

Fortis La Femme

S-549, Greater Kailash, Part-II, New Delhi - 110048

Tel : +91 11 4057 9400 Fax : +91 11 4143 6103 Emergency : +91 11 4143 6385

Ambulance: 105010

E-mail : contactus.flf@fortishealthcare.com

Website: www.fortislafemme.in

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

27/66/19

(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 Biomedical 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





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.	Particulars		
No.			Fortis Hospital Limited
1.	Particulars of the Occupier (i) Name of the authorised person (occupier or : operator of facility)	TALLS	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
d	(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 (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		DHS/NH/710, Expiry- 31/03/2020
3.	Details of CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
٥.	(i) Number healthcare facilities covered by CBMWTF	1,	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 monthl basis 7874.32kg annual collection

Solow

	annum (on monthly average basis)		
	difficulty average basis)		Red Category: 632.45kg monthl
	er er		basis 7589.47kg annual collection
150		¥ 5	White: 29.32 kg monthly basis
			351.92 kg annual collection
- 1			Blue Category: 87.88kg monthl
- 1			basis 1054.62kg annual collection
			General Solid waste:1408.5kg
			monthly basis from the annual
			00111: 0100001
5 -	Details of the Storage, treatment, trans	porta	ation processing and Dianogal Facility
	(i) Details of the on-site storage	1	
	facility of the on-site storage	:	Size : To be submitted directly by waste
	idenity	1 2	management company
		100	Capacity: To be submitted directly by waste
			management company
		1.	Provision of on-site storage: To be submitted
			directly by waste management company
. 1	disposal facilities	1	The Co
	and the state of t		Type of treatment No Cap Quantity
1			equipment of acity treatedor
			units Kg/ disposed
			- B Disposed
12		25	day in kg
			per
	agency at the second		annum
		6	Incinerators
			Plasma Pyrolysis
		100	Autoclaves
	. The state of the		
			Microwave
1			Hydroclave
			Shredder
1			Needle tip cutter or To be submitted
			destroyer directly by waste
			management
			company
			Sharps
			encapsulation or To be submitted
			directly by waste
			management
			company
			concrete pit
			Deep burial pits:
10 g			10 De Submitted
			disinfection: directly by waste
			Any other management
		5	treatment company
			equipment:
(ii	i) Quantity of recyclable wastes	:	Red Category (like plastic, glass etc.) - NA
	ld to authorized recyclers after		- TYA
	eatment in kg per annum.	1.00	
-		-	
	y) No of vehicles used for collection	:	NA .
and	d transportation of biomedical		
ши	aste		
			Overtity Wil-
			Quantity Where generated
wa	Details of incineration ash and		disposed Incineration Ash
wa (v)	Details of incineration ash and P sludge generated and disposed		disposed Incineration Ash ETP Sludge - NA

Do

John

	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.	S 14	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 (i) Number of trainings conducted on BMW Management (ii) number of personnel trained		No of Trainings - 96 Number of personnel trained - 820
	(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)	ă	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

6

- Jur

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

Name and Signature of the Heaven 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

		Yellov		Blue		Red		White		Sharps		Othe	rs	Total	46.7
il/lonth:	Yrear	Bag	VWt	Bag	Wt	Bag	Wt	Bag	Wt	Bag	Wt	Bag			
1 January	2018	54	589.07	28	97.60	775	732.16	- 100 100						Bag	Wt
2 February	-2018	53	556 28		99!54	No.			4179		0.00	. 0	0.00	245	iki
3 March	2018	The state of the s	636.50				663 91		34.92	0.	0.00		0.00	219	13
4 April	2018	10000000000000000000000000000000000000				73		82	31 70	0 1	0.00	0	≠ 0.00	234	1/5(
5 May		STATE OF THE PARTY OF	543,08	CONTRACT LAND	100000000000000000000000000000000000000	65	701,89	80	68,88	1 - 0 ·	0.00	0	0.00	10000000000000000000000000000000000000	
	2018	7 - W 198 - H	581,17	ACCURATION AND ADDRESS			722,02	81	32 18	0	0.00		0.00		3.1
6 June	2018	48	558.87	. 17-	101.28	60	644.60	71	24.65		0:00				40
7 July	2018	58	633,40	18	110.97	79	806.92		20.90		0.00		-0.00		
8 August	2018	64	555.14	15	93:14		764.44		31.82		AL VE	The second	0.00	230	1 57
9 September	2018	54	592.55	10	51-51		662.82			100 mg	0.00	0.	Company of the Compan	225	A STATE OF THE STA
O October	2018	1 1000	961.59	在在中国的			483.46 ·		15,19	0	0.00	0.	0.00	184	132
1 November	2018	The state of	387.79			Mary Property of			24.37	0.4	0.00	0.	0.00	≟i]93.	1488
2 December	2018	The second second	78.88	THE PERSON NAMED IN COLUMN	The state of the s	CHICAGO COM	370.93		33,64	. 0	0.00	0	0.00	205	1363
	PORNING PROPERTY	EXPERIMENTAL PROPERTY.	4.75%。在1000年	的中心主动之		STATE OF THE PARTY OF	332.50	53	26.88	1000	0.00	A TABLE		210	
		78	174.32	2117/11	054,62	828 7	589.47	830 3	51.92	ol	0.00	ol		2587 16	Sept.



