

29.03.2025

To,

**The Environment Engineer**

Regional Office  
Telangana State Pollution Control Board (TSPCB)  
4<sup>TH</sup> Floor, Hyderabad District Collectors Office complex  
Nampally, Hyderabad, Telangana 500 001.



Respected Sir,

**Reg: Submission of form No. 4 Biomedical waste for the year January 2024 – December 2024**

We are herewith submitting the Form no IV form for filing annual returns for year January 2024 – December 2024.

Kindly receive the same and acknowledge please

CARE Hospitals, Nampally  
(A unit of Quality Care India Limited)



Dr. Samiullah Sarasapalle  
Hospital Chief Operating Officer  
CARE Hospitals  
Nampally, Hyderabad, Telangana 500 001

Enclosure:

1. Form No.4 for Filing Annual Returns
2. Minor Accident details & The Remedial Action taken details
3. minutes of the meetings bio-medical waste management committee(2)
4. Training Attendance sheets

**QUALITY CARE INDIA LIMITED**

**CIN: U85110TG1992PLC014728**

**evercare group**

**CARE HOSPITALS**

Exhibition Ground Road, Nampally, Hyderabad - 500 001, Telangana  
T: 040-6719 6565 | F: 040-30417488 | E: info@carehospitals.com | W: carehospitals.com

**REGISTERED OFFICE**

H.No. 6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500 034, Telangana  
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**CORPORATE OFFICE**

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T: 040-61806565 | E: info@carehospitals.com | W: carehospitals.com

**Form - IV (See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr Sarasapalle Samiullah
	(ii) Name of HCF or CBMWTF	:	CARE Hospitals, Nampally
	(iii) Address for Correspondence	:	5-4-199, J.N Road, MJ Market Nampally, Hyderabad-500001
	(iv) Address of Facility	:	5-4-199, J.N Road, MJ Market Nampally, Hyderabad-500001
	(v) Tel. No, Fax. No	:	040-67106565
	(vi) E-mail ID	:	Cnm.hco@carehospitals.com
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	GPS no : 17.38596, 78.47414
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 208-HYD/TSPCB/ZOH/TS- iPASS/HCF/CFO/2023-44 dated 17/4/2023 .valid up to <b>31/3/2026</b>
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: <b>31/3/2026</b>
2.	Type of Health Care Facility	:	Super speciality -allopathic hospitals
	(i) Bedded Hospital	:	No. of Beds: 210
	(ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Not applicable
	(iii) License number and its date of expiry	:	07 F-TSAPMCE-0093, Date of expiry :18/12/2029
3.	Details of CBMWTF	:	Not applicable
	(i) Number healthcare facilities covered by CBMWTF	:	Not applicable



	(ii) No of beds covered by CBMWTF	:	Not applicable																																																								
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Not applicable																																																								
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Not applicable																																																								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :1695 KG Red Category :2004 KG White :37 KG Blue Category : 323 KG General Solid waste:3419 KG																																																								
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																										
	(i) Details of the on-site storage facility	:	Size : 6X6'.3' sq ft (Each room (3 room) Capacity :150 bag in each room Provision of on-site storage : (cold storage or any other provision)-normal storage																																																								
	disposal facilities		<table> <tr> <td>Type of treatment equipment</td><td>No of units</td><td>Capacity Kg/day</td><td>Quantity treated or disposed in kg per annum</td></tr> <tr> <td>Incinerators</td><td></td><td></td><td></td></tr> <tr> <td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td></td><td></td><td></td></tr> <tr> <td>Microwave</td><td></td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td></td><td></td><td></td></tr> <tr> <td>Shredder</td><td></td><td></td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td></td><td></td><td>-</td></tr> <tr> <td>Sharps</td><td></td><td></td><td></td></tr> <tr> <td>encapsulation or concrete pit</td><td></td><td></td><td>-</td></tr> <tr> <td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td></td><td></td><td>-</td></tr> <tr> <td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> <tr> <td colspan="4">(All above done by <b>G.J.Multiclave (India) Pvt.Ltd</b>)</td></tr> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps				encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment equipment:				(All above done by <b>G.J.Multiclave (India) Pvt.Ltd</b> )			
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(All above done by <b>G.J.Multiclave (India) Pvt.Ltd</b> )																																																											
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Not applicable as Outsourced																																																								

