DELHI POLLUTION CONTROL COMMITTEE
(Government of N.C.T. of Delhi) 4th & 5th Floor, ISBT Building
Kashmere Gate, Delhi 110006
(Visit us at https://www.dpccocmms.nic.in)

LiFE Lifestyle for Environment

(RENEWAL OF AUTHORIZATION UNDER BIO MEDICAL WASTE MANAGEMENT RULES, 2016)

File number of authorization : DPCC/(11)(5)(01)/2024/BMW/NST/AUTH/40276883k
Application No: 11062032 **Date:03/05/2024**

1. M/s Sardar Valabh Bhai Patel Hospital an occupier of the facility located at Govt. of NCT of Delhi, East Patel Nagar 110008 is hereby granted renewal of authorization for Generation, segregation,Collection,Storage, of Biomedical Waste at the premises and for Transportation, Treatment and Disposal of Bio-Medical Waste through Common Bio-Medical Waste Treatment Facility (CBMWTF) authorized by Delhi Pollution Control Committee.

2. **Number of beds of HCF : 50**

3. **Quantity of Biomedical waste handled : 31.72 (Kg/day)**

4. This renewal of authorization shall be in force for a period of Five Years and valid up to 2/5/2029.

5. All terms and conditions stipulated in earlier granted Authorization shall remain same.

This is system generated and does not require any authentication/signature.

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Annual report of BMW Management for year 2025 (jan 25- dec 25) of SVBP hospital for approval and forwarding to DPCC and CMO ,BMW,DHS and CDMO office west Zone after pproval.

From: rashmi jain (rashm_jain@yahoo.com)

To: ms.svbph1@gmail.com; suman15so10svbp@gmail.com; ms.svbph@gmail.com

Cc: rashm_jain@yahoo.com

Date: Wednesday, 10 June 2026 at 11:54 pm IST

Respected Madam/Sir

Please find enclosed the annual report of implementation of biomedical waste management programme in SVBP, Hospital ,Patel Nagar,Govt of NCT Of Delhi , prepared by me as nodal officer,BMW in the prescribed format with necessary documents as annexures, for your approval and further forwarding to DPCC, CMO BMW cell of DHS , CDMO office as well as uploading on the hospital website.

kindly do the needful.

regards

Dr Rashmi Jain

Nodal officer, BMW

SVBP Hospital, Delhi.

Dr. Rashmi Jain
Spl. (Pathology)
Sardar Vallabh Bhai Patel Hospital
Govt. of NCT of Delhi
New Delhi

Documents enclosed are.

1. Latest BMW authorization.
2. minutes of BMW meetings dated 13th march, 13th june, 1st august and 3rd November2025
3. annual report of BMW 2025 in prescribed format.
4 ETP water test report for year 2025.
5. Barcode service data from butterfly software

11062032BioMedicalWaste(New) DPCC 2024 LATEST (1).pdf
115.9 KB

minutes of meeting dated 13th march 2025.docx
16.1 KB

minutes of meeting of HIC,BMW 13th june 2025.docx
17.2 KB

minutes of meeting of HIC,BMW 1st august 2025.docx
16.4 KB

minutes of meeting of HIC,BMW 3rd nov 2025.docx
18.3 KB

ETP TEST REPORT 2025.pdf
1 MB

BMW Annual report 2025.docx
19.1 KB

190/C

butterfly annual data.pdf
198.3 KB

189/C

DELHI POLLUTION CONTROL COMMITTEE

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5. All terms and conditions stipulated in earlier granted Authorization shall remain same.

This is system generated and does not require any authentication/signature.

Dr. Kashmi Jain/Asso. RMW
Spl. (Pathology)
Sardar Vallabh Bhai Patel Hospital
Govt. of N.C.T. of Delhi
New Delhi

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(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		Period 1st January 2025 to 31st December- 2025
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. Renu Gur (1/1/2025 to 31/12/2025)
	(ii) Name of HCF or CBMWTF	:	SVBP Hospital.
	iii) Address for Correspondence:	:	SVBP Hospital, East Patel Nagar, New Delhi-110008.
	(iv) Address of Facility		SVBP Hospital, East Patel Nagar, New Delhi-110008.
	(v)Tel. No, Fax. No :	:	011-20838218, 9873725761
	(vi) E-mail ID :	:	ms.svbph1@gmail.com
	(vii) URL of Website		http://10.24.216.5/wps/portal
	(viii) GPS coordinates of HCF or CBMWTF		Lat.-28 degree ; 38 minutes ; 57.76 seconds Lat.-77 degree ; 10 minutes ; 20.16 seconds
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	**AUTHORISATION VALID TILL 2/5/2029** **File number of authorization : DPCC/(11)(5)(01)/2024/BMW/NST/AUTH/40276883 k** **Application No: 11062032 Date:03/05/2024, copy enclosed (Annexure 1).**
	(xi). Status of Consents under Water Act and Air Act	:	**Not Applicable for 50 Bedded**
2.	Type of Health Care Facility	:	Under Government of NCT of Delhi
	(i) Bedded Hospital	:	No. of Beds : 50

