



TIRATH RAM SHAH HOSPITAL



2A, R.B.L., ISHER DAS SAWHNEY MARG, RAJPUR ROAD, DELHI-110054 ADMINISTRATION / HR DEPARTMENT

TRSH/Admn/2021-22/

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

01.03.2022

(ENQUIRY/COUNTER)

DELHI POLLUTION CONTROL COMMENT
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-II) Annual Report of Bio Medical Waste generated in our hospital for the year 2021.

Kindly acknowledge the same.

Thanking you,

Yours faithfully, For Tirath Ram Shah Hospital

Dr. J.P. Singh Medical Director

> Phone Nos.: 011-23948484 (100 Lines), 011-23972425, 23972487 Fax No.: 91-11-23953952 • E-mail: trsch.info@gmail.com • Web.: www.trsh.in

Form – IV (See rule 13) ANNUAL REPORT

be submitted to the prescribed authority on or before 30th June every year for the period from anuary to December of the preceding year, by the occupier of health care facility (HCF) or sommon bio-medical waste treatment facility (CBWTF)]

SI. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)		
	(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	:	23948484
	(vi) E-mail ID	:	admin@trsch.com
	(vii) URL of Website		www.trsch.com
-	(viii) GPS coordinates of HCF or CBMWTF		27.2046N,77.4977E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Trust Run Hospital
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: DPCC/(11)(5)(309)/N-03//BMW- 06/old/421019 Valid upto: 28.06.2023
	(xi). Status of Consents under Water Act and Air Act		Valid upto: Applied for and in process.
2	Type of Health Care Facility	1:	
7	(i) Bedded Hospital	:	No. of Beds: 200
	.(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		N.A.
	(iii) License number and its date of expiry	:	DGHS/NH/102 dated 07.04.2021 Date of Expiry :- 31.03.2023
3	Details of CBMWTF		SMS water Grace BMW Private Limited, Dell Jal Board Complex, Nilothi, New Delhi–110 041
	(i) Number of health care facilities covered by CBMWTF	:	5917
	(ii) No. of Beds covered by CBMWTF	1:	32918
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	28800 Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	11435 Kg / day
4	Quantity of waste generated or disposed	:	Yellow Category: 575 kg.
	in Kg per Annum (on monthly average basis)		Red Category: 525 kg
			White: 51 kg
			Blue Category: 71 kg.

	(i) Details of the on-site storage			: Size: 125 Sq. ft.				
	Facility			Capacity: segregated space for all category of waste as per the requirements of the hospital.				
				Provision of on-site storage : (Cold storage any other provision)				
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capaci Kg/da		d i
		nerated BMW handed over to VTF for safe disposable and		Incinerators			/	7
		atment done wherever required.		Plasma Pyrolysi s				
				Autoclaves				
				Microwave				
				Hydroclave				
				Shredder				
			Needle					
		tip cutter		/				
		or						
		destroyer	191	-/-				
		Sharps		/		_		
			Encapsulatio		X			
			n or concrete	/				
			pit	/				
			Deep burial	1/	1		-	
			pits	/				
			Chemical	Liter	80 liter			
			disinfection:		/ day			
				Any				
				other				
				treatment				
			1:	equipment:	1111	1	1	
	(iii) Quantity of recyclable wastes			A CONTRACTOR OF THE PROPERTY O				, ,
		sold to authorized recyclers after		Handed over	to SIVIS	vvater	Grace BIVIVV	1
	(i)	treatment in Kg per annum	+.	Ltd., Segregated space	e for ac	llection	of RMW and	_
	(iv)	No. of Vehicles used for	1.	transportation b			or Divi w and	
- 6	collection and transportation of			transportation o	JODIVI			
	(11)	biomedical waste Details of incineration ash and	+		0	+i+v,	Where	_
 (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of 		2,41	Quan		disposed			
		Incineration	NA	iateu	disposed	_		
wastes in Kg per annum			Ash	NA				
				ETP Sludge		1	In yellow BMV	N
				ETF Sludge	~ 3.	o kg	handed over to CBMWTF	