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

Dr. Vritti Lumba	Parille Tr					
Dr. Shivani Sabharwal (Chairman)	Facility Director					
Dr. Sharad Srivastava	Medical Superintendent					
Dr. Raghuram Mallaiah	Director Anaesthesia & Medical Advisor					
Dr. Yachika Jawa	Director Neonatologist					
Dr. Anu Gupta	Head - Lab Services					
Dr Anjala Aneja	Microbiologist					
Mrs. Glossy	Gynecologist					
	ACON					
Gr. Vincy (Convener)	Infection Control Nurse					
As. Sabari	Head- Biomedical Engineering					
ır. Rajan	Head Housekeeping					
fr. 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
	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
	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	Modicato
Dr. Show J. Sl.	Medical Superintendent
Dr. Sharad Shrivashtav	Anaesthesiologist
Dr. Neena Bahl	Gynecologist
Dr. Anu	Microbiologist
Sis. Glossy	ACON
Mr. LoveJoy	Quality Executive
Mr. Virender	
Mr. Rajan	Head- Engineering & Maintenance
Mr. Pushkar	Head Housekeeping
vii. I usiikar	Lab Incharge
Ms. Sabari	
r. Bindu	Head- Biomedical Engineering
r. Vincy	OT Incharge
2. Tilley	Infection Control Nurse

S. No.	Action Point	Decision Telegrater	Responsibility	Tentative
1	All previous meeting points are closed, BMW Audit reports and General infection control Audits reports discussed	101 101 101 101	- Cosponsionity	Closure Date
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 CHAIRMAN	Deep cleaning and repeat sample	Mr. Virender	20/6/18

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	
a second	Quality Executive
Dr. Anu Gupta	
	Microbiologist
r. Suma	
- View (O	Chief of Nursing
r. Vincy (Convener)	Infontion C. I I I I
- D-:	Infection Control Nurse
r. Rajan	Hood Name 16
- N#	Head -House Keeping
r. Virender	Hood F.
	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
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	- Premier onwards
4	Re arrange the Hand Hygiene opportunity according the category wise will update next infection control meeting	Approved	Sr.Vincy	In process 01/12/2018

CHAIRMAN

CONVENOR

1. Date and time of accident	: 24/01/2018.
2. Type of Accident	one Lab , Teeb, Fred Sample Collection
3. Sequence of events leading to accident4. Has the Authority been informed immediately	: Ishile assisshing the Sample soon Collection becelle accidently prieked in left hand 8 mall furger 48
5. The type of waste involved in accident	: Used neadle
6. Assessment of the effects of the accidents on human health and the environment	Yes
7. Emergency measures taken8. Steps taken to alleviate the	Yes Needle Stick injury proper folkwad
9. Steps taken to prevent the recurrence of such an accident	Les Courceling grien and Retain given
10. Does you facility has an Emergency Control policy? If yes give details	Ves, NBI policy (Donot parsic, Donot Squeeze or Suekinjung site, wash liberally with scap a ladger, Reject and give the cletails of the injunt to inspection Control staffer any other obstrarafied to Instantion Kaining and moderning and staffer
Date 25/01/18	Signature
Place New Delbi	Designation 100