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	(i) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		--
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	SMS Watergrace BMW Pvt. Ltd., D.J.B, STP Nilothi, New Delhi-41.
	(i) Number healthcare facilities covered by CBMWTF	:	Not applicable
	(ii) No of beds covered by CBMWTF	:	Not applicable
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	**Yellow Category = 4061.45 kg**
			Red Category =4879.61 kg
			Blue Category =803.62 kg
			White category (Sharp) =457.11
5.	Details of the Storage , treatment, Transportation, processing and Disposal facility		
	(i) Details of the on-site storage facility	:	Size : 10 x 10 feet
			Capacity : 40 kg.
			Provision of on-site storage : Common area under Lock & Key

	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment Incinerator Plasma Pyrolysis Autoclaves Microwaves Hydroclave Shredder Needle tip cutter or Destroyer Sharps Encapsulation or Concrete pit Deep burial pits Chemical Disinfection Any other treatment equipment	No. of units One Microwave For pre - treatment only Hub cutter mechanical -------	Capacity Kg./day 30litre N/A ------	Quantity treated or disposed in Kg. per annum Not measured separately ---------
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	N/A			
	(iv)No of vehicles used for collection and transportation of biomedical waste	:	N/A			
	(v)Details of incineration ash and ETP sludge generated and disposed	:	N/A			
	(vi)During the treatment of wastes in Kg per annum	:	Incineration Ash N/A ETP Sludge			
	(vii)Name of the Common Bio-	:	SMS Water Grace Pvt. Ltd.			

	Medical Waste Treatment Facility Operator though which wastes are disposed of		
	(viii) 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, **Minutes of the meeting (Annexure 2, 3,4,5)**
7	Details of trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	**69**
	(ii) number of personnel trained	:	**315**
	(iii) number of personnel trained at the time of induction	:	**250**
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	:	Yes, SOP of BMW and training material in Power point presentation is available
	(vi) any other information)	:	First Salary is not without released without BMW training & certificate
8	Details of the accident occurred during the year		No accident
	(i) Number of NSI occurred	:	18 (Jan.-Dec 2025)
	(ii) Number of the persons affected	:	All were sero negative for all viral markers.

	(iii) Remedial Action taken (Please attach details if any)		
	(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?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	**ETP installed. Standards are complied. Copy of the report enclosed as annexure 6**
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	Yes
12	Any other relevant information	:	Most of the staff immunised against Hepatitis B

Certified that the above report is for the period from 1st January, 2025 to 31st December, 2025

Signature of current Head of Institution
Name : Dr Jyoti Sachdeva,
(Medical Superintendent)

Date : 15.6.25
Place : Delhi

Dr. JYOTI SACHDEVA
Medical Superintendent
Sardar Vallabh Bhai Patel Hospital
Govt. of NCT of Delhi
Patel Nagar, New Delhi-110008

Signature of Nodal Officer
Name = Dr Rashmi Jain
Nodal officer BMW

Dr. Rashmi Jain
Sr. Consultant (Pathology)
Sardar Vallabh Bhai Patel Hospital
Govt. of NCT of Delhi
Patel Nagar, New Delhi
11/6/2025

182/C

Butterfly

BMW Received At Store (S2) (Month Wise) in Kgs

HCF DETAILS

Code 111971 Name Sardar Vallabh Bhai Patel Hospital

Cat BEDDED HOSPITAL Beds 50 CBWTF M/S SMS WATER GRACE BMW PVT LTD (DELHI)

CONTACT PERSON

Name Dr BABITA MITTAL Mobile 1125884409

Tele 01125884409 Email ms.svbph@gmail.com

Period of Report: JAN 25 to DEC 25 ; ***Report Generated by:*** Sardar Vallabh Bhai Patel Hospital ; ***Date of Report:*** 27 APR 2026 / 22:54

