

Date -30th Jan 2023

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-2022.

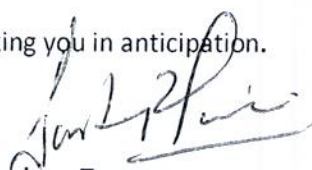
Dear Sir,

We hereby submit the Form I for Accidental reports (Bio-Medical Waste - BMW) for the year 2022 (Jan-2022 to Dec 2022) **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



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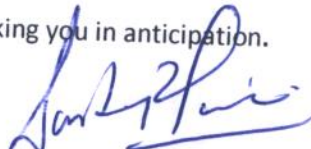
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Dr Sandeep Tanwar

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 : 5/4/22 12:00pm
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : while recapping the needle
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 area in running water, sample sent, incident raised
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : training given
10. Does your facility has Emergency Control policy? If yes, give details : Yes

Date : 7/4/22
Place : Dehradun



Signature : Vansh Singh
Designation : Consultant Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 8/4/22 1:30 pm
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : while collection of blood 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 area in running water
by T.T given sample sent, Incident raised
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : Training given
10. Does your facility has Emergency Control policy?
If yes, give details : Yes

Date : 10/4/22

Place : Dehradun



Signature

Designation

Vansh Singh
Consultant
Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 25/4/22 2:30 pm
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : while handling uncapped needle
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 in running water. Inf. given sample sent incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : training given
10. Does your facility has Emergency Control policy?
If yes, give details : Yes

Date : 26/4/22
Place : Dehradun



Signature

Designation

Vansh Singh
Consultant
Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 11/6/22 9:30am
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : while recapping needle
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Washed hands under running water, Inj 1st given, sample sent Incident raised
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : Training given
10. Does your facility has Emergency Control policy?
If yes, give details : Yes

Date : 15/6/22

Place : Dehradun

Signature : Vansh Singh
Designation : Consultant Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 29/7/22 1:40 PM
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : while taking blood samples
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 in running water, sample sent, incident raised
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : training given
10. Does your facility have Emergency Control policy?
If yes, give details : Yes

Date : 30/7/22
Place : Dehradun



Signature : Vany Singh
Designation : Consultant Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 25/8/2022 @ 6:30 am
2. Type of Accident : NSI (Needle Stick Injury)
3. Sequence of events leading to accident : while collection of waste, staff got NSI
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 the area under running water
inj. TT given, Sample sent, Incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of the staff
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility have Emergency Control policy?
If yes, give details : Yes, NSI protocol

Date : 26/8/2022

Place : Dehradun



Signature

Designation

Vanya Singh
Consultant
Microbiology

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

ACCIDENT REPORTING

1. Date and time of accident : 31/8/2022 @ 12:30pm
2. Type of Accident : NSI (Needle stick injury)
3. Sequence of events leading to accident : While handling the laundry, Needle was present inside it.
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 with running water. Injection TT given. Sample sent, Incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility has Emergency Control policy?
If yes, give details : Yes, NSI protocol

Date : 2/9/2022

Place : Dehradun

Signature

Designation

Vanya Singh
consultant
microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 9/9/2022 @ 9:41 am
2. Type of Accident : NSI (Needle stick injury)
3. Sequence of events leading to accident : while collecting blood samples
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 the affected area with running water. Sample sent, incident raised
8. Steps taken to alleviate the effects of accidents : Immunization of Staff.
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility have Emergency Control policy? If yes, give details : Yes, NSI protocol

Date : 10/9/22

Place : Dehradun

Signature

Designation

Vanya Singh
Consultant
Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 19/9/22, 7:47 am
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : while taking sample, patient got agitated.
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 in running water. Inj 1.1 given, Sample sent, incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : training given to staff
10. Does your facility has Emergency Control policy?
If yes, give details : Yes, NSI protocol

Date : 20/9/22
Place : Dehradun

Signature : Vansh Singh
Designation : Consultant
Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 30/9/22, 8:00 pm
2. Type of Accident : needle stick injury
3. Sequence of events leading to accident : while washing OT instrument
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 hands in running water
inj T.T given, sample sent
Incident raised.
8. Steps taken to alleviate the effects of accidents : immunization of the staff
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility has Emergency Control policy?
If yes, give details : Yes, NSI Protocol

Date : 1/10/22

Place : Dehradun

Signature : *Vange Singh*

Designation : Consultant
Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 17/10/22 2:00 PM
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : while doing procedure
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : washed affected area in running water, sample sent, incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : training given to staff
10. Does your facility have Emergency Control policy?
If yes, give details : Yes, NSI Protocol

Date : 19/10/22

Place : Dehradun



Signature

Designation

Vijay Singh
Consultant
Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 12/11/22 1:27 pm
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : staff got NSI while collecting and segregating of BMO bags.
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : washed affected area in running water. Inf T.T given. Sample sent. Incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility have Emergency Control policy?
If yes, give details : Yes, NSI Protocol

Date : 14/11/22

Place : Dehradun

Signature

Designation

Vanya Singh
consultant
microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 7/12/22 9:30 pm
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : while trying to pick up needle
4. Has the Authority of been informed immediately: yes
5. The type of waste involved in accident : Needle (sharp item)
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. H1N1 immunization done samples sent, incident raised.
8. Steps taken to alleviate the effects of accidents : Immunization of staff
9. Steps taken to prevent the recurrence of such an accident : Training given to staff
10. Does your facility has Emergency Control policy? If yes, give details : yes, NSI Protocol

Date : 8/12/2022

Place : Dehradun

Signature

Designation

Vanya Singh

Consultant

Microbiology