

Dated: 27.06.2019

To,
The Environment Engineer (BMW Cell)
Delhi Pollution control committees
Department of Environmental (Govt. of NCT Delhi),
4th floor ISBT Building Kashmiri gate, Date-110006

R
27/06/19
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject:-Submission of Form IV (Annual Return for the year 2018)

Dear Sir,

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

Please find the enclosed Form IV.

This is for your information and records.

Thanks & Regards



(Dr. Vritti Lumba)

Director- Fortis Lafemme



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

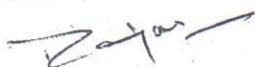
 **Fortis SPECIALITY** Hospital

Form - 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 authorised person (occupier or operator of facility)	:	Dr. Vritti Lumba
	(ii) Name of HCF or CBMWTF	:	Fortis La Femme
	(iii) Address for Correspondence	:	S-549, Greater Kailash -2, New Delhi-110048
	(iv) Address of Facility	:	S-549, Greater Kailash -2, New Delhi-110048
	(v) Tel. No, Fax. No	:	Tel- 01140579400, Fax- 011-41436103
	(vi) E-mail ID	:	Contactus.flf@fortislafemme.in
	(vii) URL of Website	:	http://www.fortislafemme.in/delhi/
	(viii) GPS coordinates of HCF or CBMWTF	:	28.529-018,77.243843
	(ix) Ownership of HCF or CBMWTF	:	Private Limited
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: DPCC/(11)(5)(1117)/S-240/BMW-06/7645 valid up to 25/10/2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	Single Specialty
	(i) Bedded Hospital	:	No. of Beds: 45
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	DHS/NH/710, Expiry- 31/03/2020
3.	Details of CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by waste management company
	(ii) No of beds covered by CBMWTF	:	To be submitted directly by waste management company
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	To be submitted directly by waste management company
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	To be submitted directly by waste management company
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 656.19kg monthly basis 7874.32kg annual collection




	annum (on monthly average basis)	<table border="1"> <tr> <td>Red Category: 632.45kg monthly basis 7589.47kg annual collection</td> </tr> <tr> <td>White: 29.32 kg monthly basis 351.92 kg annual collection</td> </tr> <tr> <td>Blue Category : 87.88kg monthly basis 1054.62kg annual collection</td> </tr> <tr> <td>General Solid waste:1408.5kg monthly basis from the annual collection of 16902kg</td> </tr> </table>	Red Category: 632.45kg monthly basis 7589.47kg annual collection	White: 29.32 kg monthly basis 351.92 kg annual collection	Blue Category : 87.88kg monthly basis 1054.62kg annual collection	General Solid waste:1408.5kg monthly basis from the annual collection of 16902kg																																																
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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 waste management company Capacity : To be submitted directly by waste management company Provision of on-site storage : To be submitted directly by waste management company																																																				
	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 Pyrolysis</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 submitted directly by waste management company</td> </tr> <tr> <td>Sharps encapsulation or</td> <td></td> <td></td> <td>To be submitted directly by waste management company</td> </tr> <tr> <td>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>To be submitted directly by waste management company</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			To be submitted directly by waste management company	Sharps encapsulation or			To be submitted directly by waste management company	concrete pit				Deep burial pits:				Chemical disinfection:			To be submitted directly by waste management company	Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized 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 disposed during the treatment of wastes in Kg	Quantity Where generated disposed Incineration Ash ETP Sludge - NA																																																				

	per annum		
	(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 Infection Control Committee. The minutes have been attached for reference.
7	Details trainings conducted on BMW		No of Trainings -- 96 Number of personnel trained - 820
	(i) Number of trainings conducted on BMW Management		
	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		67
	(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		17
	(ii) Number of the persons affected		17
	(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?		Since being under 50 bed ETP is not required as is not a mandate however we have a STP plant in place.
11	Is 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	:	(Air Pollution Control Devices attached with the Incinerator) - NA

R. J.

[Signature]

Certified that the above report is for the period from 1st January 2018 till 31st December 2018.