		Yellow		Red		Blue		White		Cyto		Others		Totals	
		Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight	Bags	Weight
REPORT TOTAL →		757	3964.700	886	4834.590	298	794.970	207	451.900	0	0.000	0	0.000	2148	10046.160
S No.	Month ↓														
1	Jan 25	62	448.920	51	368.450	28	90.640	16	34.070	0	0.000	0	0.000	157	942.080
2	Feb 25	54	413.680	53	411.940	0	0.000	48	117.450	0	0.000	0	0.000	155	943.070
3	Mar 25	50	352.900	50	390.550	0	0.000	40	105.170	0	0.000	0	0.000	140	848.620
4	Apr 25	41	235.610	50	311.150	23	53.260	14	30.270	0	0.000	0	0.000	128	630.290
5	May 25	58	355.790	67	377.280	46	105.030	15	17.330	0	0.000	0	0.000	186	855.430
6	Jun 25	42	320.140	48	413.950	19	53.160	20	70.420	0	0.000	0	0.000	129	857.670
7	Jul 25	47	486.860	55	585.710	32	121.520	11	21.700	0	0.000	0	0.000	145	1215.790
8	Aug 25	51	267.150	56	430.460	31	76.490	6	8.240	0	0.000	0	0.000	144	782.340
9	Sep 25	94	285.930	147	513.670	43	111.170	14	19.890	0	0.000	0	0.000	298	930.660
10	Oct 25	82	255.110	102	377.330	29	71.360	4	5.290	0	0.000	0	0.000	217	709.090
11	Nov 25	86	273.250	104	339.320	22	50.270	15	18.100	0	0.000	0	0.000	227	680.940
12	Dec 25	90	269.360	103	314.780	25	62.070	4	3.970	0	0.000	0	0.000	222	650.180

Dr. Rashmi Mittal
Sr. (Pathology)
Sardar Vallabh Bhai Patel Hospital
Delhi

Minutes of Meeting of Hospital infection control /BMW/Sanitation/Environment management group and kayakalp.

F4/57/2019/SVBPH/BMW/ part v/ 7355-67 **dated 04/11/2025**

A Meeting of BMW /hospital infection control/sanitation team of SVBP Hospital patel nagar was held on 3rd November 2025 in the conference hall of SVBP Hospital under the chairmanship of medical superintendent SVBP Hospital at 2 pm .Meeting was attended by all the members of BMW committee, infection control committee, Environment management group all sister incharges ,ANS, caretaking incharge, incharge PWD , kayakalp team and quality team. The meeting was held to review the implementation of kayakalp programme along with Review of BMWM and HIC activities.

Minutes of the meeting are as follows.

1. **Facility upkeep**:
   a. tender for pest control and anti termite measures has expired already in june 2025, therefore new tender has to be undertaken.(action incharge caretaking).
   b. landscaping and gardening: currently there is no gardener on role in SVBPH, currently there gardening is managed by Sanitation staff, there is urgent need to uplift herbal garden.
   c. open spaces are well maintained.
   d. facility appearance: retrofitment of outer façade of building needs to be done.(action PWD civil).
   e. illumination: sufficient.
   f. maintenance of furniture and fixture: currently there is no valid tender for repair and maintenance of furniture and fixtures , lot of furniture in hospital including patient beds , chairs, tables need repair.(action incharge repair and maintenance).
   e. Removal of junk material: needs to be expedited. (action incharge condemnation).
   f. conservation of water needs to be implemented as well as promoted.
   g. work place management: all staff needs to be trained for implementation of 5 s.

2. **Sanitation and hygiene:** In view of the upcoming kayakalp as well as NQAS round and also to prevent hospital acquired infection, there has to be increase emphasis on sanitation and hygiene with cleanliness of wards, OPD, circulation areas, procedure areas, ambulatory areas like diagnostics, auxiliary areas like kitchen, stores, toilets, outer areas as well as administrative branch.

There are issues with quality and quantity of cleaning material and tools provided by the out sourced vendor which needs to be addressed at priority.(action incharge caretaking)

Sanitation supervisor as well as ICN should ensure that standard material as well as equipment should be supplied by the housekeeping contractor that too in sufficient quantity.

Sanitation staff should be trained for standard methods of cleaning as per swachata guidelines including triple bucket system, which are already available and are being used.

It was highlighted that annual medical check up of all out sourced staff employed for house keeping is to be completed.(action ICN)

Regular training of the new joining house keeping staff has to be maintained along with performance satisfaction report. (action ICN).

