

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

ACCIDENT REPORTING

1. Date and time of accident : 18.02.23 at 11am
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : During cleaning Patient 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 : Risk of spreading blood born infections
7. Emergency measures taken : Inj TT 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 :

Date : 18.03.23

Place : AMRI HOSPITAL RWANDA PUR

Signature : Monika Dey

Designation : IC Nurse



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

ACCIDENT REPORTING

1. Date and time of accident : 24/01/23 at 10.25 pm
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : During collecting blood
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 Infections
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 have Emergency Control policy? If yes, give details : NA

Date : 24.02.23

Signature : Monika Dey

Place : ANRI HOSPITALS MUMUNDAPUR

Designation : IC Nurse