Name and Signature of the Head of the Institution



Date: 27/06/2019
Place: New Delhi

BMW Collection Report [Member/SubCentre Wise] [Month Wise] in kgs

Client/Sub-Centre -Id :0801f0084

Client/Sub-Centre Name :FORTIS LA FEMME HOSPITAL

FROM 2018-01 TO 2018-12

S.No	Month	Year	Yellow		Blue		Red		White		Sharps		Others		Total	
			Bag	Wt	Bag	Wt	Bag	Wt	Bag	Wt	Bag	Wt	Bag	Wt	Bag	Wt
1	January	2018	54	589.07	28	97.60	75	732.16	88	41.79	0	0.00	0	0.00	245	1460.62
2	February	2018	53	556.28	20	99.54	69	663.91	77	34.92	0	0.00	0	0.00	219	1354.65
3	March	2018	56	636.50	23	86.22	73	753.82	82	31.70	0	0.00	0	0.00	234	1508.24
4	April	2018	53	543.08	24	105.61	65	701.89	80	33.88	0	0.00	0	0.00	222	1384.46
5	May	2018	57	581.17	18	85.36	71	722.02	81	32.18	0	0.00	0	0.00	227	1420.73
6	June	2018	48	558.87	17	101.28	60	644.60	71	24.65	0	0.00	0	0.00	196	1329.40
7	July	2018	58	633.40	18	110.97	79	806.92	75	20.90	0	0.00	0	0.00	230	1572.19
8	August	2018	64	555.14	15	93.14	91	764.44	55	31.82	0	0.00	0	0.00	225	1444.54
9	September	2018	54	592.55	10	51.51	71	662.82	46	15.19	0	0.00	0	0.00	181	1322.07
10	October	2018	65	961.59	11	68.58	59	433.46	58	24.37	0	0.00	0	0.00	193	1488.00
11	November	2018	74	887.79	13	71.26	54	370.93	64	33.64	0	0.00	0	0.00	205	1363.62
12	December	2018	76	778.88	20	83.55	61	332.50	53	26.88	0	0.00	0	0.00	210	1221.81
			712	7874.32	217	1054.62	828	7589.47	830	351.92	0	0.00	0	0.00	2587	16870.33

**Minutes of Infection Control Committee Meeting conducted on 2 Feb 2018
at 3pm in Pathshala**

Dr. Vritti Lumba	Facility Director
Dr. Shivani Sabharwal (Chairman)	Medical Superintendent
Dr. Sharad Srivastava	Director Anaesthesia & Medical Advisor
Dr. Raghuram Mallaiah	Director Neonatologist
Dr. Yachika Jawa	Head - Lab Services
Dr. Anu Gupta	Microbiologist
Dr Anjala Aneja	Gynecologist
Mrs. Glossy	ACON
Sr. Vincy (Convener)	Infection Control Nurse
Ms. Sabari	Head- Biomedical Engineering
Mr. Rajan	Head Housekeeping
Mr. Virender	Head- Engineering & Maintenance

S. No.	Action Points/Area of Concern	Decision taken/plan	Responsibility	Tentative closure Date
1	All previous meeting points are closed, BMW Audit reports and General infection control Audits reports discussed are not closed one pending – Approval for usage of R-82 for cleaning	Approved. Indent & Purchase process to be enquired with other units.	Rajan	01/03/2018
2	Usage of para safe disinfectant solution approval instead of cidex solution	Approved	Sr. Vincy/Sr. Bindu	~ 01/03/2018
3	Person to be appointed as Infection Control Officer	According to Dr. Anu, ICO can only be a clinician and not a nurse.	Dr. Shivani	01/03/2018
4	It was decided in the MCM meeting to improve upon AMS prophylaxis and decreased SSI incidence, antibiotics in surgical cases henceforth to be given in OT by OT team	Discussed detailed in MCM meeting was agreed upon by the consultant/Anesthesiologist. Briefing given to OT team	Dr. Shivani/Dr. Sharad	Already started

CHAIRMAN

CONVENOR

Minutes of Infection Control Committee Meeting conducted on 14 June 18 at 3pm in Pathshala

