

Fortis La Femme

S-549, Greater Kailash,

Part-II, New Delhi - 110048

: +91 11 4057 9400 : +91 11 4143 6103

Emergency : +91 11 4143 6385

Ambulance : 105010

E-mail : contactus.flf@fortishealthcare.com

Website: www.fortislafemme.in



Sign. of Receiving Officer

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





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 treatment facility (CBWTF)]

SI.No	Particulars		
1.	Particulars of the Occupier	1:	FORTIS HOSPITAL LINUS
	(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 DELF
	(i) Address of Facility		S-549 GREATER KAILASH -II, NEW DELH
	(ii) Tel. No. Fax. No.	1	110040
	(V) E-mail ID		Tel. No - 011-40579400, Fax- 011-41436103
	(i) URL of Website	:	contactus.flf@fortislafemme.in
	(ii) GPS coordingt c use	:	http://www.fortislafemme.in/delhi/
	CBMWTF of		28.529018, 77.243843
	(iii) Ownership of HCF of CBMWTF		Private Limited
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) 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 followed a thin some small health
2.	Type of Health Care Facility	:	beds we do not fall under this category
-	(i) Bedded Hospital	:	No of D. I.
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	No. of Beds – 45 NA
	(iii) License number and its day of	:	License no. DHS/NH/710 Expiry date: 31 st March 2020
	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 directlyKg 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	:	Yellow category: 7306.95kg annually
	basis)		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, transport	ation, pro	ocessing and Disposal Facility
	(i) Details of the on-site storage facility	i	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	:	Type of treatment No Capacity Quantity Equipment of Kg/day treated or Units disposed In Kg per-
			Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter orTo be provided by Biotic waste solutions directly destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment equipment: To be provided by Biotic waste

	(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 NA Ash ETP Sludge
	(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	1	Monthly training on site being undertaken by us.
	(iv) Number of personnel not undergone any training so far.	1	Nil
	(v) Whether standard manual for training is available?)	Yes, BMW SOP is being followed
	(vi) Any other information)	N	NA
3,	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	10	0
	(ii) Number of the persons affected	10	0
	(iii) Remedial Action taken (Please		ncident 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.

(D)

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 protoco's	Dr. Yachika	25th March	The second secon
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. 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)
- 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	
All previous meeting points are closed		Closure Date	Interdependencie
R- 82 solution to be used for		-	
cleaning of ward nursing stations also	Mr. Rajan	1/11/17	Housekeeping
More rigorous training for iomedical waste segregation		, , , , ,	supervisor
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

Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	The state of the s			107 Jan - 1107 In	11			
וב	2046	KEU	a a	BLUE	SH	SHARP	YEI	YELLOW	1	Total
	Nos	kgs	Nos	Kas	Nos	Kac	NIO			-
Jan	398	449	36	900	7	Ago.	NOS	Ags.	lotal bag	Total kg
Feh	315	0 101	3	73.0	13	27.3	347	530	854	1035.9
	0,00	8.626	38	44.5	82	33.9	334	535	000	11300
Mar	456	260	45	52.6	88	COV	100	0000	000	1139.3
Apr	404	512	11	AE O		7.0.7	104	600	066	1261.8
May	770	7.0	†	42.8	86	36.4	334	458	868	1052.2
ividy	0440	268	41	74	73	45.5	367	707	004	1 404 6
Jun	440	618.4	50	35	Co	1.4	000		37	1184.5
Jul	235	750.0	7.0		70	1	383	583.9	955	1319.3
	001	0.80	31	135	85	31.1	181	650 6	538	1676 6
Aug	146	791.72	27	126.86	65	1267	117	0.000	000	0.0761
Sep	81	892 27	00	0 0 7	70	10.71	/	120.12	382	1681.97
1	0	0.25.21	20	1.7.7	66	33.68	56	731.88	256	1770 03
130	99	819.17	34	159.11	104	46.76	64	687.37	000	7100.00
Nov	85	854.44	27	12577	86	21.04	0 0	004.00	007	1709.41
Dec	77	017 25	70		200	10.10	19	653.88	265	1665.4
Total	2402	917.33	67	124.54	62	28.78	51	652.6	215	1723.27
oral	2193	8768.05	425	1105.98	1012	4386	2703	7300 00	1000	

1.	Date and time of accident	: 19/01/2014, 19:30 hrs
2.	Type of Accident	: Meedle Stick injune
3.	Sequence of events leading to accident	: Needle Stick Injune on Consultant, Area-LDR, : During the episiotomy suturning strected needle accidently prinched in left hand index finger.
4.	Has the Authority been informed immediately	index finger. Yes
5.	The type of waste involved in accident	: Yes, used topeable
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 (Necelle Stiele injuny Protecul fellow
	Steps taken to prevent the recurrence of such an accident	: Yes (Counseling ginen and Re-training)
10.	Does you facility has an Emergency Control policy? If yes give details of water, Report on furty of their descriptions of their desc	: Yes, Needlestick injury policy (Do not squeed suck injury 8 He, wash liberally with Soap of eine the defails of injury to infection for surgicaled levour) Indaeling to inservice training all Hely Signature.
Place	· Naul Delhi	Designation 1.CM

