



Dated – 31st January 2018

TO,

The Environmental Engineer (B.M.W Cell),
Delhi Pollution Control Committee
Department of Environment (Govt. Of NCT Delhi),
4th Floor ISBT Building Kashmiri gate, Delhi – 110006.

Subject: - Submission of Form IV (Annual Return for the Year 2017)

Dear Sir,

This is in reference to the above mentioned subject, we wish to bring to your kind notice about the Bio-Medical waste during procedures, handling and transportation.

Please find the enclosed **FORM IV**.

This is for your information and records.

Thanks & Regards,

(Dr. Vritti Lumba)

Director- Fortis La Femme



FORTIS HOSPITALS LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi -110 025
Tel: +91 11 2682 5000, Fax: +91 11 4162 8435 CIN: U93000DL2009PLC222166
PAN No. AABCF3718N, GST No : 07AABCF3718N1ZG

 **Fortis SPECIALITY** Hospital

**From -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	:	FORTIS HOSPITAL LIMITED
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. VRITTI LUMBA
	(ii) Name of HCF or CBMWTF	:	FORTIS LAFEMME
	(iii) Address for Correspondence	:	S-549 GREATER KAILASH -II, NEW DELHI-110048
	(i) Address of Facility		S-549 GREATER KAILASH -II, NEW DELHI-110048
	(ii) Tel. No. Fax. No.	:	Tel. No - 011-40579400, Fax- 011-41436103
	(V) E-mail ID	:	contactus.flf@fortislafemme.in
	(i) URL of Website	:	http://www.fortislafemme.in/delhi/
	(ii) GPS coordinates of HCF of CBMWTF		28.529018, 77.243843
	(iii) Ownership of HCF of CBMWTF		Private Limited
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. DPCC/WMC-I/BMW/2018/8063, Applied on 06/10/17, status awaited
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: Not applicable. Being a small health care organization with a bed capacity of less than 50 beds we do not fall under this category
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds – 45
	(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.	:	License no. DHS/NH/710 Expiry date: 31 st March 2020
3.	Details if CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by the waste management company

	(ii) No. of beds covered by CBMWTF	:	To be submitted directly by the waste management company																																																
	(iii) Installed treatment and disposal capacity of CBMWTF	:	To be submitted by Biotic directly ___ Kg per day																																																
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	To be submitted by Biotic directly ___ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 7306.95kg annually																																																
			Red Category: 8268.05kg annually																																																
			White: 438.6kg annually																																																
			Blue Category: 1105.98kg annually																																																
			General Solid waste: 19716kg annually																																																
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : To be submitted directly by Biotic Waste Solutions Pvt. Ltd.																																																
			Capacity: To be submitted directly by Biotic Waste Solutions Pvt. Ltd.																																																
			Provision of on-site storage : (cold storage or any other provision) NA																																																
	(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg per Annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>---To be provided by Biotic waste solutions directly</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>---</td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>---</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td>To be provided by Biotic waste solutions directly</td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators				Plasma Paralysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			---To be provided by Biotic waste solutions directly	Sharps encapsulation or concrete pit			---	Deep Burial pits:				Chemical disinfection:			---	Any other treatment equipment:			To be provided by Biotic waste solutions directly
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	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	NA
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration Ash ETP Sludge NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic Waste Solutions Pvt. Ltd.
	(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.	:	We have clubbed our Biomedical waste management committee with our Infection Control Committee. The minutes of the same have been attached for your reference.
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		90
	(ii) Number of personnel trained		921
	(iii) Number of personnel trained at the time of induction		Monthly training on site being undertaken by us.
	(iv) Number of personnel not undergone any training so far.		Nil
	(v) Whether standard manual for training is available?		Yes, BMW SOP is being followed
	(vi) Any other information)		NA
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		10
	(ii) Number of the persons affected		10
	(iii) Remedial Action taken (Please attach details if any)		Incident reports attached along

	(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. We do not have incinerators
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		Being a small health care organization with a bed capacity of less than 50 beds we did not have an STP as it was not a mandate. However, the STP plant is now in place and has commenced starting January'18.
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes, Nil
12.	Any other relevant information		NA

Certified that the above report is for the period from 1st January 2017 till 31st December 2017.