Dr. Vritti Lumba	FD
Dr. Shivani	Medical Superintendent
Dr. Sharad Shrivastav	Anaesthesiologist
Dr. Neena Bahl	Gynecologist
Dr. Anu	Microbiologist
Sis. Glossy	ACON
Mr. LoveJoy	Quality Executive
Mr. Virender	Head- Engineering & Maintenance
Mr. Rajan	Head Housekeeping
Mr. Pushkar	Lab Incharge
Ms. Sabari	Head- Biomedical Engineering
Sr. Bindu	OT Incharge
Sr. Vincy	Infection Control Nurse

S. No.	Action Point	Decision Taken/plan	Responsibility	Tentative Closure Date
1	All previous meeting points are closed, BMW Audit reports and General infection control Audits reports discussed	-	-	-
2	Increase trend of NSI in doctors and Nurses	Training and counselling of Doctors and Nurses	Sr. Vincy	1/7/18
3	Water culture issues	Deep cleaning and repeat sample	Mr. Virender	20/6/18

CHAIRMAN

CONVENOR

Minutes of Infection Control Committee Meeting conducted on 24th September 2018 at 3pm in Pathasala.

Members of the Committee:

Members Present:

Dr. Shivani Sabharwal (Chairman)	Medical Superintendent
Dr. Raghuram Mallaiah	Director Neonatologist
Dr. Mamoni Maity	Quality Executive
Dr. Anu Gupta	Microbiologist
Sr. Suma	Chief of Nursing
Sr. Vincy (Convener)	Infection Control Nurse
Mr. Rajan	Head -House Keeping
Mr. Virender	Head- Engineering & Maintenance

Members absent:

Dr. Vritti Lumba, Dr. Sharad Srivastava, Dr. Yachika Jawa, Dr. Anjala Aneja, Mrs. Glossy, Mr. Lovejoy

S. No.	Action Point	Decision taken/plan	Responsibility	Tentative Closure Date
1	All previous meeting points are closed, BMW Audit reports and General infection control Audits reports discussed.	-	-	-
2	Updation of new Biomedical waste segregation	Approved	Vincy and Mr. Rajan	Starting from 25 th September onwards
3	Antibiogram formation - Discuss with Dr. Anu, she will update as early as possible	Approved	Dr. Anu	In process
4	Re arrange the Hand Hygiene opportunity according the category wise will update next infection control meeting	Approved	Sr.Vincy	01/12/2018

CHAIRMAN

CONVENOR

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 24/01/2018
2. Type of Accident : Needle stick injury
one lab. Tech, Area Sample Collection
3. Sequence of events leading to accident : While assisting the Sample ^{rooms} collection needle accidentally pricked in left hand small 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 ^{reported} followed
9. Steps taken to prevent the recurrence of such an accident : Yes Counseling given and Return given
10. Does your facility has an Emergency Control policy? If yes give details : Yes, NBI policy (Don't panic, Don't squeeze or suck injury site, wash liberally with soap & water, Report and give the details of the injury to infection control staff or any other designated staff. Induction training and inservice training given all staff

Date... 25/01/18...

Signature..... Viney

Place... New Delhi

Designation... ICW

FORM I
ACCIDENT REPORTING

1. Date and time of accident : February-2018
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.....Feb 2018

Signature.....Vijay

Place.....New Delhi

Designation.....ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident

March - 2018

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... March 2018

Signature..... [Signature]

Place... New Delhi

Designation... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 09/04/2018, 7pm
2. Type of Accident : NSI (NICK)
(Cleaning Staff)
3. Sequence of events leading to accident : During the discarding needle from kidney tray accidentally needle punctured in Right hand middle 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 Needlestick injury protocol followed
9. Steps taken to prevent the recurrence of such an accident : Yes, Correcting gloves & Retraining given
10. Does your facility has an Emergency Control policy? If yes give details : Yes NSI policy (Do not squeeze or suck injury. Wash liberally with soap and water, Report give the details of the injury to infection control staff, or any other designated persons) Infection training and in service training given to all staff

Date... 10/4/18...

