Isolation room for ICU patients. To safely isolate patients with infections, such as AFB positive cases, HINI, Covid, MDR Pneumonia.</li> <li>In addition to the ICU, there is a need for an isolation room in the ward.</li> </ul>		
6.	Vote of Thanks.	The meeting concluded with vote of thanks by the chairperson & ICN.			

Prepared by:  
Infection Control Team

Microbiologist & ICO:

Infection Control Nurse:

Approved by:

Medical Director:

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