		N	lame of the Common Bio- Medical Waste Treatment Facility Operator through which wastes	1 10	18 W elhi J	al Board Complex, Nilothi, New Delhi
100		8	are disposed of	N	A	
		()	over bio-medical waste.	Y	es	enclosed
	m	anagem inutes o	ve bio-medical waste ent committee? If yes, attach f the meetings held during the			Cherest
1	re	porung	· · - conducted on Diviv		55	
	D	(i)			55	
		(1)	DIMAN MANAGETTETT		220	
		(ii)	of personnel trained		106	
_		(iii)	Number of personnel trained at			
			the time of induction		Nil	
		(iv)	Number of personnel not undergone any training so far			
			Whether standard manual for		Yes	
,		(V)	in available		Allen	
		Dataile	of the accident occurred during t	he		
3		year	Of the de-	4	13	-
		(i)	Number of Accidents occurred	J	Ni	
_		(ii)	Number of persons affected	20	N	il
-		(iii)	Remedial Action taken (Pleas	,0		
			attach details if any)	,	N	
-		(iv)	Any Fatality occurred, details		N	A neinerator not available in the hospital.
(3	Are yo	ou meeting the standards of air ion from the incinerator? How		I	ncinerator not available is
		Pollut	times in last year could not met		11	
		1	darde /			installed and working properly,
-			In of Continuous online emission			Netro Engineering Private Limited
-						80 litre day. Chemical disinfection
1	10	Liqui	d waste generated and treatmen	נ		80,000
1	10	meth	d waste generated and treatment of the mode in place. How many times you node in place, the standards in a year'	?		
1		have	nods in place. How many times of not met the standards in a year's not met the standards or sterilization.	tion		Yes
	11	Is th	e not met the standards or sterilizate disinfection method or sterilizate disinfection method or sterilizate disinfection method or sterilizate distribution di	any		NIL
	Is the disinfection method of sterm meeting the log 4 standards? How many times you have not met the standards in a year?		s in a			
					(Air Pollution Control Devices attached w	
		yea	other relevant information			(Air Pollution Control Devices attached the Incinerator) NA - Incanerator not ava
	12	Any		from 2021		uio iiio

I that the above report is for the period from	
1ed that the above	
01-01-2021	
	Name and Signature of the Head of the Institution
***************************************	LNY
	Name and Signature of the Head of the Institution
	Name and Signature
•	ied that the above report is for the period from $01 - 01 - 2 \cdot 21$ $01 - 01 - 2 \cdot 21$

Date: 21.02.2022

Delli Place:



TIRATH RAM SHAH HOSPITAL

Minutes of Meeting Hospital infection control committee

TRSCH/MOM/HIC/004/2021

Date: November 20, 2021

Time: 11.30 am

Chairperson: Sr. Consultant – Microbiology

Members present:

1. Medical Director

2. Head- HR & Admin

3. Nursing superintendent

4. Sr. Manager – Quality

5. Maintenance Officer

6. Nursing Incharge - OT

7. Housekeeping Supervisor

8. ICN

9. CSSD Technician

SI.	Discussion	Action to be taken	Responsibilities	Target date
2.	Chairpersons welcome all the members of the committee. Linked nurse	As per previous discussion all incharges are identified as Linked Nurse. ICN is being coordinating with Linked nurses for surveillance and other infection control related activities of their respective areas.		
3	. HIC indicators presented by ICN along with compliance to Rational use of antibiotics.	HAI are observed within benchmark. Wherever necessary appropriate corrective and preventive action are taken.		
4	4. Antibiotic Audit compliance. a. Pre Surgical antibioti and audit for rationa use of antibiotic in IC compliance repo presented by ICI Committee comprehends the repo and found n satisfactory.	antibiotic and description and antibiotic as per Antibiotic policy to be improved ward/ICU. b. Chairperson of Infection control committee all	ic n in b. NS c. ICN on on of	With immediate effect



TIRATH RAM SHAH HOSPITAL

Minutes of Meeting

Hospital infection control committee

		c. MD has instructed to inform		
		the consultant by RMO/Nursing In-charge, if the prescribed antibiotic not as per policy and the modify/escalate/de-escalate the antibiotic as per the policy as much as feasible. However, consultant has to write notes while deviating from antibiotic policy with reason. d. ICN has intimated that there has been improvement of sending culture on admission. However, MD has instructed to send only appropriate sample for culture to be sent on admission		
5.	Bio Medical Waste Management: a. ICN presented last month report of Bio Medical Waste compliance. b. The report was found satisfactory, however more emphasize to be given in segregation.	Compliance of Segregation at the point of generation has scope for improvement.	NS ICN	On going With immediate effect
6.	Needle Stick Injury has been reported. This has been a matter of concern.	MD instructed in morning hours sample to be taken by phlebotomist in IPD. Staff nurse are to be more trained in sample collection and handling sharp object /needle to avoid injury.	Laboratory ICN	With immediate effect
7.	Hand Hygiene compliance has been improved, however still scope for improvement.	To be continued	ICN	On going

Approved By

Dr J P Singh Medical Director