Sister in charges should also monitor the cleanliness activities along with sanitation supervisor,

Checklist for cleanliness needs to be validated by in charge sisters also along with performance certificate.(action in charge sanitation, ICN and sanitation supervisor.

Drainage and sewage management is satisfactory.

3. **Waste management:** Implementation of BMW management rules 2016 in SVBPH has already in place along with valid authorization and agreement with CBWTF .
   It was pointed out that there is shortage of yellow category of BMW bags of large size.
   Induction training of all Health care workers for BMW rules is already mandatory.
   There are some issues with collection of General waste through MCD vehicle, currently an intermediary person is picking up the waste and discarding it at MCD collection site . (action In charge sanitation).
   Strict enforcement of liquid waste management is to be done with pretreatment, though all drains are connected to ETP.(action all sister in charges and lab coordinator)

Hospital infection control and prevention: there are no new incidence of Surgical site infection after the measures taken for implementation of standard precautions., however due to restriction in procurement by the health care institution because of guidelines for purchase for limited period by higher authorities, there is shortage of single use disposables in personal protective equipments. There is some shortage of disposable gloves of select sizes, hand wash solution, single use disposables, disinfectants, indicators of autoclave.(action Incharge store) to do the needful.

Regular induction trainings to be continued along with hand hygeine audits.

Measures to reduce the rates of SSI were reiterated by emphasasing on five main tools of infection prevention and control including

a) Hand hygiene
b) Personal protective equipments like gloves, gown and apron.
c) Isolation wherever required along with implementation of visitors guidelines.
d) Proper handling and decontamination of patient care equipment.
e) Effective disinfection and sterlisation (steam as well as chemical) with class five indicators
f) Proper handling of patient care environment with good house keeping, microbiological surveillance and proper biomedical waste segregation and management.
   (Action ICN and ICO)

It was informed that there is shortage of signal locks and class five indicators.(action incharge purchase).

As per the scope of service in SVBPH the facility acquired infection surveillance is regularly done including microbiological surveillance in all procedure areas.

4. **Hospital support service** : Laundary services are outsourced, therefore, quality of linen washed needs to be documented. The tender for kitchen services needs to be extended till the new tender is finalized. Remaining all the outersourced services contracts are valid.
5. **Hygiene promotion**: hygiene promotion among staff as well as patients and visitors is to be done with IEC material, talks, CME and community activities.

6. **Cleanliness beyond hospital boundary**: many activities in this regard were already done during swachta drive.
7. **Ecofriendly facility** : all the measures for ecofriendly intiatives like energy efficient devices, procurement of sustainable logistics and monitoring of air and noise pollution with monitoring of AQI to be taken.(action Incharge caretaking). As per ecofriendly initiatives energy audit has to be done, installation of all electrical appliances with star rating has to be maintained. Solar panels need to be repaired . AQI display has also be ensured.

As per water and air act , pollution of air and water has to be minimized with active intervention from PWD..

Herbal Garden to be maintained.

There is some shortage of disposable gloves of select sizes, hand wash solution, single use disposables, disinfectants, indicators of autoclave.(action Incharge store) to do the needful.

Regular induction trainings to be continued along with hand hygeine audits.

Measures to reduce the rates of SSI were reiterated by emphasasing on five main tools of infection prevention and control including

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h) Personal protective equipments like gloves, gown and apron.
i) Isolation wherever required along with implementation of visitors guidelines.
j) Proper handling and decontamination of patient care equipment.
k) Effective disinfection and sterlisation (steam as well as chemical) with class five indicators
l) Proper handling of patient care environment with good house keeping, microbiological surveillance and proper biomedical waste segregation and management.
(Action ICN and ICO)

The meeting ended with vote of thanks from nodal officer kayakalp/HIC/BMW. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi Jain

Nodal office kayakalp/BMW/HIC/EMG

Copy to

1. Ps to ms
2. Head of office
3. All incharges(all departments,OPD,Ward, casuality,labour room,OT,lab,radiology,kitchen)
4. Incharge BMW and ICN
5. Incharge sanitation

6. Incharge infection control
7. Incharge PWD and caretaking
8. Incharge procurement
9. Incharge store
10. Incharge repair and maintainence and condemnation
11. ANS
12. All sister incharges
13. JE PWD electrical.
14. JE PWD Civil.
15. PWD Horticulture
16. kayakalp team(ICN)

Minutes of Meeting of Hospital infection control /BMW/Sanitation/Environment management group