			10	
1. Date	and time of accident	: Ebruan	4-2018	
2. Type	e of Accident	· Mil		
3 5001	ionos of oxionta los din a			
	ence of events leading cident			
	the Authority been			
iiioi	med immediately			
	type of waste involved cident			
6 H.				
	0.1 00			
of th	ssment of the effects e accidents on human		A.	
healt	h and the environment			
* 8 5	age on g j			
7. Eme	rgency measures taken			
O Cton	tolon to allowints the			
	s taken to alleviate the ts of accidents			
9. Steps	s taken to prevent the			
recur	rence of such an			
accid	ent			
10. Does	you facility has an			
. Eme	gency Control policy?			
If yes	s give details			
				-
140 ==			90 ° 0 *	1.0
	b 2018		Signature	Val
	lews)ellor		,	
Place.	(ew))elki		Designation	ICN

A	CCIDENT REPORTING
1. Date and time of accident	: Mardo -2018
2. Type of Accident	Nil
3. Sequence of events leading to accident4. 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 Vul
Place New Delbi	Designation 1.CM

1. Date and time of accident	: 09/04/2018, 7pm
 Type of Accident Sequence of events leading to accident Has the Authority been informed immediately 	(Nensing Staff) Duming the discerding needle from leichney tray accidently neadle muke in Right V hard middle fringer. Yes
5. The type of waste involved in accident	used needlo
6. Assessment of the effects of the accidents on human health and the environment	Yes
7. Emergency measures taken8. Steps taken to alleviate the effects of accidents	Yes Needlestile injury protocost followed
9. Steps taken to prevent the recurrence of such an accident	Yes, Courseling egreen at Retraining green
10. Does you facility has an Emergency Control policy? If yes give details	Tos NSI policy (Do bot squeeze or suck injury Inlash liberally with soap and Taketer, Report ejecute details of the injury to infection and ejecuted persons) Tradection staff us are other obsergented persons) Tradection to all staining and in sometice to aining green to all staining and in sometice to aining green to all staining
ace New Delbi	Signature Vince Shafi Designation 100

FORM I

ACC	CIDENT REPORTING
1. Date and time of accident :	14/04/18, 8pm
2. Type of Accident :	NB1
3. Sequence of events leading : to accident	Inthite receiping the needle accidently readle ponched in left hard tip of the middle furger.
4. Has the Authority been informed immediately	Yes
5. The type of waste involved : in accident	used recelle
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 More
9. Steps taken to prevent the recurrence of such an accident	Yes Counceling and Petraining green
If yes give details	les als policy (Do not squeeze or sue, injune site latosh liberty with soup or latoser, Report and given the defents of the
ate 14 04 /18	injumy to infection control staff of circy other okstagnated, Person Induction training and inservice training and single staff Signature given to all staff

Date. 14/04/18

Place New Delbi

Designation CCN

		A	CCIDENT REPORTING
	1.	Date and time of accident	: 26/04/18, 1180m
	2.	Type of Accident	Shootp injury (salpel)
	3.	Sequence of events leading to accident	She assisst Laponecipie Surgery, of grieny to incoin, Scalpel fell on left foot.
	4.	Has the Authority been informed immediately	left foot.
	5.	The type of waste involved in accident	Adsed Scalped
	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 rojung
		Steps taken to prevent the recurrence of such an accident	· les, counseling given
		Does you facility has an Emergency Control policy? If yes give details	Yes, Sherris injury polecy (100 not squee or such injury site, wash tiberatry with consults injury steport and given the detail seap and index, Report and given the detail the injury, to infection Carsto I stall or any off the injury to infection Carsto I stall or any off old special and insections of an all special special sections of the sections of an and insections of an all special sections.
D	ate.	28/4/18	Signature. Signature. Signature.

