

Date -15th Jan 2024

To,

The Member Secretary

Uttarakhand Environment Protection and Pollution Control Board

Dehradun, Uttarakhand-248001

The Regional Officer

Uttarakhand Environment Protection and Pollution Control Board

Dehradun, Uttarakhand-248001

SUBJECT: SUBMISSION OF ACCIDENTAL REPORT (FORM-I) OF BIO - MEDICAL WASTE - BMW FOR THE YEAR-2023.

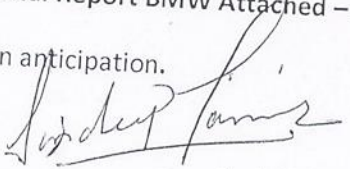
Dear Sir,

We hereby submit the Form I for Accidental reports (Bio-Medical Waste - BMW) for the year 2023 (Jan-2023 to Dec 2023) for your kind information and needful considerations please.

You are therefore requested to acknowledge the same.

Annual Accidental Report BMW Attached – FORM – I [See rule 4(o), 5(i) and 15(2)]

Thanking you in anticipation.


Dr Sandeep Tanwar Dr. Sandeep Singh Tanwar
Senior Vice President
Hospital Operations
Max Super Speciality Hospital
Malsi, Mussoorie Diversion Road
Dehradun - 248001



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

ACCIDENT REPORTING

1. Date and time of accident : 23/Jan/2023 21:00pm.
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : While inserting cannula to the patient.
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 : Testing done
7. Emergency measures taken : Washed affected area under running water
Incident raised, Viral marker sent.
8. Steps taken to alleviate the effects of accidents : Viral markers sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been done.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 23/01/23

Place : Dehradun



Signature : H12

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 7 Feb 2023 @ 10:15 Am
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : while recapping the insulin pen injector.
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 :
washed hand under running water
7. Emergency measures taken : immediately & incident raised.
8. Steps taken to alleviate the effects of accidents : immunization done & viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Retraining has been done.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 7/02/23

Place : Behradun



Signature : H/Z

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 11/April/2023 at 18:46 PM
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : While collect sample
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : (Needle) sharp.
6. Assessment of the effects of the accidents on human health and the environment : Testing done.
7. Emergency measures taken : washed affected area for 10 minutes.
8. Steps taken to alleviate the effects of accidents : viral marker sent.
9. Steps taken to prevent the recurrence of such an accident : education given to staff.
10. Does your facility has Emergency Control policy? If yes, give details : Yes

Date : 11/4/23

Place : Behradun



Signature : H. H.

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 9/ May / 2023 at 8 Am
2. Type of Accident : Needle stick injury.
3. Sequence of events leading to accident : while collect sample (patient got agitated)
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 : Testing done.
7. Emergency measures taken : washed pricked area under running water. for 10 min.
8. Steps taken to alleviate the effects of accidents : Sample sent.
9. Steps taken to prevent the recurrence of such an accident : Educate the staff regarding NSI protocol.
10. Does your facility have Emergency Control policy? Yes.
If yes, give details :

Date : 9/05/23

Place : Dehradun



Signature : H/Z

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 13/June/2023 at 19:00 PM
2. Type of Accident : needle stick Injury.
3. Sequence of events leading to accident : while picking up garbage.
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 : Testing done
7. Emergency measures taken : washed pricked area under running water immediately. Vaccination done incident raised.
8. Steps taken to alleviate the effects of accidents : viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been done.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes

Date : 13/06/23

Place : Dehradun



Signature : H/w

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 13/ July 23 at 10 PM
2. Type of Accident : Needle stick injury.
3. Sequence of events leading to accident : while administering inj insulin to patient.
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 : Testing done
7. Emergency measures taken : Washed affected area under running water immediately for 10 min.
8. Steps taken to alleviate the effects of accidents : Serology analysis done.
9. Steps taken to prevent the recurrence of such an accident : Education given regarding NSI Protocol
10. Does your facility have Emergency Control policy? If yes, give details : Yes