F4/57/2019/SVBPH/BMW/ part v/ 6048-6063 **dated 01/08/2025**

A Meeting of BMW /hospital infection control/sanitation team of SVBP Hospital, patel nagar was held on 1st august 2025 in the conference hall of SVBP Hospital under the chairmanship of medical superintendent SVBP Hospital at 12 pm .Meeting was attended by all the members of BMW committee, infection control committee, Environment management group all sister incharges ,ANS, caretaking incharge, incharge PWD , kayakalp team and quality team. The meeting was held to initiate the swachhta drive in SVBPH as initiative of Govt of NCT of Delhi from 1st august 2025 to 31st august 2025 as well as to review the implementation of kayakalp programme along with Review of BMWM and HIC activities.

Minutes of the meeting are as follows.

1. **Implementation of Swachhata drive**: the meeting started with Kickstarting of swachhata drive by elaborating the activities which will be done in the month of august ,detail of which is already provided by the delhi which is already in sync with kayakalp programme. Briefly following activities will be done date wise
   - A) In this drive deep cleaning of all areas including exterior as well as interior of Hospital premises, arranging of old records, water tank cleaning, removal of outdated posters and pictures, suitable coloring of walls, grass cutting, pruning, plantation of sapling.(action PWD civil)
   - B) Special emphasis to discourage use of single use plastics, in official meetings as well as day to day activities and promotion of glass bottles.(action incharge caretaking and sanitation)
   - C) Segregation of records as well as weeding of old records as per norms(action incharge MRD and condemnation)
   - D) Repair of broken furnitures and nonrepairable should be written off/auctioned before 25th august 2025.
   - E) Two hours shramdaan every Saturday in slum or unauthorized colonies.(action incharge sanitation)
   - F) Reduce, reuse, recycle and recover approach on solid waste management.
   - G) Departments to use e office platform to share information to reduce consumption of office stationary.
   - H) All the physical assets including public facilities /utilities of department to be repaired and restored.(action all incharges)
   - I) Swachhata drive photos to be uploaded on the websites with before and after pattern.(incharge IT cell).
   - J) Mosquito breeding has to be controlled with submission of Dengue free campus certificate.(action incharge vector borne disease control programme.)
   - K) It was followed by swachhata pledge taken by all hospital staff.
   - L)

2. **kayakalp programme implementation:** Internal assessment has already been submitted. Now communication has been received from kayakalp cell of DSHM for Gap closure before 15th august so that peer and external assessment can be done.(action incharge kayakalp)
3. As per ecofriendly initiatives energy audit has to be done, installation of all electrical appliances with star rating has to be maintained.

Solar panels need to be repaired . AQI display has also be ensured.

As per water and air act pollution of air and water has to be minimized with active intervention from PWD..

Herbal Garden to be maintained.

2. Biomedical waste management: regular trainings on BMW has to be maintained with proper record keeping of BMW.(action ICN) It was informed by nodal officer that logistics pertaining to BMWM are adequate.

3. Sanitation and house keeping: It was highlighted that annual medical check up of all out sourced staff employed for house keeping is to be completed.(action ICN)

Regular training of the new joining house keeping staff has to be maintained along with performance satisfaction report. (action ICN)

Timely release of payments of workers is mandatory.(action incharge caretaking).

There are issues with quality and quantity of cleaning material and tools provided by the out sourced vendor which needs to be addressed at priority.(action incharge caretaking)

4. Hospital infection control programme: Renewal of contract for microbiological surveillance has already been done.

There is some shortage of disposable gloves of select sizes, hand wash solution, single use disposables, disinfectants, indicators of autoclave.(action Incharge store) to do the needful.

Regular induction trainings to be continued along with hand hygeine audits.

Measures to reduce the rates of SSI were reiterated by emphasasing on five main tools of infection prevention and control including

a) Hand hygiene
b) Personal protective equipments like gloves, gown and apron.
c) Isolation wherever required along with implementation of visitors guidelines.
d) Proper handling and decontamination of patient care equipment.
e) Effective disinfection and sterlisation (steam as well as chemical) with class five indicators
f) Proper handling of patient care environment with good house keeping, microbiological surveillance and proper biomedical waste segregation and management.
(Action ICN and ICO)

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The meeting ended with vote of thanks from nodal officer kayakalp/HIC/BMW. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi jain