1. Date and time of accident	: 1	February (2017)
2. Type of Accident	:	Mil
3. Sequence of events leading to accident	:	
4. Has the Authority been informed immediately	:	
 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 Feb (2017)		Signature Luy
Place Mew Dets:		Designation. 1CN

Designation / CN

1	. Date and time of accident	:	March.	(2017
2.	Type of Accident	:	red	
3.	Sequence of events leading to accident	ı		
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	: "		
	Does you facility has an Emergency Control policy? If yes give details	:		
Date.	Nanch, 2017			Signature

Place Delbr

1.	Date and time of accident	:	17/04/2017 of 5thopm
2.	Type of Accident	:	Meedle Stick injuny Costatt numbe in Naca)
3.	Sequence of events leading to accident	:	Needle Stick injuny Cstaff nunse in Nucl) Inthile assussting the The Canadathan recidently pricked with the Stillet.
4.	Has the Authority been informed immediately		Yes
5.	The type of waste involved in accident	: /	esseel Neeelle.
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 Mecelle stick injury protoced followed
9.	Steps taken to prevent the recurrence of such an accident	:	Yes Counseling green and Retraining go
10.	Does you facility has an Emergency Control policy? If yes give details when the control opic to the control of	: Yo Sunte	S, Need Shek injury plicy (Do not system or ele injury site, wash liberally with scaparel details of the injury to injection Control state wasn't staining and in service training and in service training
	Now Delbi		Designation /CM

1.	Date and time of accident	:	26/04/2017 at 12 pm
2.	Type of Accident	:	Neadle Stick injury Cleyrae Consultant, 107) Daning the operative proceeding She assis
3.	Sequence of events leading to accident	:	Daning the operative proceeding She assisted is as of the time of Sutinney the Sheikhan needle was pricked in left and index fing
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	:	Yas (needle stick injury protocal followed)
	Steps taken to prevent the recurrence of such an accident		Yes, Counseling given and Re-training gin
10.	Does you facility has an Emergency Control policy? If yes give details	: >	Such injury site, I hash liberally auth Soap and Inlater, Report and give the details of injury to or oney other designated Personning Includion of injury to move the injury of move the injury of move the injury. Signature
Date:	27/4/7	ine	one other closionated tensors Induction of months in service training given to all HC. Signature
	New Delbi		Designation / CN

1.	Date and time of accident	;	May	2017
2.	Type of Accident	:	reil	
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	e New Delbi			Signature Lud
Place	e New Delbi			Designation LCN

1. Date and time of accident : 06	106 2017, 5:30pm
2. Type of Accident : No	redle Stielc'injoner
	dently pricked with Stillet
4. Has the Authority been informed immediately	•
5. The type of waste involved : Use in accident	zel Needle
6. Assessment of the effects of the accidents on human health and the environment	8
7. Emergency measures taken : Yes	
8. Steps taken to alleviate the effects of accidents	, Neeelle Stiek injury protected followed
9. Steps taken to prevent the recurrence of such an accident	Counseling and Retraining given
10. Does you facility has an Emergency Control policy? If yes give details and Control Staff or any other of and insense training Date O. S. Alfalfold	Needle Stielc injury policy (Do not Sque le injury site, intest liberally with Sour ite The cletails of the injury to infaction resignated Person) Includin training cincer to all Staff Signature
Place New Dethi	Designation 100

1.	Date and time of accident	:	Tuly	2017
2.	Type of Accident	:	Nil	8

4. Has the Authority been

to accident

3. Sequence of events leading :

5. The type of waste involved in accident

informed immediately

- 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
- Steps taken to prevent the recurrence of such an accident
- 10. Does you facility has an Emergency Control policy? If yes give details

Date	Taley	2017
	V	

Place New Delhi

G.	1/4
Signature	······

Designation 16M

•		
1. Date and time of accident	:	August 2017
2. Type of Accident	:	Nil.
3. Sequence of events leading to accident	:	NId .
4. Has the Authority been informed immediately	:	Ned
5. The type of waste involved in accident	:	Mid
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 Decquet 2017		Signature. Last
Place Men Delhi		Designation 1CM

1.	Date and time of accident		00/09/2017, 4:10pm
2.	Type of Accident	:	Meadle Stie k injuner One HK Contral Brown orrea, Inlustre from
3.	Sequence of events leading to accident	:	Meadle Stiek injury One HK Contral Broth crea, Inlaste from NOT OT) During the Inlaste Segregation one used Deadle accidentally ponetied in to right and 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 strek injury protocol)
	Steps taken to prevent the recurrence of such an accident	: '	Yes Couseling gives and Re-training
	Does you facility has an Emergency Control policy? If yes give details	squard atm	nes Needle Steek injury policy (Do not needle or suck injury site which luberally with sout unter , Report to ich and once details hat injury to and inservice training eginen to all Hair!
Date.	3/09/1		Signature. My
Place	alad Delb;		Designation/Col

