

TRSH/Admn/2024-25/ 22

11.06.2024

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

8 13/06/2024
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject: Submission of Annual Report

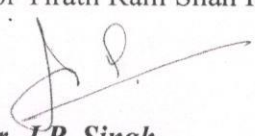
Sir,

Please find enclosed herewith (Form-IV) Annual Report of Bio Medical Waste generated in our hospital for the year 2023.

Kindly acknowledge the same.

Thanking you,

Yours faithfully,
For Tirath Ram Shah Hospital


Dr. J.P. Singh

Medical Director

DR. JATINDER P. SINGH

MBBS, MD (Paed.)

Medical Director

TIRATH RAM SHAH HOSPITAL

Rajpur Road, Delhi-110054

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 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 Isher Das Sawhney Marg, Rajpur Road, Delhi – 110 054
	(iv) Address of Facility		Same As above
	(v) Tel. No, Fax. No	:	011-44333333
	(vi) E-mail ID	:	admin@trschi.com
	(vii) URL of Website		www.trsch.com
	(viii) GPS coordinates of HCF or CBMWTF		27.2046N, 27.4977E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Trust Run Hospital
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC(11)(5)(01)/2024/BMW/NST/AUTH/42673860I valid up to 12.06.2028
	(xi). Status of Consents under Water Act and Air Act	:	Certificate No. G-22258 Valid up to:19.05.2025
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		DHS/NH/102 dated 01.11.2023
3.	Details of CBMWTF	:	SMS Water Grace BMW Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	NA – Details to be provided by CBMTF
	(ii) No of beds covered by CBMWTF	:	“
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	“

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA – Details to be provided by CBMTF			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1038kg per month			
			Red Category :825.22 kg per month			
			White: 103.55 kg per month			
			Blue Category :157.17 kg per month			
			General Solid waste: 1900 kg per month			
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 requirement of the hospital.				
		Provision of on-site storage : (cold storage or any other provision)				
(ii) Details of the treatment or 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:		-	60 liter / day	
		Any other treatment equipment:				
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA				
(iv)No of vehicles used for collection and transportation of biomedical waste	:	Segregated space for collection of BMW and transportation by CBWTF				
(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated	Where disposed			

	during the treatment of wastes in Kg per annum		IncinerationNA Ash NA ETP Sludge NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	SMS water Grace BMW Pvt. Ltd., Delhi Jal Board Complex, Nilothi, New Delhi
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes Copy enclosed
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		51
	(ii) number of personnel trained		209
	(iii) number of personnel trained at the time of induction		95
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
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)		NIL
	(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 – NEVCO
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		60 litre/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?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 01.01.2023 to 31.12.2023

.....
.....
.....
.....

.....
Name and Signature of the Head of the Institution

Date: 12.06.2023
Place: Delhi

.....
Dr. JATINDER P. SINGH
MBBS, MD (Paed.)
Medical Director
TIRATH RAM SHAH HOSPITAL
Rajpur Road, Delhi-110054

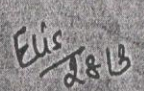
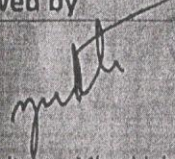
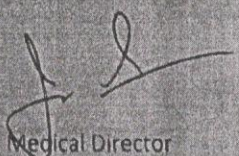
Minutes of Meetings Hospital Infection Control Committee

Date : 17th October 2023
Time : 12:30 PM
Location : Conference room school of nursing
Chaired by : Dr. YUKTI SHARMA
 (Sr. Consultant – Microbiology)

Members Present:

1. Medical Director – Dr. J.P. Singh
2. Medical Superintendent – Dr. Nitin A Srivastava
3. Administrator Head / HR – Mr. Heera Adhikari
4. Nursing Superintendent – Ms. Cicily George
5. Sr. Quality Manager – Mr. Arkaprabha Bhattacharya
6. Consultant Microbiology – Dr. Yukti Sharma
7. Sr. Consultant (Surgery) – Dr. Anand Tyagi
8. Sr. Consultant (Gynaecologist) – Dr. Nishi Makhija / Dr. Reema Jain
9. Sr. Consultant (Anaesthesia) – Dr. Sanjeev Nangia
10. HOD of Critical care unit – Dr. Deepesh Gupta
11. Infection Control Nurse – Ms. Elis
12. Linked Nurses (ALL INCHARGES) – Ms. Anju Sharma
 Ms. Bincy Varghese
 Ms. Mariamma Philipose
 Ms. Tessy Biju
 Ms. Preetika John
 Ms. Ritika
 Ms. Jeevanshu
13. Maintenance Officer – Mr. Byju P Varghese
14. Housekeeping In charge – Ms. Suman Kashyap
15. CSSD Technician – Mr. Mohit Kumar
16. Housekeeping Supervisor – Mr. Pradeep Kumar

[Type here]