	(iv) No of vehicles used for collection and transportation of biomedical waste	:	06 1)TS 06 UA 8325 2)AP 22 Y 7955 3)TS 09 UC 1735 4)TS 09 UC 2908 5)TS 06 UA 3229 6)AP 22 W 3306												
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table><thead><tr><th></th><th>Quantity generated</th><th>Where disposed</th></tr></thead><tbody><tr><td>Incineration</td><td>-Not applicable</td><td>-Not applicable</td></tr><tr><td>Ash</td><td>-Not applicable</td><td>-Not applicable</td></tr><tr><td>ETP Sludge</td><td>- Not applicable</td><td>-Not applicable</td></tr></tbody></table>		Quantity generated	Where disposed	Incineration	-Not applicable	-Not applicable	Ash	-Not applicable	-Not applicable	ETP Sludge	- Not applicable	-Not applicable
	Quantity generated	Where disposed													
Incineration	-Not applicable	-Not applicable													
Ash	-Not applicable	-Not applicable													
ETP Sludge	- Not applicable	-Not applicable													
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	G.J.Multiclave(india) Pvt.Ltd, Survey No-179, Mothkulagudam Village Nandigama Mandal,Ranga Reddy District, Telangana 509216												
	(vii) List of member HCF not handed over bio-medical waste.		Not applicable												
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes we have committee. Enclosed the document.												
7	Details trainings conducted on BMW														
	(i) Number of trainings conducted on BMW Management.		89												
	(ii) number of personnel trained		1323												
	(iii) number of personnel trained at the time of induction		130												
	(iv) number of personnel not undergone any training so far		0												
	(v) whether standard manual for training is available?		Yes												
	(vi) any other information)		1.Regular Bedside Training by ICN 2.Monthly Induction Training 3.Refreshesher training for Nurses, Technicians, House keeping staff.												
8	Details of the accident occurred during the year														
	(i) Number of Accidents occurred		03												
	(ii) Number of the persons affected		03												
	(iii) Remedial Action taken (Please attach details if any)		Enclosed the action taken document												
	(iv) Any Fatality occurred, details.		Nil												



9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		Not applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP in place and met standard all the time.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		The disinfection method is meeting the log 4 standards all the time
12	Any other relevant information	:	Not applicable

Certified that the above report is for the period from January 2024 to December 2024

Name and Signature of the Head of the Institution



Date: 29/3/2025  
Place: Hyderabad



CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

**Details of the accident occurred during the year of 2024**  
**Incident -1**

Incident Number : INC/2024/3,099

Incident date & time : 27-May-2024 04:00 pm

Unit : CARE Nampally

Location of the incident : OT-complex (4TH FLOOR)

Category : Accidents

Sub-category : Needle stick injury

**Incident description:**

Housekeeping staff while working in OT department ,around 4pm while picking up the trash from the yellow dustbin the staff got a needle stick injury.

**Corrective Actions:**

- 1)Housekeeping staff Immediately washed the finger under running water.
- 2)Baseline viral screening for Hep-B,Hbsag, HIV was done for doctor on date of incident (27-5-24) and results for all the test came negative
- 3)Anti Hbsag titer was also checked for the doctor and the results were >10 Baseline viral screening for Hep-B,
- 4) Counseling and support provided to the staff member.

**Preventive Actions:**

- 1)Training has been conducted for the Housekeeping staff
- 2)Awareness Posters has been displayed On Safe handling of needles and sharps.
- 3)Demonstration training session given by the HICC team on handling of sharps and needle .

*John  
Quality Dept*





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

**Details of the accident occurred during the year of 2024**  
**Incident -2**

Incident Number : INC/2024/3,097

Incident date & time : 20-May-2024 02:30 pm

Unit : CARE Nampally

Location of the incident : GENERAL OT

Category : Accidents

Sub-category : Needle stick injury

**Incident description:**

Anesthetist got needle stick injury While recapping the 24 gauge needle it happened in General Operation Theatre. After giving the axillary block for the patient upper limb for implant removal procedure

**Corrective Actions:**

- 1) Anaesthetist Doctor Immediately washed the finger under running water.
- 2) Baseline viral screening for Hep-B, Hbsag, HIV was done for doctor on date of incident (20-5-24) and results for all the test came negative
- 3) Anti Hbsag titer was also checked for the doctor and the results were  $>10$ .
- 4) Counseling and support provided to the staff member.