Nodal office kayakalp/BMW/HIC/EMG

SVBP HOSPITAL

Dated 4th august 2025

Copy to

1. Ps to ms
2. Head of office
3. All incharges(all departments,OPD,Ward, casuality,labour room,OT,lab,radiology,kitchen)
4. Incharge BMW and ICN
5. Incharge sanitation
6. Incharge infection control
7. Incharge PWD and caretaking
8. Incharge procurement
9. Incharge store
10. Incharge repair and maintainence and condemnation
11. ANS
12. All sister incharges
13. JE PWD electrical.
14. JE PWD Civil.
15. PWD Horticulture
16. kayakalp team(ICN)

Minutes of Meeting of Hospital infection control /BMW/Environment management group

F4/118/2007/SVBPH/estt/ partIV / 6031-6047 **dated 13/6/2025**

A meeting of hospital infection control committee /BMW was held on 13/06/2025 in the chambers of medical superintendent to discuss the increased rate of surgical site infection in the obs&gynae unit in the month of may and june2025 and measures to mitigate the infection rates. The meeting was attended by the members of HIC committee along with deptt of OBG including specialist, nursing sisters of labour room , ward and OT.

Minutes of meeting are as follows

1. Senior resident obs &gynae Dr Prachi shah presented the details of 5 cases of obs and gynae who presented with surgical site infection following caeserian section and one case following MTP and tubal ligation. Culture& sensitivity from the discharge was sent in all the six cases. Staphalococus aureus was isolated as causative organism in one case. obesity was found as predisposing factor in one of the cases, in other cases no comorbidities were found.
2. Out of these cases two were managed on OPD basis and in remaining four indoor management was done. Resuturing was done in two case, rest were managed with medical management only.
3. Measures to reduce the rates of SSI were reiterated by emphasasing on five main tools of infection prevention and control including
   a) Hand hygiene
   b) Personal protective equipments like gloves, gown and apron.
   c) Isolation wherever required along with implementation of visitors guidelines.
   d) Proper handling and decontamination of patient care equipment.
   e) Effective disinfection and sterlisation (steam as well as chemical) with class five indicators
   f) Proper handling of patient care environment with good house keeping, microbiological surveillance and proper biomedical waste segregation and management.
   (Action ICN and ICO)
4. MS madam being a microbiologist suggested the measures to reduce the incidence of staph aureus by proper antimicrobial treatment and prophylaxis with local application of mupirocin in the internal nares of patients, attendents and health care workers. She also pointed out the deficiency in the culture sensitivity report. ICN was instructed to take regular rounds in the labour room and ward to retrain the health care workers in standard precautions and hand hygiene audits.(action ICN)
5. Infection control officer and ICN highlighted the issues in the implementation of standard precautions due to shortage of logistics like handwash,personal protective equipments, chemical indicators of autoclave, issues related to sanitation like insufficient cleaning material supplied by the outsource vendor.(action incharge store and care taking).
6. Issues pertaining to PWD repair and seepage in labour room were also highlighted.(action Incharge PWD)
7. Issues related to auction of already condemned articles in procedure areas were also addressed.(action incharge auction and condemnation)

8. The meeting was also utilized to review the newly formed infection control committee and new members were added as per requirement.

9. the members of revised BMW , HIC committee and environment management group are as below

SN	Designation	Name of the member
1	Chairperson (medical superintendent)	Dr Renu Gur
2	Deputy chairperson(Head of Office)	Dr Mukula Mohile
3.	Infection control officer and nodal person BMW/HIC/kayakalp	Dr Rashmi Jain
4.	Nodal officer quality assurance	Dr Sameer Kapoor
5.	Nodal officer LaQshya and incharge labour room	Dr Swapnil sandhya
6.	Incharge sanitation and internal assessor kayakalp	Dr Monisha Batra
7.	Incharge Store Medical& incharge orthopaedics	Dr T.Jharia
8	Incharge Store General & incharge Opthalmology	Dr Deepika seth
9.	Nodal officer communicable diseases	Dr Charu shiva
10.	Incharge R&M and anaesthesia	Dr Nidhi Mathur
11.	Incharge condemnation and auction	Dr Aparajita
12.	Incharge PWD and caretaking	Dr Tehzeeb
13	Purchase officer	Dr Aditi Narang
14.	ANS	Sister Dilpreet Kalra
15.	Sister incharge BMW and HIC	Mrs Madhwi tanwar
16	Infection control nurse	Mr Rajender Sharma
17	Quality nurse	Mr Neeraj
18	PWD JE civil	Mr Aman
19	PWD JE Electrical	Mr Rahul yadav
20.	Care taker and PWD work	Mr Raju Malik
21.	Radiation safety officer and senior radiographer	Mr Raj Masih

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22	Dietitician	Mrs Shivani
23	Lab Coordinator	Mr Dinesh Shokeen
24	Supervisor NO	Mr Promod/surjeet
25	Supervisor Sanitation	Mr Sukhram(jony)

The meeting ended with vote of thanks from infection control officer. Next meeting will be scheduled in the last week of july or first week of august.
Minutes of meetings are circulated with prior approval of medical superintendent.

