

INSTITUTE OF HUMAN BEHA

(An Autonomous Body under the C G.T. Road: Dilshad Gar

At work: Phones: 91-11-22114024,~~

LIED SCIENCES (IHBAS) tional Capital Territory of Delhi) 9520, Delhi-110 095

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E.Mail: dmsihbas@gmail.com

Dr. Deepak Kumar

M. D., D.N.B. (Psychiatry)

Professor & Head, Department of Psychiatry &

Dy. Med. Superintendent

F.35/BMW/IHBAS/2022/ 106

Date 7/7/22

То

The Directorate
Biomedical Waste Management Cell
DHS, F-17
Karkardooma, Delhi 110032

Subject: Submission of Quarterly Report from April 2022 to June 2022

Sir.

Please find enclosed the quarterly report in prescribed format regarding bio- medical waste status at this Institute for quarter April 2022 to June 2022.

(Dr. Deepak Kumar)

Copy to:-

1. OIC Computer with request to upload on website

2. OIC (BMW/HIC)

3. Assistant office of the Director

| S.No. | Particulars | |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. | Name address of the Hospital | SCIENCES CLIMBAS, DECHI- 95, |
| 2. | No. of authorized/sanctioned beds | 309 |
| 3. | Name of the occupier (MS/Director) | DR. RAJINDER K. PHAMIJA |
| 4. | Phone No. Fax, E-mail | FAXNO, - 22599227 |
| 5. | Whether authorization from Delhi Pollution Control Committee obtained? | JES. |
| 6. | If yes, Authorisation No., date of issue and validity | prcc/(11)(5x01)/2019/BMW/NST/AUTH |
| 7. | Whether in house treatment facility available? | GES |
| | 7A. If yes, write- | MICKOWAVE FOR LOB WATE ONLY |
| | 7B. If No. how is the BMW treated? | BY SMS WATER GRACE RUT. LTD. |
| | 7C. Whether tie up with CBWTF Operator (name) | SMS WATER GRACE PUT. LTD. |
| 8 | Whether Nodal Officer for BMW Management designated? | YES |
| the same of | 8A. If yes-pl. give name & phone No. | DR. RENU GUTTA, 9868396833 |
| 9. | Whether Biomedical Waste Management Committee | |
| | formed? | y <i>es</i> |
| | 9A. If yes, give name of the members | YES MEMBERSLUST ENCLOSED |
| | | |
| 0. | 9A. If yes, give name of the members | MEMBERSLUT ENCLOSED |
| 10. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers | MEMBERSLUST ENCLOSED 26/5/2022 |
| 10. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? | MEMBERSLUST ENCLOSED 26/5/2022 YES |
| 1. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags | MEMBERSLIST ENCLOSED 26 5 2022 YES RED, YELLOW YES |
| 1. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags available? | MEMBERSLIST ENCLOSED 26 5 2022 YES RED, YELLOW YES REDIDELLOW |
| 0. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags available? 11A. If yes, what colours? | MEMBERSLUST ENCLOSED 26/5/2022 YES RED, YELLOW YES RED YELLOW YES |
| 0. 1. 2. 3. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags available? 11A. If yes, what colours? Whether using Biohazard and Cytoxic Symbols | MEMBERSLIST ENCLOSED 26 5 2022 YES RED, YELLOW YES REDIDELLOW |
| 1. 2. 3. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags available? 11A. If yes, what colours? Whether using Biohazard and Cytoxic Symbols Whether Packaging & labeling practiced Whether puncture proof sharps containers available for | MEMBERSLUST ENCLOSED 26/5/2022 YES RED, YELLOW YES RED YELLOW YES YES |
| 10. 2. 3. 4. | 9A. If yes, give name of the members 9B. Date of last meeting Whether Colour Coded Segregation Containers available? 10A. If yes-what is colour coding Whether Colour Codded Segregation Liners/Bags available? 11A. If yes, what colours? Whether using Biohazard and Cytoxic Symbols Whether Packaging & labeling practiced Whether puncture proof sharps containers available for metal sharps? | MEMBERSLUST ENCLOSED 26/5/2022 YES RED, YELLOW YES REDINJEHOW YES 9ES 9ES |