**Preventive Actions:**

- 1) Training has been conducted for the doctors & GOT staff by DR. Masood mohammed (23-5-2024).
- 2) Awareness Posters has been displayed On Safe handling of needles and sharps.
- 3) Demonstration training session given by the HICC team on handling of sharps and needle .

*John  
Quality Dept.*







CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

**Details of the accident occurred during the year of 2024**  
**Incident -3**

Incident Number : INC/2024/2,562

Incident date & time : 10-Jan-2024 10:35 am

Unit : CARE Nampally

Location of the incident : NS-220/0220/SEMI PRIVATE A

Category : Accidents

Sub-category : Needle stick injury

**Incident description:** A nurse forgot to use a puncture-proof container (PPC) after checking GRBS, leaving the needle in the tray with the glucometer. Another staff nurse later picked up the glucometer, unaware of the hidden needle, and suffered a needle stick injury.

**Corrective Actions:**

- 1) Nurses Immediately washed the finger under running water.
- 2) Baseline viral screening for Hep-B, Hbsag, HIV was done for nurse on date of incident (10/1/2024) and results for all the test came negative
- 3) Nurses is already vaccinated.
- 4) Counseling and support provided to the staff member.

**Preventive Actions:**

- 1) Training has been conducted for the nurses.
- 2) Awareness Posters has been displayed On Safe handling of needles and sharps.
- 3) Demonstration training session given by the HICC team on handling of sharps and needle.

*John*  
*Quality Dept*








CARE HOSPITALS – NAMPALLY (A Unit of QCIL)

**Steps taken to prevent the recurrence of an accident-Needle stick injury reported in 2024 :**

- 1. Training Sessions:** Regular training sessions have been conducted for all the staff on safe handling and disposal of sharps.
- 2. Poster Demonstration:** Posters have been displayed in strategic locations to demonstrate proper procedures for handling sharps.
- 3. Demonstration Sessions:** Hands-on demonstration sessions have been conducted to educate staff on proper techniques for handling and disposing of sharps.
- 4. Regular Audits:** Regular audits have been conducted to ensure compliance with sharps handling and disposal policies.
- 5. Workshop on Safety:** A workshop on safety has been organized to educate staff on best practices for preventing needle stick injuries.
- 6. Exhibition on Safety:** An exhibition on safety has been organized to showcase best practices and innovative solutions for preventing needle stick injuries

  
John  
Quality Dept.





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

**Minutes of Meeting:**

**Date :** 15/6/2024

**Attendees:-** Ms Nikat Fathima, Mr. Vipul, Ms Venkta Lakshmi, Dr. Anand, Ms Sunitha, Mr Kisan, Ms Padma, Ms Kalamma, Dr. Mustafa, Ms Deepa Joseph, and Mr Jobin.

**Agenda**

1. Review of Bio-Medical Waste Segregation Posters
2. Replacement of Biohazard Symbols on Bins
3. Review of Employee Vaccination Status
4. Review of BMW Weighing Data
5. Review of Timely Website Reporting
6. Incident Review and RCA/CAPA
7. Surveillance Audit Observations

**Discussion Points:**

1. Bio-Medical Waste Segregation Posters:
  - Ensure posters are placed in all required areas
  - Review content for accuracy and effectiveness
2. Replacement of Biohazard Symbols on Bins:
  - Identify bins with torn biohazard symbols
  - Replace symbols to ensure compliance
3. Employee Vaccination Status:
  - Review current vaccination status
  - Discuss plan for ensuring all employees are vaccinated
4. BMW Weighing Data:
  - Review data for accuracy and completeness
  - Discuss any discrepancies or concerns
5. Timely Website Reporting:
  - Review reporting status

A handwritten signature in black ink, appearing to be "N. H.", is written over a horizontal line.