Dr Rashmi Jain
Nodal officerBMW/HIC/Kayakalp
Dated 4th august 2025

Copy to

1. Ps to ms
2. Head of office
3. All incharges(all departments, OPD, Ward, casuality labour room,OT,lab,radiology,kitchen)
4. Incharge BMW and ICN
5. Incharge sanitation
6. Incharge infection control
7. Incharge PWD and caretaking
8. Incharge procurement
9. Incharge store
10. Incharge repair and maintainence and condemnation
11. ANS
12. All sister incharges
13. JE PWD electrical.
14. JE PWD Civil.
15. PWD Horticulture
16. kayakalp team(ICN)

Minutes of Meeting of kayakalp/infection control /BMW/Environment management group

F/4/57/2019/svbph/estt/ bmw/part 5/ 1539 **Dated 13th march 2025**

A Meeting of kayakalp/infection control/BMW team of SVBP Hospital patel nagar was held on 13th march 2025 in the DMS Office of SVBP Hospital under the chairmanship of deputy medical superintendent SVBP Hospital at 12 pm .Meeting was attended by DMS madam, nodal officer BMW/HIC, incharge sanitation, nodal officer QA, incharge caretaking and PWD, caretaker of the hospital, all nodal officers,all stake holders in quality assurance, all departmental heads with their sister incharges. The attendance is enclosed. The meeting was scheduled to discuss the issues faced by the hospital authorities in implementation of kayakalp programme, BMW and hospital infection control programme.

Agenda: 1. Review of minutes of previous meeting.

2. review of BMW disposal practices.

3. Review of Infection control practices.

4. any other issue raised by members.

The detailed minutes of meeting are as follows.

1. **Biomedical waste management:** follow up from previous meeting. It was informed by the nodal officer that though there is availability of bags of all categories of BMW bags however there is shortage of certain sizes for specific bins. It was directed to nodal officer to compile the demand of bags with the help of incharge store based on consumption pattern, so that it can be timely forwarded to purchase office for procurement. So that there are no stock outs.

It was also informed that there is acute shortage of barcode stickers of certain category for mandatory compliance of barcoding.(action incharge store,nodal officer BMW and purchase officer.)

Induction training of all health care workers is being done regularly for biomedical waste management.

2. **Hospital infection control programmes.**

Regular refresher training of NO, sanitation Staff and security guards in hospital infection control programme has to be done. Induction training of new residents is already being done. (action incharge CME and HIC).

Review was done on all infection control practices and their compliance with regular rounds like

a. Isolation of patients.

b. Hand hygiene and appropriate use of personal protective equipment.

c. Cleaning, decontamination, and sterilisation of items and equipment.

d. Environmental cleaning and decontamination.

e. Management of spills or accidents with infections substances.

f. Safe handling and transport of specimens.

g. Handling and cleaning / disinfection of contaminated linen.

h. Biomedical waste management manual.

i. Handling and safe disposal of sharps.

j. Management of sharp injuries and other exposure to HCWs to infectious diseases.

k. Policies and procedures for insertion and maintenance of all indwelling devices. (action nodal officer HIC and ICN)

3. **Prevention of communicable diseases** : Regular rounds of nodal officers with PWD officials to check mosquito breeding in order to prevent diseases like malaria, dengue and chikungunya are being taken and weekly reports are submitted.

4. **Sanitation :** it has been informed by incharge sanitation that new triple buckets have already been distributed in all those areas where they were not available or had broken, however these are not utilized with proper protocols.(action incharge sanitation and ICN for proper training)

It was informed by ward sister incharge that cleaning material is not adequately provided by the sanitation supervisor (outsourced) as per the demand. Sister incharges were instructed to keep the record of quality as well as quantity.

6. **kayakalp implementation**: All the stake holders are requested to be prepared with ongoing quality assurance activities and their documentations. (action nodal officer kayakalp).

7. **PWD issues**: Infrastructure repair and maintainence is lacking at many places.

Supervisor from civil section of pwd informed that annual white has alrady started in the premises, which will rectify many of the seepage issues.