Signature... Vinay Shaji

Place... New Delhi

Designation... ICA

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 14/04/18, 8pm
 2. Type of Accident : NBI
 3. Sequence of events leading to accident : While receiving the needle accidentally needle pricked in left hand tip of the middle 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
 9. Steps taken to prevent the recurrence of such an accident : Yes Counseling and Retraining given
 10. Does your facility have an Emergency Control policy? If yes give details : Yes NBI policy (Do not squeeze or suck injury site, wash liberly with soap and water, Report and give details of the injury to infection control staff or other designated person) Induction training and inservice training given to all staff
- Date..... 14/04/18
- Place..... New Delhi
- Signature..... Vinay sharma
- Designation..... PCN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 26/04/18, 11³⁰am
2. Type of Accident : Sharp injury (scalpel)
3. Sequence of events leading to accident : During the operative procedure she assist Laproscopic surgery, after giving the incision, Scalpel fell on to left foot.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Used Scalpel
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
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling 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 details of the injury to infection control staff or any of the designated persons) Induction training and in-service training given to all staff.

Date... 28/4/18

Signature... *Vijay Shaji*

Place... *New Delhi*

Designation... *ICN*

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 9/05/2018 12 Noon
2. Type of Accident : NSI
3. Sequence of events leading to accident : One cyrae Consultant, Area-07
During the operative procedure she assist L.Ses, at the time of suturing the stabes needle was pricked in ~~right~~ ^{left} hand
4. Has the Authority been informed immediately : ~~partim~~
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 follow)
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling given and Retraining
10. Does you facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury Policy (Do not squeeze such injury site, Wash liberally with soap and In Report and give the details of injury infection control staff or any other designated persons. In training and inservice training given to all

Date.....10/5/18.....
Place.....New Delhi.....

Signature.....Vinesh.....
Designation.....I.C.O.I.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 08/05/2018 at 10:00^{am}
2. Type of Accident : NSI
Counselling staff Area (1st floor)
3. Sequence of events leading to accident : During the discarding ~~the~~ needle from kidney tray accidentally needle pricked in left hand small 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 Re-training given
10. Does your facility has an Emergency Control policy? If yes give details : Yes, NSI policy (Do not suck or squeeze injury, lather liberally with Soap and lather, Report & give the details of injury to infection control & or any other designated persons. Infection training and in-service training given to all

Date... 10/5/18

Place... New Delhi

Signature... Vaish

Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 19/05/2018 at 10 am
 2. Type of Accident : NS1
Coursing staff) Area- OPD
 3. Sequence of events leading to accident : During the discarding needle from lead tray accidentally needle pricked in left hand ring 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 and Retraining given.
 10. Does your facility have an Emergency Control policy? If yes give details : Yes Needle Stick injury policy (Donut square or Suck in injury site, Wash liberally with soap and water, Report and give the details of injury to infection control staff or any other designated persons. Treating drapes and inservice ✓ training given to all staffs
- Date: 20/05/2018
Place: New Delhi
- Signature: _____
Designation: ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 11/05/2018 at 8⁴⁵ am
2. Type of Accident : NSI
EOD Area - LDR
3. Sequence of events leading to accident : During the cleaning of Labour room accidentally needle punctured in Right hand Palm
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 and Retraining given
10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not squeeze such injury site, Wash liberally with soap and water. Report and give the details of injury to nearest Control nurse or any other designated persons, In-house training and in-service training given to all staff.