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

- Discuss any issues or concerns
- 6. Incident Review and RCA/CAPA:
  - Review incidents related to bio-medical waste management
  - Discuss root cause analysis and corrective action/preventive action plan
- 7. Surveillance Audit Observations:
  - Discuss surveillance audit observations
  - Review plan for addressing any gaps or concerns

**Action Plan Required points :**

1. Replacement of Biohazard Symbols on Bins:
  - Action: Replace torn biohazard symbols on bins
  - Responsible: Infection control department
  - Deadline: within 5 days
2. Employee Vaccination Status:
  - Action: Ensure all employees are vaccinated
  - Responsible: Infection control team
  - Deadline: as per the schedule
3. Incident Review :preventive actions
  - Action: Review incidents and implement RCA/CAPA plan
  - Responsible: Infection control department associated with concern HODs & team
  - Deadline: within 15 days
4. Surveillance Audit Observations:
  - Action: Address gaps and concerns identified during surveillance audit
  - Responsible: Infection control department associated with concern HODs & team
  - Deadline: points were already closed

Prepared By  
Jobin  
Quality Deapartment

Reviewed and approved by  
Dr Mustafa Afzal  
Committee Chairperson

**Dr. Mustafa Afzal**  
Consultant Microbiologist  
CARE HOSPITAL, NAMPALLY  
HYDERABAD



CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

ACTION TAKEN REPORT FOR THE MEETING CONDUCTED ON - **Date : 15/6/2024**

1 Replacement of Biohazard Symbols on Bins:

- Action: Replace torn biohazard symbols on bins
- Responsible: Infection control department
- Deadline: within 5 days
- Status –Closed

2. Employee Vaccination Status:

- Action: Ensure all employees are vaccinated
- Responsible: Infection control team
- Deadline: as per the schedule
- Status –Closed

3. Incident Review :preventive actions

- Action: Review incidents and implement RCA/CAPA plan
- Responsible: Infection control department associated with concern HODs & team
- Deadline: within 15 days
- Status –Closed

Prepared By  
Jobin  
Quality Deapertment

8/7/2024

**Dr. Mustafa Afzal**  
**Consultant Microbiologist**  
**CARE HOSPITAL, NAMPALLY**  
**HYDERABAD.**

Reviewed and approved by  
Dr Mustafa Afzal  
Committee Chairperson





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

**Minutes of Meeting:**

**Date :17/2/2024**

**Attendees:-** Mr Kisan, Dr. Anand ,Mr Jobin ,Ms Deepa Joseph ,Ms Padma, Mr. Vipul , Dr. Mustafa ,Ms Venkta Lakshmi ,Ms Nikat Fathima ,Ms Kalamma,Ms Sunitha

**Agenda:**

1. Review of Surveillance Audit Observations
2. Vaccination Status of Employees
3. Hand Hygiene Training for Housekeeping Staff
4. Spill Management Training
5. PPE Compliance
6. Incident Review and RCA/CAPA
7. Implementation of Preventive Measures

**Discussion Points:**

1. Review of Surveillance Audit Observations:
  - Segregation, handling, and transportation of bio-medical waste
  - Gaps identified during the audit
2. Vaccination Status of Employees:
  - Current vaccination status
  - Plan for ensuring all employees are vaccinated
3. Hand Hygiene Training for Housekeeping Staff:
  - Current hand hygiene practices
  - Plan for strengthening hand hygiene training
4. Spill Management Training:
  - Current spill management procedures
  - Plan for conducting spill management training

A handwritten signature in black ink, appearing to be "M. J.", is located at the bottom right of the page.



CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

5. PPE Compliance:

- Current PPE usage practices
- Plan for ensuring staff wear PPE while transferring bio-medical waste

6. Incident Review and RCA/CAPA:

- Review of incidents related to bio-medical waste management
- Root cause analysis and corrective action/preventive action plan

7. Implementation of Preventive Measures:

- Plan for implementing preventive measures discussed during the meeting

**Action Plan required :**

1. Review of Surveillance Audit Observations:

- Action: Implement corrective & preventive actions for gaps identified during the audit
- Responsible: Respective department in-charges
- Deadline: within 7 days

2. Vaccination Status of Employees:

- Action: Ensure all employees are vaccinated
- Responsible: ICN
- Deadline: As per the schedule