| 18. | Quantity of laboratory waste/monthwise | ATKU-180 kg, MAT-186 kg, JUNE-180 kgs |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 19. | Is there any provision internal storage? | 9ES |
| 20. | Whether there are any use of wheel barrow/trolleys? | 9ES |
| 21. | Is there any separate provision of washing facilities for containers | 9ES |
| | 21A. If No, where these containers are washed? | Appendix. |
| 22. | Is there any centralized storage site? | 9€5 |
| | 22A. Is there any provision of lock and key for BMW storage? | YES |
| 23. | Whether needle destroyers available? | 9€1 |
| 24. | Whether the hand hygiene is practiced n the hospital | YES |
| | 24A. If yes, how is it monitored | OBSERVED BY HIC STAFF ENTATIENT CARE AREA FOR ONE HOUR |
| 25. | Is there any Spill Management Protocol | YES |
| 26. | Is there any Provision for Management of Mercury Waste, Heavy Metals | MERCURY IS TOTALLY PHASED OUT |
| 27. | Whether records are maintained properly? | y Es |
| | 27A. If yes, whether verified by the Chairman/Nodal Officer | 9 ES |
| 28. | Whether there is daily supervision? | 965 |
| · · · · · · · · · · · · · · · · · · · | 24A. If yes, whether the records are maintained | 98 |
| 29. | Is there any provision of separate waste weighing machine | YES |
| , | 25A. If yes, whether daily record of weight maintained | yes. |
| 30. | Whether in cytotoxic drug vials are managed as per rules. | YES |
| | 30 A. If yes, how they are managed. | A 22 |
| | | IN YELLOW BAS SETERATELY |
| 31 | Whether there is any injury register | IN YELLOW BAS SEPERATELY YES |
| 31 | Whether there is any injury register 31 A. If yes, whether there is needle stick injury protocol | YES |
| 31 | 31 A. If yes, whether there is needle stick injury | |
| | 31 A. If yes, whether there is needle stick injury protocol | YES YES |
| 32. | 31 A. If yes, whether there is needle stick injury protocol Is there any separate Budget Hear for BMW? Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW | YES YES |
| 32. | 31 A. If yes, whether there is needle stick injury protocol Is there any separate Budget Hear for BMW? Whether SOPs/ guidelines available | YES YES YES YES YES Doctors- Nurses- 365 |
| 32. | 31 A. If yes, whether there is needle stick injury protocol Is there any separate Budget Hear for BMW? Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW Management 34A. If yes, the. No. of personnel trained during the | JES JES JES JES Doctors- Nurses- Technicians- Gr.IV employees- 100 |
| 32. | 31 A. If yes, whether there is needle stick injury protocol Is there any separate Budget Hear for BMW? Whether SOPs/ guidelines available Is there any provision of Training/Retraining in BMW Management 34A. If yes, the. No. of personnel trained during the | JES JES JES JES Doctors- Nurses- Technicians- 10 |

| , | 26 A 16 | |
|-----|---------------------------------------------------------------------------------|--------------------------------------|
| | 36 A. If yes, whether the audit report submitted to the head of the institution | YES |
| ,7. | Whether monthly reports submitted to DHS | YES |
| 38. | Whether Quarterly reports submitted to DHS | GES |
| 39. | Whether Annual Monthly Reports submitted to DPCC | YES |
| 40. | Whether regular inspections carried out by hospital administration | YES |
| 41. | Whether consent obtained under air and water Act | |
| 42. | Whether Acoustic enclosures for generator sets present | YES Y€S |
| 43. | Whether effluent treatment plant (ETP) installed in the Hospital | 9€S |
| 44. | If yes, attach copy of laboratory Report authorized by DPCC | COPY ATTACHED |
| 45. | Whether Personal Protective Equipment (PPE) used BMW staff | YES |
| 46. | Whether the staff posted at BMW is medically examined | YES |
| | 46A. If yes, how frequently | 6 MONTHLY. |
| | 46B. Whether immunized against Tetanus and Hepatitis B | YES |
| 47. | Quantum of waste generated / | APRIL MAY JUNE |
| | Incinerable | 632,42 kg, 511,53 kg, 640,7 kg, |
| | Autoclavable/Microwavable | 907.75kg, 87617kg, 1008,53kg |
| | Sharps | 23 4,17 Kg, 247,656 kg, 27,97 Kgs |
| | Total | 1774.34 100 1635,326 19 1921,17 199, |

Signature of Nodal Officer/Chairperson: Signature of MS/CDMO:

Dr. Ray

MD Micros IHBAS, Delhi-110095

Derto

WATER LABORATORY



DELIII POLLUTION CONTROL COMMITEE 4TH FLOOR, ISBT BUILDING, KASHMERE GATE, DELHI-110006

visit us at http://dpecocmms.nic.in

Result No- DPCC/W/Misc/2021-22/09/4591

Date: 14/02/2022

LAB REPORT

Name & Address of

M/s. Institute of Human Behaviour and Allied Sciences

Unit

Dilshad garden, Delhi-110092

2. Sampling Location

ETP Inlet & Outlet

3. Date of sampling

04.02.2022

4. Sample collected by

DPCC Lab

4. Sample conceted by

DICCL

Control Measure (if

ETP

any)

5.