Designation 100

Place New Delbi

FORM I

ACCIDENT REPORTING

1. Date and time of accident	: 9/05/2018 12 Noon
2. Type of Accident	one cyrae consultant, prea-07
3. Sequence of events leading to accident	During the operative procedure 8h assisst L.S.cs, at the time of Surfing the strebes readle Inlas pricked in Registrance portion
4. Has the Authority been informed immediately	Palm Yes
5. The type of waste involved in accident	. Used Deedle
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 (Meadle Stiet injury protocal folla
9. Steps taken to prevent the recurrence of such an accident	: les, Courseling gines and Retaining
10. Does you facility has an Emergency Control policy? If yes give details	: les, Necelle stiele injuner Blier Do not squeese such injuner site, was liberally excito scap and such such injuner injection Report and give the details of injuner injection Report and give the details of injuner injection of control staff or any other designated person. The training our inservice training given to all
Date. 10/5/18 Place. New Delbi	Signature Vinas Designation LCOV

FORM I

ACCIDENT REPORTING

1. Date and time of accident	: 08 05 2018 at 10:00 am
 Type of Accident Sequence of events leading 	ensuring staff Fren (Ist floor) Doming the clis cording the needle from kielney tray accidently needle prinched in Left hand Small finger.
to accident	Left hand Small firejor.
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 taken8. Steps taken to alleviate the	: Yes, Sharp injury protocal followed
9. Steps taken to prevent the recurrence of such an	: Yes Couseline green and Re-training eques
accident	Yes, N81 policy (Donot suche of squeoze injury)
10. Does you facility has an Emergency Control policy? If yes give details	gree the classificated ferson treluctions of interior freezens of interior ferson treluctions training and incentive training given to all
Date 16/5/18	Signature. Yam
Place Now Delbi	Designation. 1CM

그 그 그렇게 하는 사람들이 하면 그는 상태에게 하나 되었다. 경우는 사람들은 사람들이 살아가고	
1. Date and time of accident : 19/05/2018 at 10 am	
2. Type of Accident : NS1 Colorring staff) Prea- OPD	
2. Type of Accident (Colorrising staff) Freq-OPD 3. Sequence of events leading to accident trace accidently needle procedule from leaf to accident trace accidently needle procedule from leaf to have finger.	Q Vai
4. Has the Authority been informed immediately	1
5. The type of waste involved: Yes (yeard needle) in accident	20
6. Assessment of the effects : Yas of the accidents on human health and the environment	
7. Emergency measures taken : Yes	
8. Steps taken to alleviate the : Les Shamp injury protice of followed 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 Or Suele in injury sife, wash liberally with soap and water Report and ginger the desertion of injury to intection ceretral staffey or other oldsignated ferom. Treketting traffey or inservice trainer of grant of staffey or Signature. Date: 10. Nov. 12011.	la
Date 20/05/2018 Wesenvice I trainer et green to all stuffs Signature Signature	
Place Mac Delbi Designation LCN	

1.	Date and time of accident	: 11/05/2018 or 845m
2.2		
2.	Type of Accident	. NSI
1		GOAD Area-LDR
. 3.	Sequence of events leading	: Dumry The Cleaning of Labour room accidently needle poneted in Righthard Palm
	to accident	accidently needle poneted in Righ nary
		Palm
4.	Has the Authority been informed immediately	: Yes
5. i	The type of waste involved in accident	: Yes (used neadle)
0	Assessment of the effects of the accidents on human	: Yes
11	health and the environment	
7. E	Emergency measures taken :	Les.
.8. St	Steps taken to alleviate the : ffects of accidents	Yes stomp injury portical followed
9. St	teps taken to prevent the :	Yas, Conseling and Redraining given
re	ecurrence of such an eccident	
	oes you facility has an	Yes, Needle Stiet injury policy (Do not squeeze web injury site, Inlast liberally with soup and
En If	mergency Control policy? yes give details	such injury site, I hasto liberally with soup and
	J. Br. v dotalis	later. Report and gives the defaits of sound of me
	7	later. Rejent and gives the details of injury to inference or oney other designated persons, Their training and inserted training were to all steets.
Date/	12/05/18	
	New-Delbi	Signature. Level
		Designation CN

1. Dat	te and time of accident	: 26/06/2018, 15/55 Ms
2. Тур	pe of Accident	One Meental Rosidant Prea_ITrofficer)
	uence of events leading	the beedle accidently neadle macked in left kand index finger.
	the Authority been rmed immediately	Yes
5. The in ac	type of waste involved ceident	: Used needle
of th	essment of the effects e accidents on human th and the environment	Yes
7. Emer	rgency measures taken	: Yes
8. Steps	s taken to alleviate the ts of accidents	: Yes, needle stiek injune
		: Yes counceling and Retraining given
Emerg	you facility has an gency Control policy? give details	Yes, MSI policy (Do not squeeze of sciele inposed ste, Inlash libertly with soup and water. Report and airvent the cletails of the injury to infection Ceretal staff or any other clesignated for sadueting training and insernice training green to call staffs.
Date 27		cell states. Signature.
Place	lew Delbi	Designation ICN

