

FORM - I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : 04/07/23 at 7.30pm
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : Stillete prick during IV cannulation
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : ~~Risk of spreading blood born infection~~
Sharp Needle
6. Assessment of the effects of the accidents on human health and the environment : Risk of spreading blood born infection
7. Emergency measures taken : Inj TT 0.5mg given
Serology done.
8. Steps taken to alleviate the effects of accidents : spot teaching done.
9. Steps taken to prevent the recurrence of such an accident : Awareness and training given
about Needle stick injury
10. Does your facility has Emergency Control policy?
If yes, give details : NA

Date : 18. 08. 23

Signature : Monika Dey

Place : AMRI HOSPITALS MUKUNDAPUR

Designation : ICN



FORM - 1
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : 11/04/23 at 7.55 PM
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : While discarding needle in sharp container
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Sharp Needle
6. Assessment of the effects of the accidents on human health and the environment : Risk of spreading blood born infection
7. Emergency measures taken : Inj TT. 0.5mg given
serology done
8. Steps taken to alleviate the effects of accidents : spot teaching given
9. Steps taken to prevent the recurrence of such an accident : Awareness and training given
about Needle stick Injury
10. Does your facility has Emergency Control policy?
If yes, give details : NA

Date : 15.05.23

Signature : Monika Deep

Place : AURI HOSPITALS MUKUNDAPUR

Designation : ICN