3. Hand Hygiene Training for Housekeeping Staff:

- Action: Strengthen hand hygiene training for housekeeping staff
- Responsible: Infection Control Department
- Deadline: As per the schedule

4. Spill Management Training:

- Action: Conduct spill management training as per schedule
- Responsible: Infection Control Department
- Deadline: As per the schedule

MLH





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

5. PPE Compliance:

- Action: Ensure staff wear PPE while transferring bio-medical waste
- Responsible: HK Manger and supervisor
- Deadline: within immediate effect

6. Incident Review and RCA/CAPA:

- Action: Review incidents and implement RCA/CAPA plan
- Responsible: Infection control department associated with concern HODs & team
- closed already

7. Implementation of Preventive Measures:

- Action: Implement preventive measures discussed during the meeting
- Responsible: Infection control team
- Deadline: within 14 days

Prepared By

Jobin

Quality Deapartment

A handwritten signature in black ink, appearing to be "Jobin", written over a horizontal line.

Reviewed and approved by

Dr Mustafa Afzal

Committee Chairperson

A handwritten signature in black ink, appearing to be "Dr. Mustafa Afzal", written over a horizontal line.

**Dr. Mustafa Afzal**  
Consultant Microbiologist,  
CARE HOSPITAL, NAMPALLY,  
HYDERABAD.



CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

**ACTION TAKEN REPORT FOR THE MEETING CONDUCTED ON - Date : 17/2/2024**

**Action Plan:**

1. Review of Surveillance Audit Observations:
  - Action: Implement corrective & preventive actions for gaps identified during the audit
  - Responsible: Respective department in-charges
  - Deadline: within 7 days
  - Status –Closed
2. Vaccination Status of Employees:
  - Action: Ensure all employees are vaccinated
  - Responsible: ICN
  - Deadline: As per the schedule
  - Status –Closed
3. Hand Hygiene Training for Housekeeping Staff:
  - Action: Strengthen hand hygiene training for housekeeping staff
  - Responsible: Infection Control Department
  - Deadline: As per the schedule
  - Status –Closed
4. Spill Management Training:
  - Action: Conduct spill management training as per schedule
  - Responsible: Infection Control Department
  - Deadline: As per the schedule
  - - Status –Closed

A handwritten signature in black ink, appearing to be 'N. S.', with a horizontal line drawn through the middle of the letters.





CARE HOSPITALS – NAMPALLY (A Unit of QCIL)  
Bio-Medical Waste Management Committee meeting

5. PPE Compliance:

- Action: Ensure staff wear PPE while transferring bio-medical waste
- Responsible: HK Manger and supervisor
- Deadline: within immediate effect
- - Status – Closed

6. Incident Review and RCA/CAPA:

- Action: Review incidents and implement RCA/CAPA plan
- Responsible: Infection control department associated with concern HODs & team
- Status –Closed

7. Implementation of Preventive Measures:

- Action: Implement preventive measures discussed during the meeting
- Responsible: Infection control team
- Deadline: within 14 days
- Status –Closed

Prepared By

Jobin

Quality Deapertment

8/3/2024

Reviewed and approved by

Dr Mustafa Afzal

Committee Chairperson

**Dr. Mustafa Afzal**  
**Consultant Microbiologist,**  
**CARE HOSPITAL, NAMPALLY,**  
**HYDERABAD.**

29.03.2025

To,

**The Environment Engineer**

Regional Office  
Telangana State Pollution Control Board (TSPCB)  
4<sup>TH</sup> Floor, Hyderabad District Collectors Office complex  
Nampally, Hyderabad, Telangana 500 001.



Respected Sir,

**Reg: Submission of form No. 1 Accident Reporting for January 2024 – December 2024**

We are herewith submitting the Form no IV form for filing annual returns for year January 2024 – December 2024.