1. Date and time of accident	:17/07/2018; 10:20pm
2. Type of Accident	One staff Nunse, Horal-Tiratfloor)
3. Sequence of events leading to accident	recaping the needle accidently procked in left hand index finger.
4. Has the Authority been informed immediately	Tes
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	: Ks
8. Steps taken to alleviate the effects of accidents	Les, readle Stick injuney
9. Steps taken to prevent the recurrence of such an accident	Les Conselines and Retraining grown
10. Does you facility has an Emergency Control policy? If yes give details	Les NISI policy (Do not squeeze or such in soft place). See placed liberaly with soap and lalater. Report and given the details of the injury to infection Control Staff or any other designate ferson) Industry training and inservice training quento to all staffs
Date 18 7 18	Signature
Place New Delbi	Designation 1CN

1. Date and time of accident	: 18/07/2018, 10:30am
2. Type of Accident	Dre Cynae consultant , 1) rea_07)
3. Sequence of events leading to accident	Doning the operative procedure The assist TISH, at the time of suturn academyte people pricked in Lefther March.
Has the Authority been informed immediately	Kumb. V seedle priksel is beginne Yes
5. The type of waste involved in accident	Useel mealle'
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
	2 Policinia green
9. Steps taken to prevent the recurrence of such an accident	: Yes, Counseling and Retaining green
	Co Legisland CN SUL
10. Does you facility has an Emergency Control policy? If yes give details Date. 206418	Yes, NSI Policy (Do not squeeze er such injury site, lalash liberty critter soap and total Report and given the details of the injury to Infection Control Sterf or any other designated of Industring training and inservice fraining given to all derifs.
Date	Signature
Place New Delbi	Designation. 1CM

			1 2 2 2 2
1.	Date and time of accident		BOR 08 2018 at 4.30pm
2.	Type of Accident	:	Mecelle Stiele popularit, Prea-NICU)
3.	Sequence of events leading to accident	;	One-Righaed - Consultant, 1-1861 - Mand Index finger
4.	Has the Authority been informed immediately	i	Yas
5.	The type of waste involved in accident	;	Used neable
6.	Assessment of the effects of the accidents on human health and the environment		Ya8
7.	Emergency measures taken		Yas
8.	Steps taken to alleviate the effects of accidents		Yes, Needlestiele injury
9.	Steps taken to prevent the recurrence of such an accident		Yes, Counseling and Re-training gives
10	Does you facility has an Emergency Control policy? If yes give details	:	Yes NISI policy (Do not squeeze or Suele injune site, I hash libertly with Soap and index. Deport are given to defaul of the injuny to infection Control statt or one ofter designated Person Tradulting framme and inservine training given to all states Designation. Land
Da	te 4/09/20/8		and inservice training green to all states
Pla	ice Man Delhi		Designation Land

	1.	Date and time of accident	: 02/08/2018 at 10:15am
	2.	Type of Accident	: Needle Stiek injures (One-Cynae-Consutant, Area-OT)
	3.	Sequence of events leading to accident	: Needle Stick injury Core-Gynae - consutant, Area - OT) During The LSCS sutdoming needle accidently pneked in left hard rocalcle finger Yes
	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	: Les
		Steps taken to alleviate the effects of accidents	: Yas, Medele Stielc'injury
		Steps taken to prevent the recurrence of such an accident	Yes, Counseling and Retraining green
		Does you facility has an Emergency Control policy? If yes give details	les, Nos poley (Do not squeeze or suele injury site, hash liberty with soup and Interprete and control staffer any other designations control staffer any other designations fraining and inservice training green to all staffs Signature
	ate.	Alaw 3/08/18	person) Induction training and inscription faining green to all states Signature
P	lace	Man Dellhi	DesignationLCM

