

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

ACCIDENT REPORTING

1. Date and time of accident : 08/01/23 at 10 PM
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : During medication administration
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Sharps Needle (Inj Lomtus)
6. Assessment of the effects of the accidents on human health and the environment : Risk of spreading blood borne pathogen
7. Emergency measures taken : Inj + 0.5mg IM 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 : 10.02.23

Place : ANRS HOSPITALS MUMUNDAPUR

Signature : Monika Dey

Designation : IC Nurse