Supervisor from PWD electrical has informed that Fire NOC has been renewed.

All the officials ensured the timely implementation of all issues as mentioned above will be done.

The meeting ended with vote of thanks from DMS.

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An ISO 9001:2015 Certified Company
(A Govt. Approved Laboratory)

Laboratory Address: Plot 576, Loni Road Near Nagdwar, Mohan Nagar Ghaziabad (UP) 201007
Regd. Off.: D-17/573 East Gokulpur Amar Colony Delhi-110094 E-Mail ID: hslabs83@gmail.com
Phone Number: +91-9355465550, +91-9718202017, +91-9818187550, +91-93[illegible]5550

TEST REPORT

Report No.	HSL250523:27	Discipline :	Chemical Testing
		Group :	Water
Sample Type	Raw Water ETP (50 K.L.D)	Test Location :	at Lab
Name and Address of Customer	Assistant Engineer Sardar Vallabh Bhai Hospital Patel Nagar New Delhi		
Reference No.	–	Letter Date:	23/05/2025
Agreement No.	–	Sample Receipt Date	23/05/2025
Name of Agency	–	Start Date of Analysis	23/05/2025
Name of Work	–	End Date of Analysis	28/05/2025
Any Other Information	–	Date of Report Issue	28/05/2025

Sr. No.	Test Parameters/ Characteristics	Units of Measurements	Results	Test Method
1	pH	–	7.29	IS 3025-2022 (P-11)
2	Total Suspended Solids	mg/ltr	120	IS 3025-2022 (P-17)
3	Chemical Oxygen Demand COD (as O_2)	mg/ltr	490	IS 3025-2023 (P-58)
4	Biochemical Oxygen Demand BOD (as O_2) (for 3 days at 27°C)	mg/ltr	210	IS 3025-2023 (P-44)
5	Oil & Grease	mg/ltr	18	IS 3025-2021 (P-39)
6	Bio Assay Test (% Survival of Fish after 96 hours in 100% efficient	mg/ltr	184	APHP

End of Report

Authorized Signatory

HS LABS PVT. LTD. MOHAN NAGAR

Dr. Kashmi Jain
Spl. (Pathology)
Sardar Vallabh Bhai Patel Hospital
Delhi

Terms & conditions: 1. Test reports are valid only for the sample tested in our laboratory. 2. Sample will be stored/kept in our stores for 90 days from the date of testing and shall be destroyed thereafter without any intimation. 3. Samples tested are Non-Returnable until specified at time of sample submission. 4. This report will not to be valid for judicial purpose. 5. Total liability of our test house is limited to invoiced amount 6. Result relate only to the item tested. 7. [illegible] Laboratory.

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(A Govt. Approved Laboratory)

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Phone Number: +91-9355465550, +91-9718202047, +91-9818187550, +91-9355275550

TEST REPORT

Report No.	HSL250523:28		Page 1 to 1
Sample Type	Clean Water ETP (50 K.L.D)	Discipline :	Chemical Testing
Name and Address of Customer	Assistant Engineer Sardar Vallabh Bhai Hospital Patel Nagar New Delhi	Group : Test Location :	Water at Lab
Reference No.	–		
Agreement No.	–		
Name of Agency	–	Letter Date:	23/05/2025
Name of Work	–	Sample Receipt Date	23/05/2025
Any Other Information	–	Start Date of Analysis	23/05/2025
		End Date of Analysis	28/05/2025
		Date of Report Issue	28/05/2025

Sr. No.	Test Parameters/ Characteristics	Units of Measurements	Results	Requirement EAP-1986 Schedule-IV	Test Method
1	pH	--	6.02	5.5 - 9.0	IS 3025-2022 (P-11)
2	Total Suspended Solids	mg/ltr	10	100 Max	IS 3025-2022 (P-17)
3	Chemical Oxygen Demand COD (as O_2)	mg/ltr	82	250 Max	IS 3025-2023 (P-58)
4	Biochemical Oxygen Demand BOD (as O_2) (for 3 days at 27°C)	mg/ltr	23	30 Max	IS 3025-2023 (P-44)
5	Oil & Grease	mg/ltr	5	10 Max	IS 3025-2021 (P-39)
6	Bio Assay Test (% Survival of Fish after 96 hours in 100% effluent	mg/ltr	94	90 - 100	APHP

End of Report

HS LABS PVT. LTD. Authorized Signatory MOHAN NAGAR

Dr. Rashmi Jain (Pathology)

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