Date : 13/07/23

Place : Dehradun



Signature : H/w

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 4/Aug/2023 at 10:30 AM.
2. Type of Accident : Needle stick injury.
3. Sequence of events leading to accident : While disposable of needle
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 : Testing done (viral marker)
7. Emergency measures taken : Washed affected area under running water immediately for 10min
8. Steps taken to alleviate the effects of accidents : Vaccination done & viral marker done.
9. Steps taken to prevent the recurrence of such an accident : Education given regarding NSI protocol
10. Does your facility have Emergency Control policy?
If yes, give details : Yes

Date : 04/08/23

Place : Dehradun



Signature : H/W

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 24/Sep/2023 at 13:20 PM
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : while administering insulin to patient.
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 : Testing done)
7. Emergency measures taken : washed affected area under running water for 10 min.
8. Steps taken to alleviate the effects of accidents : immunization & viral marker sample sent
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff regarding NSI Protocol.
10. Does your facility has Emergency Control policy?
If yes, give details :

Date : 24/09/23

Place : Dehradun



Signature : Hine

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 5/sep/23 at 8Am
2. Type of Accident : Needle stick injury.
3. Sequence of events leading to accident : while taking sample needle got pricked
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 : Testing done
7. Emergency measures taken : washed affected area under running water for 10min. Incident sealed.
8. Steps taken to alleviate the effects of accidents : Viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been done.
10. Does your facility has Emergency Control policy?
If yes, give details : Yes.

Date : 05/09/23

Place : Dehradun

Signature : 

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 9/10/23 at 16:30pm.
2. Type of Accident : Needle stick Injury.
3. Sequence of events leading to accident : While giving injection to patient.
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 : Testing done.
7. Emergency measures taken : Washed hand under tap water for 15 min. Immunization done, Incident failed.
8. Steps taken to alleviate the effects of accidents : Viral marker done & Immunization done.
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 09/10/23

Place : Dehradun



Signature : H. H.

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 4/10/2023 / 8:00 Am
2. Type of Accident : Needle Stick Injury.
3. Sequence of events leading to accident : while administer insulin.
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 : Investigation done.
7. Emergency measures taken : washed hand under running water for 15 min sample sent to incident. Railed.
8. Steps taken to alleviate the effects of accidents : Viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 04/10/23

Place : Dehradun

Signature : Hla

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 20/10/23 at 12:30 pm.
2. Type of Accident : Needle Stick Injury.
3. Sequence of events leading to accident : while cleaning biomedical area
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 : Testing done.
7. Emergency measures taken : Washed affected area under running water immediately for 10 min. Vaccination done.
8. Steps taken to alleviate the effects of accidents : Vaccination done & viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been done.
10. Does your facility has Emergency Control policy? If yes, give details : Yes.

Date : 20/10/23

Place : Dehli

Signature : H. K.

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 23/10/23 at 6:30 AM
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : while administer subcutaneous injection to patient.
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 : Testing done.
7. Emergency measures taken : washed hand under running water. for 10 min. Sample sent. Incident raised.
8. Steps taken to alleviate the effects of accidents : Serology dialysis (3H) done.
9. Steps taken to prevent the recurrence of such an accident : Training has been done on NSI Protocol
10. Does your facility has Emergency Control policy?
If yes, give details : Yes.

Date : 20/11/23

Place : Dehradun



Signature : Hiy

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 23/10/23 at 5:30 AM
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : While taking blood sample
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 : Testing done
7. Emergency measures taken : Washed hand under running water for 15 min Incident raised.
8. Steps taken to alleviate the effects of accidents : Viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff.
10. Does your facility has Emergency Control policy? Yes.
If yes, give details :

Date : 23/10/23

Place : Dehradun

Signature

Hina

Designation

Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 30/10/23 4:10 PM.
2. Type of Accident : Needle Stick Injury.
3. Sequence of events leading to accident : while cleaning biomedical segregation area.
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 : Testing done.
7. Emergency measures taken : washed affected area under running water for 15 min. Vaccination done.
8. Steps taken to alleviate the effects of accidents : Vaccination done & viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Education given to staff.
10. Does your facility have Emergency Control policy? Yes.
If yes, give details :

Date : 30/10/23

Place : Dehradun

Signature : H. H.