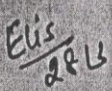
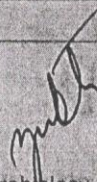
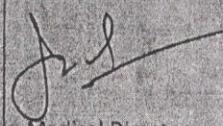
Prepared by	Reviewed by	Approved by
 Elis Infection Control Nurse	 Yukti Sr. Consultant – Microbiology & ICO	 Medical Director

AGENDA:

1. Presentation of HIC Indicators for month of July & August 2023
2. Chemoprophylaxis & Antibiotic compliance data presentation.
3. HAI Data for month of July & August 2023.
4. Surveillance
5. Miscellaneous points

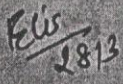
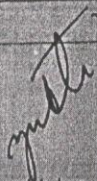
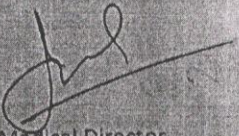
Following points were discussed:

S.No	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1	Chairpersons welcome all the members of the committee.				
2	Presentation of HAI data .	ICN presented the last two months HAI data with RCA & CAPA. (SSI - 2 cases in July)	The respective consultants shared their views regarding HAI .	Microbiologist ICN	To continued
3	Hand Hygiene compliance .	Hand Hygiene compliance data presented. July: D-59%, N-77%, P-65% & H.K-70% August : D-62%, N-80%, P-70% & H.K-75%.	1. The hand hygiene practices as per guidelines. 2. Strict compliance to hand hygiene has to continue .	ICN Linked Nurses	To continued
4	Percentage of cases who received appropriate	Surgical antimicrobial prophylaxis data is presented & discussed with members.	The antimicrobial prophylaxis compliance has increased but there is	Microbiologist ICN	To be continued

Prepared by	Reviewed by	Approved by
 Elis 28/3 Infection Control Nurse	 Sr. Consultant - Microbiology & ICO	 Medical Director

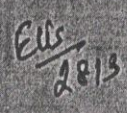
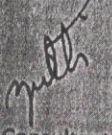
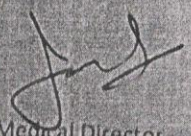
TIRATH RAM SHAH CHARITABLE HOSPITAL

	prophylactic antibiotics with in the specified time frame	July - 85% August - 90%	scope for improvement. Such as clean surgery i.e. D&C and some urology surgery.	Surgeons	
5	Needle Stick Injury	ICN presented the last two months' data of NSI and its RCA & CAPA. July - 1 August - 3	On job training is continued in sample collection & handling sharp object / needle to avoid injury and BMW segregation.	ICN Linked Nurses	To continued
6	Antimicrobial Compliance	Antimicrobial Compliance data presented and discussed about the Non - Compliance July - 57% August - 64%	The antimicrobial compliance has increased but there is scope for improvement and strictly follow the antibiotic policy .	ICN Microbiologist Consultants	To be continued
7	Infection Control Trainings	Trainings has been given to other departments like Nursing Officers , Nursing Students , Housekeeping Staffs & Paramedical Staffs .	Trainings has been continued .	ICN Microbiologist	To continued
8.	High risk area Surveillance	1. NICU & PICU Surveillance started on 2.8.2023 2. ICU & ICU-I Surveillance were started on 10.8.2023	After surveillance following steps were followed - <ul style="list-style-type: none">• Deep cleaning• Terminal cleaning• Proper hand hygiene practices	Departmental Incharge ICN Housekeeping Incharge	To be continued

Prepared by	Reviewed by	Approved by
 Infection Control Nurse	 Sr. Consultant - Microbiology & ICO	 Medical Director

TIRATH RAM SHAH CHARITABLE HOSPITAL

			• Standard precautions		
9	Disinfection & Sterilization Process	<ul style="list-style-type: none"> Secondary wash started in CSSD from 23.6.2023 Re-autoclaved policy is implemented Temperature beyond or equal to 24°C July – 7%, August – 11% Humidity beyond or equal to 60% July – 15%, August – 21% 	Monthly training were given regarding all Non – compliance.	Departmental Incharge ICN	To be continued
10	Miscellaneous points	<ul style="list-style-type: none"> MOM with Clinicians on 27.6.2023 Protocol Regarding sampling in the ICU as SOP CLSI (Clinical and Laboratory Standards Institute) Breakpoints update 2022 Regarding – Piperacillin Tazobactam 2022 dosing infusion. 	The respective members shares their views regarding following points and act accordingly.	ICN Microbiologist	To be continued

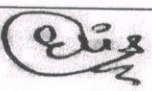
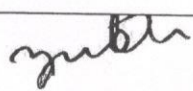
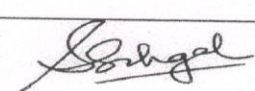
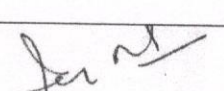
Prepared by	Reviewed by	Approved by
 Infection Control Nurse	 Sr. Consultant – Microbiology & ICO	 Medical Director