1.	Date and time of accident	: 23/10/2017, 200 pm	
2.	Type of Accident	: SHARP INTURY One Cyneie Resident (OT)	ne
3.	Sequence of events leading to accident	: Dunney the operative procedure 3h issist Corposcopie surryeny, at the time cassist Corposcopie surryeny, at the time occasion Certify blade accordantly pricked night index fineger.	ip
4.	Has the Authority been informed immediately	night index finejer.	
5.	The type of waste involved in accident	: Yes, Used black	
6.	Assessment of the effects of the accidents on human health and the environment	: Yes	
7.	Emergency measures taken	: Yes	1)
8.	Steps taken to alleviate the effects of accidents	: Yes (Sherp injury protect followed) ,
9.	Steps taken to prevent the recurrence of such an accident	: Yes (Couseling green and Retraining	3
	Does you facility has an Emergency Control policy? If yes give details	Les (Shorp injury policy (Do not sque ex- ex suck, injury site, latoush liberally with soup and Inlater Report to sens and give de soup and Inlater Report to sens and give de intens. Education and insonsice training of intens to all Helm	den
Date	24/10/17	Signature Unich	
Place	New Delhi	Designation ICN	

1.	Date and time of accident	: 29/4/2017, 1015am
2.	Type of Accident	: Needle Stick injury (07) one nurse.
3.	Sequence of events leading to accident	Dunney the operative procedure, she as L.s.cs, or the time of Suhming the Shihes now was pricked in right hand Thump
4.	Has the Authority been informed immediately	: Yes
5.	The type of waste involved in accident	: Yes, used necelle.
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 Concorp injury protected fellowed
	Steps taken to prevent the recurrence of such an accident	: Yos Couseling given and Retaining
	Does you facility has an Emergency Control policy? If yes give details	Les Champ injumy policy (Da not Squeeze, U) Tuck injumy site, lalasts liberally with soup and later, Report and cirve the defails of the injumy tection control staff or any other desinated Pease daction training and insorvice training given all staff. Signature
Date.	30/11/7	Signature Vul
Place	New Delbi	Designation. 1CM

1.	Date and time of accident	:	01/12/2014 at 10:004"3
2.	Type of Accident		SHARP INTURY (OT) one Gynae' Consultant'.
3.	Sequence of events leading to accident	a	Duminey the operative procedure shows is temposcopie singerey at the time of secusion cutting blade accidently procession of the procession of the secusion of the procession of the security procession of the security of th
4.	Has the Authority been informed immediately	:	Yes in left hand and foreger
5.	The type of waste involved in accident	:	Yes, used black
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 (shorp injury protected followed)
	Steps taken to prevent the recurrence of such an accident		Les Courseling giniers arel Re-training q
	Does you facility has an Emergency Control policy? If yes give details	: 7 82 Ing	Es Sharp injune policy (Do not squeeze constant injune the, plast liberally with appoint literally with appoint and literally Report are give the designation result and inserver training and inserver to all standards
ate.	2/12/17	70	Signature Land
	Now Delhi		
lace			Designation. 1CN

1. Date and time of accident

27/12/2017 at 10.15-pm

2. Type of Accident

Meedle stick injury. (1st Floor)

3. Sequence of events leading to accident

During the discouding the needle thom kidney they accidently needle purched in Right thump

4. Has the Authority been informed immediately

yes (used needle)

5. The type of waste involved in accident

yes

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

 Steps taken to prevent the recurrence of such an accident

10. Does you facility has an Emergency Control policy? If yes give details

y?

Date 28/12/17

Place A lew Dello.

yes

yes show injury protoced tollows

yes, Counselling given and retering given

yes, shoup injury policy (bonot squeze or such injury site, wast with soay and exater Report a give the defails of intertion conta staff or any ather designated per staff or any ather designated per induction signature. Letter of inservice educat-

Designation 5 lect

	1.	Date and time of accident	:	11/12/2017, 10 Am
	2.	Type of Accident	:	Needle Stick injune (OVICE) one Meonetal Resident
	3.	Sequence of events leading to accident	:	Dinney the UVC insertion while putter Ite surface accidently necelle mekal Left hard indexfinger.
	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	:	408
8	3.	Steps taken to alleviate the effects of accidents		Yes (Shorp injury protocal followed)
9		Steps taken to prevent the recurrence of such an accident		Yes Courseling givenend Retrumingy
1		Does you facility has an Emergency Control policy? If yes give details	or soul	les, Shamp injury polary Do not squeeza suck injury site, wash liberilly with p and later Report and give the clothic infection Control staff by any Others' resignated persons. Conduction Training and inservice training given to all staff
) a	nte.	12/12/17	B	Pesighaled persum. CIndultins Training and Inservice training given to all stept Signature. Vul
la	ace	New Delbi		Designation Land