



CHACHA NEHRU BAL CHIKITSALAYA  
(An Autonomous Institute under Govt. of NCT of Delhi)  
Geeta Colony : Delhi - 110031



# SWACHHTADRIIVE “दिल्ली को कूड़े से आज़ादी”

1<sup>st</sup> AUGUST TO 31<sup>st</sup> AUGUST 2025



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## BACKGROUND

As we enter the eleventh day of the initiative inspired by the Hon'ble Prime Minister Shri Narendra Modi's vision of #ViksitBharat2047 and the Swachh Bharat Mission, the Hon'ble Chief Minister of Delhi, Smt. Rekha Gupta, launched a month-long cleanliness drive from August 1<sup>st</sup> to August 31<sup>st</sup> 2025. This drive aims to achieve "दिल्लीकोकूड़ेसेआज़ादी" with a renewed spirit and enthusiasm.🌱

In response to directives from the Department of Health and Family Welfare, GNCT of Delhi, a month-long Swachhata Drive has been organized in Delhi from August 1<sup>st</sup> to August 31<sup>st</sup>. The focus will be on cleanliness, including community clean-up activities and efforts to reduce plastic usage. Key highlights include enhanced activities as listed below:

Let's unite for a cleaner, greener, garbage-free Delhi! 🇮🇳

2025, under the theme "दिल्लीकोकूड़ेसेआज़ादी".



## **REPORT OF 11<sup>th</sup>AUGUST ACTIVITY**

**Infection Prevention and Control (IPC)** is a fundamental pillar of safe healthcare delivery, aiming to minimize healthcare-associated infections (HAIs) and protect patients, staff and visitors. Two critical components of IPC - **Surface disinfection and Biomedical Waste Management**- require regular review to ensure ongoing compliance with national regulations and international best practices.

**Effective surface disinfection** is essential for breaking the chain of infection transmission. Protocols should specify approved disinfectants, correct dilution ratio, required contact time, cleaning frequencies and required PPE. Regular review of these protocols ensures they align with updated guidelines, address emerging pathogens and needful amendment.

**Bio Medical Waste** generated in healthcare facility is regulated under the BMW rules 2016 with amendments in 2018, 2019 & 2023. Gap analysis in BMW management helps identify deviations from the prescribed standards, such as improper segregation, non-compliance with color coded bin uses, absence of bar coding, delays in waste transfer, inadequate PPE use, and incomplete record keeping. Addressing these issues strengthens compliance, protects healthcare workers, and upholds patient and public safety.

**As part of the ongoing Swachhata Drive, following activities were done today on 11<sup>th</sup> August-**

1. Surface Disinfection protocol review
2. BMW Gap Analysis

# PICTURES OF SURFACE DISINFECTION PROTOCOL

<u>DISINFECTING AGENTS.</u>		
S. NO.	CLEANING AGENT	SOLUTION.
1.	BACIMUCID 2%.	20 ML IN 1 LTR.
2.	MULTI ENZYME 1%.	10 ML IN 1 LTR.
3.	FORMALINE SOLUTION 10%.	25 ML FORMALINE 75 ML + WATER
4.	ECOSHIELD 2.0%.	200 ML IN 100 ML WATER
5.	GLUTERALDEHYDE 2%.	MIX THE ACTIVATOR IN SOLUTION
6.	HYPOCHLORISE 1%.	10 ML IN 1 LTR.
7.	SAVLON 1%.	10 ML IN 1 LTR.

## INSTRUMENT WASHING PROTOCOL

### DAILY WASHING PROTOCOL-

STEP-1	Dip the instruments with multienzyme 1% for 10-20 minutes 10 ml /liter
STEP-2	Scrub and brushing the instrument with soap water solution
STEP-3	Rinse the instruments with plain water
STEP-4	Dry and send for autoclaving after packing sharp instrument, put in cidex 2% Solution.

## Chapter No :7

### DISINFECTION AND STERILIZATION

Decontamination, Disinfection and Sterilization are basic components of any infection control program.

Patients except that any reusable instruments or device used for diagnosis or treatment.

#### 7.A Definition: -

TERM	STANDARD	TECHNICAL- MICROBIOLOGICAL Log CFU reduction	
Sterilization	Render product free of all forms of viable microorganisms including bacterial endospores	$\geq 6$ log reduction of the most resistant spores for the sterilization process studied, achieved at half time of cycle (ISO 14937)	Prions—higher resistance
Disinfection	Eliminates most if not all pathogenic microorganisms, excluding spores	No international guidelines, minimum $> 3$ log CFU reduction of microorganism excluding spores	High level disinfectants- longer incubation/high temp-sterilant
Decontamination	Reduction of pathogenic microorganism to a level where items are "safe to handle" without protective attire	Elimination of debris and protein. Minimum of $\geq 1$ log CFU reduction	Manual/mechanical cleaning a prerequisite before disinfection /sterilization