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 30/09/23 at 2:30 PM.
2. Type of Accident : needle
3. Sequence of events leading to accident : while cleaning biomedical segregation area.
4. Has the Authority of been informed immediately: Yes.
5. The type of waste involved in accident : Needle (Sharp)
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Yes viral marker sample sent & washed hand under running water.
8. Steps taken to alleviate the effects of accidents : viral marker sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been given to staff.
10. Does your facility have Emergency Control policy? If yes, give details : Yes

Date : 30/10/23

Place : Beharalpur



Signature : H/W

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 27/Nov/23 at 5:40pm
2. Type of Accident : Needle stick Injury.
3. Sequence of events leading to accident : while placing sample in laboratory area.
4. Has the Authority of been informed immediately: Yes.
5. The type of waste involved in accident : Needle (Sharp)
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : washed affected area for 15 min, sample sent, incident raised.
8. Steps taken to alleviate the effects of accidents : Viral marker sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been done on NSI protocol as per hospital policy.
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 27/11/23

Place : Dehradun



Signature : H/W

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 31 Nov 23 at 1:55pm
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : While cleaning biomedical area.
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Needle (sharp)
6. Assessment of the effects of the accidents on human health and the environment : Sample done
7. Emergency measures taken : washed hand under running water.
Vaccination done.
8. Steps taken to alleviate the effects of accidents : viral marker sent. Vaccination done.
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff.
10. Does your facility have Emergency Control policy? If yes, give details : Yes.

Date : 03/ Nov/23

Place : Dehradun



Signature : H/M

Designation : Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 11/ Nov/23 at 2:00 PM.
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : while administer insulin to the patient. patient was agitated.
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 : Investigation done.
7. Emergency measures taken : washed hand under running water for 20 min, T.T. Immunization done, viral marker sent.
8. Steps taken to alleviate the effects of accidents : Immunization & viral markers have sent.
9. Steps taken to prevent the recurrence of such an accident : Educate the staff regarding NSI
10. Does your facility have Emergency Control policy?
If yes, give details : Yes.

Date : 11/11/23

Place : Dehradun



Signature : Hine

Designation : microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 6/Dec/23 at 6:00 AM.
2. Type of Accident : needle stick injury.
3. Sequence of events leading to accident : while taking sample patient was agitated
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 : investigation done.
7. Emergency measures taken : washed hand under running water for 15m
sent viral marker & incident raised.
8. Steps taken to alleviate the effects of accidents : viral marker sample sent
9. Steps taken to prevent the recurrence of such an accident : Training has been done on NSI
10. Does your facility has Emergency Control policy?
If yes, give details : Yes.

Date : 6/12/23

Place : Dehradun

Signature : 

Designation : microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : ~~15/12/23~~ 16/Dec/23 at 1:40 PM
2. Type of Accident : Needle Stick Injury.
3. Sequence of events leading to accident : while cleaning floor disposing biomedical waste.
4. Has the Authority of been informed immediately: Yes.
5. The type of waste involved in accident : Sharpe (Needle)
6. Assessment of the effects of the accidents on human health and the environment : investigation done
7. Emergency measures taken : washed affected area immediately for 10 min. viral marker sent. Incident raised.
8. Steps taken to alleviate the effects of accidents : viral marker sent
9. Steps taken to prevent the recurrence of such an accident : Education given to the staff.
10. Does your facility have Emergency Control policy? Yes.
If yes, give details :

Date : 16/12/23.

Place : Dehradun

Signature : Him

Designation : Microbiologist