Date... 12/05/18

Place... New-Delhi

Signature... Viret

Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 26/06/2018, 15:55 hrs
 2. Type of Accident : Needle stick injury
(One Neonatal Resident, Area - IIrd Floor)
 3. Sequence of events leading to accident : After giving the vaccination she recapping the needle accidentally needle punctured 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
 9. Steps taken to prevent the recurrence of such an accident : Yes Counseling and Retraining given
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, NCSI policy (Do not squeeze or suck injury site, Wash liberly with soap and water. Report and give the details of the injury to infection control staff or any other designated persons. Induction training and inservice training given to all staff.
- Date... 27/06/18
Place... New Delhi
- Signature... [Signature]
Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 17/07/2018, 10:20pm
 2. Type of Accident : Needle stick injury.
(One staff nurse, 3rd floor)
 3. Sequence of events leading to accident : After checking the blood sugar she recaping the needle accidentally 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
 9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining given
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, HSI policy (Do not squeeze or suck inju site, lather liberally with soap and lather. Report and give the details of the injury to Infection Control Staff or any other designated person) Induction training and inservice training given to all staff
- Date..... 18/7/18
- Place..... New Delhi
- Signature..... [Signature]
- Designation..... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 18/07/2018, 10:30am
2. Type of Accident : Needle stick injury
(One Cygnae consultant, Area-OT)
3. Sequence of events leading to accident : During the operative procedure she assist TAH; at the time of suturing accidentally needle pricked in Left hand thumb.
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
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining given
10. Does your facility have an Emergency Control policy? If yes give details : Yes, MSI Policy (Do not squeeze 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. Inducting training and in-service training given to all staff.

Date... 20/07/18

Signature..... Vijay

Place... New Delhi

Designation..... ICW

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 30/08/2018 at 4.30pm
2. Type of Accident : Needle stick injury
(One - ~~Client~~ ^{Neonatal} ~~Consultant~~ ^{Resident}, Area - ~~NICU~~)
3. Sequence of events leading to accident : After the vaccination she receiving the needle accidentally pricked in the 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, Needlestick injury
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Re-training given
10. Does your facility has an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or suck injury site, Wash liberly with soap and water. Report and give details of the injury to infection control staff or any other designated person) Infection control and inservice training given to all staffs

Date..... 4/09/2018
Place..... New Delhi

Signature.....
Designation..... L.N.V.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 02/08/2018 at 10:15am
 2. Type of Accident : Needle stick injury
(Core - Gynaec - Consultant, Area - OT)
 3. Sequence of events leading to accident : During the LSCS suturing needle accidentally, pricked in left hand middle 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
 9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining given
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, Hospital policy (Do not squeeze or suck injury site, Wash liberally with soap and water Report and give details of the injury to infection control staff or any other designated person) Induction training and in service training given to all staffs
- Date... 02/08/18
Place... New Delhi
- Signature..... [Signature]
Designation..... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 06/09/2018 at 2.20 pm
2. Type of Accident : Needle stick injury
Cone Cyrae - Resident, Area - OT
3. Sequence of events leading to accident : During the operative procedure suturing
needle accidentally pierced in left 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 (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 or in-service train-
ing given to all staffs

Date..... 8/09/2018
Place..... New Delhi

Signature.....
Designation..... I.C.N

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 05/10/2018 at 10:53 am
2. Type of Accident : Needle stick injury
(Cone Cyrae - Consultant, Ana - OT)
3. Sequence of events leading to accident : During the local Anaesthesia application for Episiotomy, needle accidentally pricked in left 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 (Needle stick injury)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training)
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 liberly with soap and water, Report and give the details of injury; infection to control staff or any other designated Person) Induction or inservice training given to all staffs.

Date... 6/10/18

Place... New Delhi

Signature..... [Signature]

Designation..... LCU

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 06/11/2018 at Jam
 2. Type of Accident : ~~mechanical~~ Sharp injury
Caster - Nursing, Area - 27/10
 3. Sequence of events leading to accident : While breaking the ampule
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Yes, Ampules
 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 policy)
 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Re-training given)
 10. Does your facility have an Emergency Control policy? If yes give details : Yes, Sharp injury policy (Do no 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 persons. (Production or in-service training agreed to all HCU
- Date... 10/14/18
Place... New Delhi
- Signature.....
Designation... I.C.U

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 28/12/2018 at 2:50 pm
2. Type of Accident : Needle stick injury
(Core Cynae - Consultant, Area - OT)
3. Sequence of events leading to accident : While During the operative procedure
Suturing needle accidentally penetrated in
left hand in the 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 (Needle stick injury)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training)
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 and give the details of
injury to infection control staff or any other
designated person (Infectious disease training
given to all HCP)

Date... 29/12/2018

Place... New Delhi

Signature... Viney

Designation... ICN