Reviewed on 11<sup>th</sup> Aug. 2017  
 Shreyas  
 11/8/17



## BIO MEDICAL WASTE GAP ANALYSIS



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### BIOMEDICAL WASTE MANAGEMENT DIVISION

#### BMW GAP ANALYSIS REPORT (01/08/2025-10/08/2025)

During the drive it was evident that Most of Healthcare workers were aware about the Biomedical Waste Rules and is implemented properly at CNBC: -The following point need to be look into for further improvement:

1. Mixing of Biomedical waste was noted, some of the General waste(wrappers) was mixed with the infectious waste.
2. Intravenous fluids bottle was found discarded without emptying.
3. Some of the newly recruited staff was overlooked of Biomedical waste rules, segregation and disposal.
4. Glass sharp container was found overfilled (beyond 2/3).
5. Foot operated bins were not functional in few areas

#### CORRECTIVE AND PREVENTIVE ACTION: -

1. Refresher training conducted at all point of generation and segregation of biomedical waste to avoid mixing of general waste with infectious waste.
2. Advised staff to empty the I.V fluid bottle before discarding.
3. It was emphasized that biomedical bins should be emptied/change when 2/3 filled to minimize the risk of spillage, sharp injury as per the biomedical waste rules,2016
4. Non-functional Biomedical Waste Bin were sent to workshop for repair

#### CONCLUSION: -

Although most healthcare workers at CNBC are aware of the biomedical waste rules and implement them, gaps in compliance are identified, such as improper waste segregation, incomplete disposal of iv fluid bottles, overfilled sharp container, and non-functional waste bins... corrective actions, including refresher training, proper disposal practices and repair of waste bins were initiated to ensure adherence to Biomedical waste rules 2016 and minimize risks to health and safety.

#### BMW GAP ANALYSIS DONE BY:-

Dr. Shariqa Qureshi (M.O/I.C BMW)

Ms. Babita Gupta (I/C BMW)

Mr. Harshit Nagpal (Nursing officer, BMW)

*Shariqa Qureshi*  
11/08/25.  
*Babita Gupta*  
11/8/25-  
*Harshit Nagpal*  
11/8/25.









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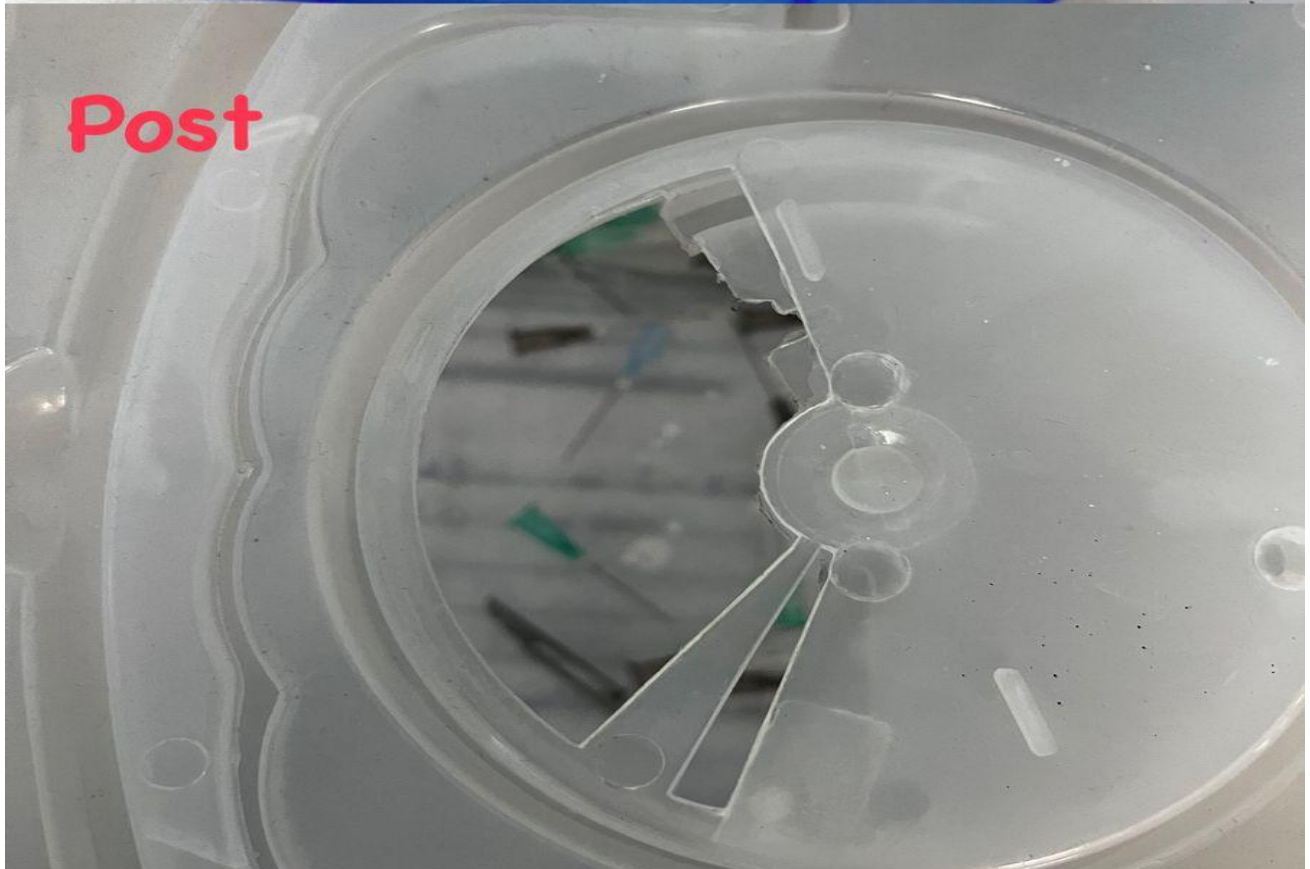