Name and Signature of the Head of the Institution

Date:
Place:

INFECTION CONTROL MINUTES OF MEETING

NAME OF UNIT- FORTIS LA FEMME

NAME OF COMMITTEE- INFECTION CONTROL COMMITTEE

1. Date: 14/03/2017 Time: 3:00PM - 4:00PM
2. Total no. of Members in committee: 9
3. Numbers of members attended: 9
4. Chairman, convener and members mandatory members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: All Present
6. Agenda circulated prior to meeting: Yes/NO: YES

7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) – Yes
8. Details of action items open from previous meeting: All are closed
9. Details of action items open from previous two meetings: All are closed
10. Summary of discussion on Reports / documents of all essential Agenda items presented.

Action Point	Responsibility	Tentative Closure Date	
Approval for STP plant to be taken From Dr. Akash Sud	Mamoni	10th April	
BMW audit reports of the last 5 years to be maintained	Bhim	1st April	
N95 masks to be made available in stores	Manoj	25th March	
Blood disinfection in lab to be initiated as per protocols	Dr. Yachika	25th March	
It was discussed that all the consultants will be encouraged and reinforced to report HAIs which they might encounter in their clinical settings occurring as a complication of procedure being conducted at the hospital	Dr. Shivani	Next MCM	

CHAIRMAN

CONVENOR

INFECTION CONTROL MINUTES OF MEETING

NAME OF UNIT- FORTIS LA FEMME

NAME OF COMMITTEE- INFECTION CONTROL COMMITTEE

1. Date: 13/10/2017 Time: 3:00PM - 4:00PM
2. Total no. of Members in committee: 9
3. Numbers of members attended: 9
4. Chairman, convener and members mandatory members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: All Present
6. Agenda circulated prior to meeting: Yes/NO: YES

7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) - Yes

8. Details of action items open from previous meeting: All are closed

9. Details of action items open from previous two meetings: All are closed

10. Summary of discussion on Reports / documents of all essential Agenda items presented.

Action Point	Responsibility	Tentative Closure Date	Interdependencies
All previous meeting points are closed			
R- 82 solution to be used for cleaning of ward nursing stations also	Mr. Rajan	1/11/17	Housekeeping supervisor
More rigorous training for biomedical waste segregation and hand washing to be organized	Ms. Vincy	1/11/17	

CHAIRMAN

CONVENOR

INFECTION CONTROL MINUTES OF MEETING

NAME OF UNIT- FORTIS LA FEMME

NAME OF COMMITTEE- INFECTION CONTROL COMMITTEE

1. Date: 27/04/2016 Time: 3:00PM - 4:00PM
2. Total no. of Members in committee: 9
3. Numbers of members attended: 9
4. Chairman, convener and members mandatory members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: All Present
6. Agenda circulated prior to meeting: Yes/NO: YES

7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) – Yes

8. Details of action items open from previous meeting: All are closed

9. Details of action items open from previous two meetings: All are closed

10. Summary of discussion on Reports / documents of all essential Agenda items presented.

Action Point	Responsibility	Tentative Closure Date	
All previous meeting points are closed	-	-	
Rajan to raise PO for bar coded bags	Mr. Rajan	10.5.17	
Health checkup log book to be maintained for 5 years	Mr. Bhim	Ongoing	
Display on website regarding BMW waste to be initiated	Rajan	15.5.17	