Minutes Of Meetings Hospital Infection Control Committee

Date : 16th April 2023
Time : 2:30 PM
Location : Conference room school of nursing
Chaired by : Dr. YUKTI SHARMA
(Sr. Consultant – Microbiology)

Members Present :

1. Medical Director
2. Medical Superintendent
3. Deputy Medical Superintendent
4. Administrator Head / HR
5. Nursing Superintendent
6. Consultant – Microbiology
7. Sr. Consultant Surgery - Dr.P.N. Sinha
8. Sr. Consultant Medicine – Dr. D.K. Singh
9. Sr. Quality Manager
10. ICU HOD – Dr. Deepesh Gupta
11. Infection Control Nurse
12. Linked Nurses (ALL INCHARGES)
13. CSSD In charge
14. Maintenance In charge
15. Dietary In charge
16. Housekeeping In charge

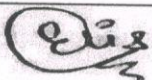
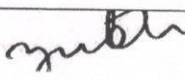
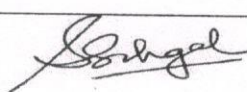
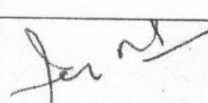
Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

AGENDA:

1. Review of previous meeting minutes.
2. Presentation of HIC Indicators & HAI data for month of March 2023.
3. Chemoprophylaxis compliance data presentation.
4. Antibiotic policy compliance data presentation.
5. Antibiotic stewardship compliance data presentation.
6. Any other important points to be discussed with the permission of the chairman.

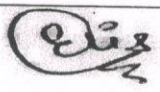
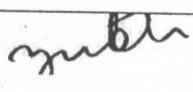
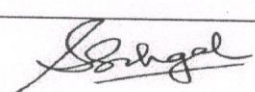
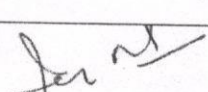
Following points were discussed:

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
1	Chairpersons welcome all the members of the committee.				
2	Previous minutes of meeting.	Previous minutes of meeting was approved.			

Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

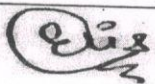
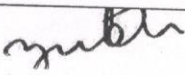
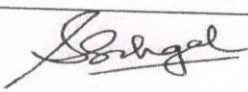
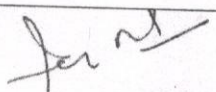
TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
3	Presentation of HAI data & HIC indicators.	ICN presented the last month HAI data & HIC indicators with RCA & CAPA.	The presented members shared their views.	Microbiologist ICN	To be continued
4	Hand Hygiene compliance	Hand Hygiene compliance has been improved, however still scope for improvement.	1.The hand hygiene practices as per guidelines. 2.Strict compliance to hand hygiene has to continue.	NS ICN Linked Nurses	To be continued
5	Surgical antimicrobial prophylaxis data is presented & discussed with members.	The antimicrobial prophylaxis compliance has increased but there is scope for improvement.	Microbiologist addressed regarding strict adherence to antimicrobial prophylaxis.	Microbiologist Consultant ICN	To be continued
6	Antibiotic policy compliance data presentation	Antibiotic compliance has increased but there is scope for improvement	Microbiologist addressed regarding strict adherence to Antibiotic compliance.	Microbiologist Consultant ICN	To be continued

Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
7	ON Job Training	Infection prevention & control training for staff education	ICN continued to trained all the health care workers.	ICN	To be continued
8	Antibiotic Stewardship	1. Antibiotic Stewardship programme is being followed but there is an ample scope for improvements. 2. Empirical therapy to be reviewed after 48-72hrs. by the clinicians and to be discussed with microbiologist along with culture reports, if required.	1. Regular rounds of clinical areas and follow up of treatment (Antibiotics) with respective clinicians is being done. 2. De-escalation of antibiotics as soon as possible, to be done.	Microbiologist Consultant ICN	To be continued
9	Infection Control Surveillance	Air cultures are being regularly taken. On job training is being continued area wise, including Dental OPD's.	On job training is continued	ICN	To be continued

Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
			

TIRATH RAM SHAH CHARITABLE HOSPITAL

S.NO.	AGENDA	DISCUSSION	ACTION PLANNED	RESPONSIBILITY	TARGET DATE
10	Bio Medical Waste	- Biomedical waste management compliance report was presented and found satisfactory. Though occasional deviation in segregation and use of PPE has been observed by ICN in daily rounds and rectified immediately.	On job training is being continued.	NS ICN Linked Nurses	To be continued
11	Covid 19	Infection control protocol is being strictly adhered for any covid patient admitted. All patients are subjected to mandatory covid tests after admission as well.	To continued Infection control protocol for covid patients is followed strictly as per the guidelines.	ICN	To be continue
12	Vote of Thanks.	The meeting concluded with vote of thanks by the chairperson & ICN.			

Prepared by	Reviewed by	Approved by	
Infection Control Nurse	Sr. Consultant – Microbiology	Medical Superintendent	Medical Director