## BIOMEDICAL WASTE CATEGORIES AND SEGREGATION COLLECTION



BAG COLOUR	CONTENTS
 <b>RED BAG</b>	<b>CONTAMINATED RECYCLABLE WASTE</b> For the chemical treatment of syringes without needles, drainage tubes, IV tubing's, plastic bottles (if contaminated with blood), urine bags, gloves, vacutainers.
 <b>YELLOW BAG</b>	<b>ANATOMICAL PARTS, SOILED INFECTED WASTE AND LAB WASTE, DISCARDED EXPIRED MEDICINES AND CHEMICAL WASTE</b> For amputated body parts/ human tissues. For disposal of dressings and other contaminated materials, For the discard of blood, blood bags, body fluids, microbiological waste, discarded or expired medicines, chemical waste. Discarded linen, mattress, bedding contaminated with blood or body fluids.
 <b>BLUE BOX</b>	<b>GLASSWARE</b> For broken or discarded & contaminated glass including medicine vials & ampoules except those contaminated with cytotoxic waste.
 <b>SHARPS CONTAINER</b>	<b>METAL SHARPS PUNCTURE PROOF</b> For the disposal of waste metal sharps. Includes needles, stylet, lancets and blades.

Any waste bag should not be kept in unit more than 24 hours. All waste containers are discarded before they are 2/3<sup>rd</sup> full





Pre



Post

Chopra 11/11/11





71	2 <sup>nd</sup> Jan 2021		Revised dialysis unit protocol	To make the process more effective	
72	2 <sup>nd</sup> Jan 2021		Revised the antibiotic stewardship programme	To make the process more effective, as per NABH standards	
73	2 <sup>nd</sup> Feb 2024		Revised the Care of central line devices	To make the process more effective	
74.	19 <sup>th</sup> March 2022		Revised Infection control committee	As new Director joined & few members retired from service	
75	19 <sup>th</sup> March 2022		Revised the names of Infection Control team	As new ICN have joined and few existing ICN left the team.	
76	19 <sup>th</sup> March 2022		PEP recommendation policy is revised and updated	As per NACO ,updated guidelines	
77	1 <sup>st</sup> Feb 2023		Blood spillage policy is revised and updated	As per kayakalp & CDC ,updated guidelines	
79	10 <sup>th</sup> March 2023		Addition of Central line & ET tube care bundle.	New insertion bundle for central line & ET tube were made to reduce device associated infection	
80	1 <sup>st</sup> August 2024		Implementation of DOT	As it is more specific in paediatric setup	<i>[Signature]</i>
81	3 <sup>rd</sup> Oct 2024		Revised the SOP of Kitchen worker screening	As per KAYA KALP guidelines screening of kitchen worker from biannually to quarterly	<i>[Signature]</i>
82	23 <sup>rd</sup> . Oct 2024		Revised SOP of General mopping process	To make the process more effective	<i>[Signature]</i>
83.	26 <sup>th</sup> Nov 2024		Revised the names of Infection Control team & BMW team		<i>[Signature]</i>

84. 11<sup>th</sup> Aug 2025

Updated HIC manual,  
Revised mopping and disinfection SOPs.

As per Swatchable Drive.

*[Signature]*

## Today's Goals are

- Preventing the spread of infections from healthcare facilities.
- Reducing Healthcare Associated Infections (HAIs).
- Ensuring safe disposal of Biomedical waste.



## CONTRIBUTERS

Dr. Seema Kapoor, Director  
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Quality & HICC team  
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THANK

YOU