1.	Date and time of accident	:	06/09/2018 at 2.20.pm
2.	Type of Accident		One Cyrae - Resident, 12 real - 07
3.	Sequence of events leading to accident	:	During the operative proceeding subving peadle accidently pricked in left hard thems b
	Has the Authority been informed immediately		Yes
5.	The type of waste involved in accident	:	Yos, used needle
6.	Assessment of the effects of the accidents on human health and the environment	- (Yes
7.	Emergency measures taken	:	Yes Distribution
8.	Steps taken to alleviate the effects of accidents	'n	Yes Corleadle stick injumy Protocoal follo
1	Steps taken to prevent the recurrence of such an accident O. Does you facility has an Emergency Control policy If yes give details	?	Les Necelle Stiele injury policy (Do ne squeeze of Suele injury sife, Indash libertly states son and Insufer, Deport and give the detail of injury to infection Control staff or any others of injury to infection Control staff or any others of injury to infection Control staff or any others of insurance from clessy maked Denson. Industry or insurance from clessy maked Denson. Industry or insurance from Signature.
D Pl	ate 8/09/2018 lace New Delbi		Designation. LCN

FORM I

ACCIDENT REPORTING

	1.	Date and time of accident	: 05/10/2018 or 10:53 am
	2.	Type of Accident	: Needle stick injuny Cone cynae Consultarot, Doea _ 07)
	3.	Sequence of events leading to accident	Needle stick injuny Cone cyrae Consultant, Drea - 07) Dumng The Local Drapsthesia appleador for Episiotomy, needle accidently prieked in left hand Thermb.
		Has the Authority been informed immediately	· Yes
	5.	The type of waste involved in accident	: Yes, usad neaelle
	6.	Assessment of the effects of the accidents on human health and the environment	: Yes
	7.	Emergency measures taken	
	8.	Steps taken to alleviate the effects of accidents	: Les Correcalle stiele injury)
		Steps taken to prevent the recurrence of such an accident	: Yes (Counseling green and Re-training
	ate.	Does you facility has an Emergency Control policy? If yes give details and Interface of Coll8	Yes, Needle Stick injumy policy (1) o not square such injumy sik, I hash liberty with soup of such soup later, Report and give the cletails of injumy later, Report and give the cletails of injumy later, Report and give the cletails of injumy later to control staff or any other desirented in the control of insensite training given to staff. Signature. My
P	lace	New Delhir	Designation LCN

			네트 불편하다면 그렇다 다른 사람들에 가장 하는 사람들이 되었다. 그는 경험되는 사람들이 모든 경험되었다.
	1.	Date and time of accident	: 06/11/2018 at Jam
		Type of Accident	: Oberallemotie Shorts injuney , med Ittle
	3.	Sequence of events leading to accident	: While torealing the anspule
		Has the Authority been informed immediately	: fe8
	5.	The type of waste involved in accident	: Les, Amphles
	6.	Assessment of the effects of the accidents on human health and the environment	: Yes
	7.	Emergency measures taken	: Yes
		Steps taken to alleviate the effects of accidents	: Yes (sharp injery policy)
		Steps taken to prevent the recurrence of such an accident	Yes (Canceling and Re-training given)
L	10.	Does you facility has an Emergency Control policy? S If yes give details instead instead lolull8 to	Les, Sheip injury policy (100 no squeeze ex queek injury site, was b leberorly cutto 80 ap and or Raport and given the alctails of injury to him Constrol Steef or any other desinguated from Constrol Steef or any other desinguated son. Industry a reached cut the signature. No Designation 1. CM
P	lace	New Della	Designation. 1. CM

1. Date and time of accident	: 28/12/2018 at 2:50 pm
2. Type of Accident3. Sequence of events leading to accident	Meedle Stiele injury Come Cyrae - Consultant, Drea - 07) Hattite Dimrey The operative procedence Siting needle cie coclerately prietarlin Left hard in dee 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	: Les (needle stiek injuny)
9. Steps taken to prevent the recurrence of such an accident	Yes (Counseling green and Re-training)
Emergency Control policy?	Les (Needle Stiele injury policy (Do not eles or such injury site, wash lebertly with and inleter Report and once the details of my to interior controllitate or are other ingrated parson (Indaotris of inservice training against all Held
	Signature. They griens to all Helm
Place Med Dellhi	Designation ICN