Kindly receive the same and acknowledge please

CARE Hospitals, Nampally  
(A unit of Quality Care India Limited)



Dr. Samiullah Sarasapalle  
Hospital Chief Operating Officer  
CARE Hospitals  
Nampally, Hyderabad, Telangana 500 001



Enclosure: Form No.1 for Filing Annual Returns

**QUALITY CARE INDIA LIMITED**

**CIN: U85110TG1992PLC014728**

**evercare group**

**CARE HOSPITALS**

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**FORM – I**  
[ (See rule 4(o), 5(i) and 15 (2)) ]  
**ACCIDENT REPORTING**

1. Date and time of accident :
  - 1) Incident -1 -10-Jan-2024 10:35 am
  - 2) Incident -2 -27-May-2024 04:00 pm
  - 3) Incident -3 - 20-May-2024 02:30 pm
2. Type of Accident : Needle stick injury (All 3 above )
3. Sequence of events leading to accident :
  - 1) A nurse forgot to use a puncture-proof container (PPC) after checking GRBS, leaving the needle in the tray with the glucometer. Another staff nurse later picked up the glucometer, unaware of the hidden needle, and suffered a needle stick injury.
  - 2) Housekeeping staff while working in OT department , around 4pm while picking up the trash from the yellow dustbin the staff got a needle stick injury.
  - 3) Anesthetist got needle stick injury While recapping the 24 gauge needle it happened in General Operation Theatre. After giving the axillary block for the patient upper limb for implant removal procedure
4. Has the Authority been informed immediately : As the above 3 accidents are classified as minor incidents, they will be included in our annual report.
5. The type of waste involved in accident : white category (All 3 cases are related to Needle stick injury)
6. Assessment of the effects of the accidents on human health and the environment:
 

**Human Health:**

  - The staff member received prompt medical attention, including post-exposure prophylaxis (PEP) as per hospital protocol.
  - All the staff member was already vaccinated against hepatitis B.

**Environmental Impact:**

  - The incident did not result in any environmental contamination or harm.

Overall, prompt medical attention, vaccination, and proper wound care minimized the risk of infection and ensured the staff member's safety.

**QUALITY CARE INDIA LIMITED**

**CIN: U85110TG1992PLC014728**

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**CARE HOSPITALS**

Exhibition Ground Road, Nampally, Hyderabad - 500 001, Telangana  
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**REGISTERED OFFICE**

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7. Emergency measures taken :

1. Immediate reporting of the incident to the supervisor and infection control team.
2. Provision of first aid, including washing the affected area with soap and water.
3. Administration of post-exposure prophylaxis (PEP) as per hospital protocol.
4. Counseling and support provided to the staff member.

8. Steps taken to alleviate the effects of accidents :

1. The staff member was sent for medical evaluation and follow-up.
2. Sharps containers were checked to ensure they were securely closed and easily accessible.
3. Additional training was provided to housekeeping staff on safe handling and disposal of sharps.
4. All staff members in OT received training on proper segregation and biomedical waste management to ensure a safe and healthy work environment.

9. Steps taken to prevent the recurrence of such an accident :

- 1. Training Sessions:** Regular training sessions have been conducted for all the staff on safe handling and disposal of sharps.
- 2. Poster Demonstration:** Posters have been displayed in strategic locations to demonstrate proper procedures for handling sharps.
- 3. Demonstration Sessions:** Hands-on demonstration sessions have been conducted to educate staff on proper techniques for handling and disposing of sharps.
- 4. Regular Audits:** Regular audits have been conducted to ensure compliance with sharps handling and disposal policies.
- 5. Workshop on Safety:** A workshop on safety has been organized to educate staff on best practices for preventing needle stick injuries.
- 6. Exhibition on Safety:** An exhibition on safety has been organized to showcase best practices and innovative solutions for preventing needle stick injuries

10. Does your facility have an Emergency Control policy? If yes give details:

Yes, our facility has a comprehensive Emergency Control Policy in place, which outlines procedures for responding to various emergencies, including:

- 1. Fire Safety:** Procedures for fire prevention, detection, and response, including evacuation protocols and fire extinguisher use.
- 2. Needle Stick Injury:** Guidelines for managing needle stick injuries, including post-exposure prophylaxis (PEP) administration and follow-up care.
- 3. Spill Management:** Procedures for containing and cleaning up spills of hazardous materials, including chemicals and biological agents.

Our Emergency Control Policy ensures that our staff is prepared to respond quickly and effectively in the event of an emergency, minimizing risks to patients, staff, and visitors.

Date : 29/3/2025  
Place : Hyderabad

Signature :  
Designation :



QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

evercare group

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