6. Nature of sample

Grab

7. Nature of Industry

Health Care Establishments having bed strength above 50 beds and

connected or not connected to Sewer and without boiler

8. Parameter analyzed and result

| S. No. | Parameters | ETP Inlet | ETP Outlet | Prescribed Standard | OLMS | % Variation |
|--------|------------------------------------------------------------------------------------------|--------------|---------------|------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | pH | 7.8 | 7.2 | 6.5-9.0 | - | |
| 2 | Total Suspended Solids (TSS) | 196 | 44 | 100.0 | - | • |
| 3 | Bio-Chemical Oxygen Demand(BOD)[3 days at 27°C] | 90 | 20 | 30.0 | - | |
| 4 | Chemical Oxygen Demand(COD) | 320 | 96 | 250.0 | - | - |
| 5 | Bio - assay Test (percent survival of fish after 96 hours in 100 percent effluent) | Nil | 90 | 90.0-100.0 | | |
| 6 | Oil and Grease | 5.6 | 1.6 | 10.0 | | The second secon |

*All parameters are in mg/l except pH

Remarks-OLMS was found non-operational at the time of DPCC sampling

Dr. Nandita Moitra
1/C Water Laboratory

SSA/Analyst/JLA

| Hospital Infection Control (HIC) Committee | | | | | |
|--------------------------------------------|-----------------------------------------|----------------------------|--|--|--|
| NAME | DESIGNATION | POSITION IN COMMITTEE | | | |
| Dr. Rajinder K.Dhamija | Director IHBAS | | | | |
| Dr. Rajeev Thakur | Professor & Head Microbiology | Advisor & Lead Chairperson | | | |
| Dr. Suman Kushwaha | Associate Professor, Neurology | Chairperson | | | |
| Dr. Renu Gupta | Assistant Professor, Microbiology | Chairperson | | | |
| Mr. Anil Kumar Rai | ANS I | Convener | | | |
| Ms. Seema Gupta | Nursing Officer | ICN | | | |
| Ms. Jasveer Dhandel | Nursing Officer | ICN | | | |
| Ms. Sunita Rani | Senior Nursing Officer | Member | | | |
| Dr. Deepak Kumar | Professor & HOD Psychiatry | Member | | | |
| Dr. V.K.S. Gautam Assita | Assistant Professor, Neurosurgery | Member | | | |
| Dr. Arvind Arya | Assistant Prof.& HOD Neuroanesthesia | Member | | | |
| Dr.Sarbjeet Khurana | Associate Professor, Epidemiology | Member | | | |
| Mr. MS Bhati | Executive Engineer (civil) | Member | | | |
| Mr. A.K. Royfavinder kuna | OIC (Sanitation) | Member | | | |
| MS., Vijay Bhan Sustana kumar | Nodal Officer Sanitation | Member | | | |
| Ms. Vibhuti Rastogi | Dietician | Member | | | |



INSTITUTE OF

(Hospital be

"Bı Dilshad G

E.

BEHAVIOUR & ALLIED SCIENCES

yous academic Institute, under Government of al Territory of Delhi, dealing with)

d Problems & their Solutions"

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Dr. Deepak Kumar
M. D., D.N.B.(Psychiatry)
Professor & Head, Department of Psychiatry &
Dy. Med. Superintendent

F.No.35/BMW/IHBAS/2022/JoY

Date: 7/7/22

To

The Director,
Health services, Govt. of NCT of Delhi
Directorate of Health Services
Swasthya Sewa Nideshalaya Bhawan
F-17, Karkardooma,
Delhi 110032

Subject: Action Taken Report in respect of implementation of the High court orders forbidding the use of plastic bags

Reference: Your letter no. F.No.25/3(95)/09/DHS/BMW/,12564-608 dated 16.03.10

Sir.

With reference to your letter referred to above, this is to inform that no incident of use of plastic bags has been reported at this institute, except for use of plastic bags as prescribed under BMW (handling and management) Rules, 2016. The relevant report duly filled in, in respect of this Institute for **June 2022** is forwarded herewith as desired.

Thanking you

(Dr. Deepak Kumar)

Copy to:-

- 1. OIC Computer with request to upload on website
- 2. OIC (BMW/HIC)
- 3. Assistant office of the Director

Format for Report to Be Submitted To the

21416

Member Secretary, DPCC

| 1. | Name of the Unit | BIHIBIAIS. |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2. | Name of the offender with father's name | |
| | & residential address & telephone | the content of |
| | number | |
| 3. | Date of sample/Inspection | 2816122 |
| 4. | Brief description of offence | |
| | and the second s | |
| | | |
| 5. | Name & Address along with telephone | |
| 4 | number of the witness | |
| , c | 1. | · , · · · · · · · · · · · · · · · · · · |
| | 2. | |
| 6. | Remarks, If any | ind: Br |
| - | | |
| 7. | Enclosure: Sample & seizure memo and | , |
| | any other document (s): | |
| | any office document (s). | |
| | Please specify | |
| | | |

(1.0%) June 119122

Signature

(Name and Designation of the authorized officer)