CHAIRMAN

CONVENOR

Jan 2017-Dec 2017

Date	RED		BLUE		SHARP		YELLOW			Total	
	Nos	kgs	Nos	Kgs	Nos	Kgs.	Nos	Kgs.	Total bag	Total kg	
Jan	398	449	36	29.6	73	27.3	347	530	854	1035.9	
Feb	345	525.9	39	44.5	82	33.9	334	535	800	1139.3	
Mar	456	560	45	52.6	88	40.2	401	609	990	1261.8	
Apr	404	512	44	45.8	86	36.4	334	458	868	1052.2	
May	440	568	41	74	73	45.5	367	497	921	1184.5	
Jun	440	618.4	50	76	82	41	383	583.9	955	1319.3	
Jul	235	759.8	37	135	85	31.1	181	650.6	538	1576.6	
Aug	146	791.72	27	126.86	92	42.67	117	720.72	382	1681.97	
Sep	81	892.27	20	112.2	99	33.68	56	731.88	256	1770.03	
Oct	86	819.17	34	159.11	104	46.76	64	684.37	288	1709.41	
Nov	85	854.44	27	125.77	86	31.31	67	653.88	265	1665.4	
Dec	77	917.35	25	124.54	62	28.78	51	652.6	215	1723.27	
Total	3193	8268.05	425	1105.98	1012	438.5	2702	7306.95	7332	17119.68	

FORM I
ACCIDENT REPORTING

1. Date and time of accident : February (2017)
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does your facility have an Emergency Control policy? If yes give details :

Date..... Feb (2017)

Place..... New Delhi

Signature..... *[Signature]*

Designation..... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : March 2017
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does your facility have an Emergency Control policy? If yes give details :

Date... March 2017

Place... New Delhi

Signature..... 

Designation..... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 17/04/2017 at 5:40 pm
 2. Type of Accident : Needle stick injury
(staff nurse in room)
 3. Sequence of events leading to accident : While assisting the the cancellation
accidentally pricked with the Stilet.
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : ~~Used~~ Needle.
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)
 9. Steps taken to prevent the recurrence of such an accident : Yes Counseling given and Retraining given
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Don't syringe or
such injury site, Wash liberally with soap and
water, Report and give the details of the injury to infectious control staff
or any other designated person) Induction training and in service training
given to all staffs.
- Date...16/04/2017.....
- Place...New Delhi.....
- Signature.....Vijay.....
- Designation...ICN.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 26/04/2017 at 12³⁰ pm
 2. Type of Accident : Needle stick injury
(Ceynae Consultants, JOT)
 3. Sequence of events leading to accident : During the operative procedure she assisted LSCs, at the time of suturing the ~~stitch~~ needle was pricked in left hand index finger
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Used needle
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)
 9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling given and Re-training given
 10. Does your facility have an Emergency Control policy? If yes give details : Yes, Needle stick injury policy, (Do not squeeze or suck injury site, Wash liberally with soap and water, Report and give the details of injury to Infection Control staff or any other designated person) Induction training and ~~needle~~ insertion training given to all HC.
- Date.....27/4/17.....
Signature.....[Signature].....
Place.....New Delhi.....
Designation.....ICU.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : May 2017
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy? If yes give details :

Date..... May 2017

Place..... New Delhi

Signature..... 

Designation..... ICR

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 06/06/2017, 5:30pm
 2. Type of Accident : Needle Stick injury
(Staff nurse in ward)
 3. Sequence of events leading to accident : While assisting the the Canelation
accidentally pricked with Stillet
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Used Needle
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes, Needle stick injury protocol followed
 9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining given
 10. Does you facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not open or suck injury site, Wash liberally with Soap and water, Report and give the details of the injury to infection control staff or any other designated person) Inclusion training and inservice training given to all staff.
- Date... 06/06/2017 Signature.....
Place... New Delhi Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident :
2. Type of Accident :
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy?
If yes give details :

July 2017

Nil

Date... July 2017

Place... New Delhi

Signature... Vijay


Designation... ILO

FORM I
ACCIDENT REPORTING

1. Date and time of accident : August 2017
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : —
7. Emergency measures taken : —
8. Steps taken to alleviate the effects of accidents : —
9. Steps taken to prevent the recurrence of such an accident : —
10. Does your facility has an Emergency Control policy? If yes give details : —

Date... August 2017

Place... New Delhi

Signature... 

Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 30/09/2017, 4:10pm
2. Type of Accident : Needle stick injury
One HK (Central Broke area, Inlacte from
NF OT)
3. Sequence of events leading to accident : During the Inlacte Segregation one used
needle accidentally scratched in to right
hand middle finger.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol
followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training
given)
10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not
squeeze or suck injury site, Wash liberally with soap
and water, Report to ICW and give details of injury to
education and inservice training given to all HCN,

Date..... 3/10/17.....

Signature..... *[Signature]*.....

Place..... Alau Dabir.....

Designation..... ICW.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 23/10/2017, 2:00pm
2. Type of Accident : SHARP INJURY
One Cygnus Resident (OT)
3. Sequence of events leading to accident : During the operative procedure she assist Laproscopic surgery, at the time of incision cutting blade accidentally pricked to right index finger.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used blade
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Sharp injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training given)
10. Does your facility has an Emergency Control policy? If yes give details : Yes (Sharp injury policy (Do not squeeze, or suck, injury site, splash liberally with soap and water. Report to care and give details of injury. Educative and inservice training given to all HCW

Date... 24/10/17...

Signature... Vmed.....

Place... New Delhi...

Designation... ICN.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 29/11/2017, 10¹⁵am
2. Type of Accident : Needle stick injury (OT)
one nurse.
3. Sequence of events leading to accident : During the operative procedure, she as L.S.C.S, at the time of suturing the stabes was pricked in right hand thumb
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used needle.
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Sharp injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Retraining)
10. Does your facility has an Emergency Control policy? If yes give details : Yes (Sharp injury policy (Do not squeeze, or suck injury site, labast liberally with soap and water, Report and give the details of the injury infection control staff or any other designated Person Infection training and inservice training given all staff.

Date.....30/11/17.....

Signature.....[Signature].....

Place.....New Delhi.....

Designation.....ICM.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 01/12/2017 at 10:00am
2. Type of Accident : SHARP INJURY (OT)
one Gynaec Consultant.
3. Sequence of events leading to accident : During the operative procedure she assist Laproscopic surgery at the time of incisions cutting blade accidentally pierced in left hand ring finger
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used blade
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Sharp injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training given)
10. Does your facility has an Emergency Control policy? If yes give details : Yes Sharp injury policy (Do not squeeze or suck injury site, Wash liberally with Soap and Water, Report and give the detail. Infectious control staff or any other designated person Conducts training and inservice training given to all staff)

Date: 2/12/17

Place: New Delhi

Signature: [Signature]

Designation: ICW

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 27/12/2017 at 10.15^{PM}
 2. Type of Accident : Needle stick injury. (1st Floor)
(also staff)
 3. Sequence of events leading to accident : During the discarding the needle from kidney tray accidentally needle pricked in Right thumb
 4. Has the Authority been informed immediately : yes
 5. The type of waste involved in accident : yes (used needle)
 6. Assessment of the effects of the accidents on human health and the environment : yes
 7. Emergency measures taken : yes
 8. Steps taken to alleviate the effects of accidents : yes sharp injury protocol followed
 9. Steps taken to prevent the recurrence of such an accident : yes, Counselling given and retraining given
 10. Does your facility have an Emergency Control policy? If yes give details : yes, sharp injury policy (Do not squeeze or suck injury site, wash with soap and water. Report and give the details of infection control staff or any other designated person for testimony & insurance education gives
- Date... 28/12/17...
Place... New Delhi...
Signature... Kelish...
Designation... staff...

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 01/12/2017, 10¹⁵ AM
2. Type of Accident : Needle stick injury (Caucer)
one neonatal resident)
3. Sequence of events leading to accident : During the uvc insertion while putting
the suture accidentally needle punctured
left hand index finger.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Sharp injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Retraining given)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, Sharp injury policy (Do not squeeze
or suck injury site, wash liberally with
soap and water, Report and give the details
of infection control staff or any other
designated persons. Conduct training and
in-service training given to all staff

Date: 12/12/17

Place: New Delhi

Signature: Ved

Designation: ICM