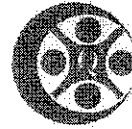




**SHARPS INJURY SURVEILLANCE  
OCCUPATIONAL HEALTH UNIT  
MINISTRY OF HEALTH**

"Rakan Anda Dalam Meningkatkan Kesihatan Pekerja"  
"Your Partner In Enhancing Workers Health"



OHU/SIS-1

**COPY FOR MINISTRY**

# EPIDEMIOLOGY SECTION (OHU/SIS-1)

**EPIDEMIOLOGY SECTION**

(to be filled by staff from Infection Control Team / Occupational Health Unit / Occupational Safety and Health Committee Secretary)

**PARTICULARS OF AFFECTED PERSON**

(Please tick [✓] where applicable)

»1. Name : \_\_\_\_\_

»2. Gender : Male  Female

»3. NRIC : New :   
Old :

4. Nationality : \_\_\_\_\_

5. Age on the 1<sup>st</sup> of January :  Years

6. Department Presently attached to : \_\_\_\_\_

7. Contact number : \_\_\_\_\_

»8. Date of injury : month  day  year   
Time : \_\_\_\_\_ \*am / pm

9. Date of first reporting to Medical / ID Team : month  day  year   
Time : \_\_\_\_\_ \*am / pm

10. Duration of employment in Ministry of Health :  \*month (s) / Year (s)

11. Duration of work in handling sharps :  \*month (s) / Year (s)

(\*) delete where is not applicable

(») to be filled in the registry

**»1. JOB CATEGORY** (Please tick (✓) where applicable)

* Medical Officer / Medical and Health Officer / House Officer	<input type="checkbox"/>	* Pharmacist / Pharmacy Assistant	<input type="checkbox"/>
* Matron / Sister / Staff Nurse / Assistant Nurse / Midwife / Community Nurse	<input type="checkbox"/>	* MLT / Lab Assistant	<input type="checkbox"/>
* Medical Assistant	<input type="checkbox"/>	Radiology Staff	<input type="checkbox"/>
* Specialist / Consultant (please specify speciality) :	<input type="checkbox"/>	Hospital Support Service Staff	<input type="checkbox"/>
		Kitchen Staff	<input type="checkbox"/>
		Administration Staff	<input type="checkbox"/>
		Public Health Overseer	<input type="checkbox"/>
		Health Inspector	<input type="checkbox"/>
<b>DENTAL</b>		Health Attendant	<input type="checkbox"/>
Dental Specialist	<input type="checkbox"/>	Driver	<input type="checkbox"/>
Dental Officer	<input type="checkbox"/>	Storekeeper	<input type="checkbox"/>
Dental Nurse	<input type="checkbox"/>	Trainee (please specify) :	<input type="checkbox"/>
Dental Surgery Assistant	<input type="checkbox"/>	Others (please specify) :	<input type="checkbox"/>
Dental Technician	<input type="checkbox"/>		
Dental Attendant	<input type="checkbox"/>		

**»2. WHERE DID THE SHARPS INJURY OCCUR?** (Please tick (✓) where applicable)

Ward (please specify):	<input type="checkbox"/>	Accident & Emergency	<input type="checkbox"/>
.....		Dental Clinic	<input type="checkbox"/>
At patient's bedside	<input type="checkbox"/>	Labour Room	<input type="checkbox"/>
Side room / nurses table	<input type="checkbox"/>	Intensive Care Unit	<input type="checkbox"/>
Elsewhere in the ward (please specify):	<input type="checkbox"/>	Specialist Clinic	<input type="checkbox"/>
.....		Laboratory	<input type="checkbox"/>
Operating Theatre	<input type="checkbox"/>	School / College / Faculty	<input type="checkbox"/>
* Health Clinic / Polyclinic	<input type="checkbox"/>	Others (please specify) :	<input type="checkbox"/>
		.....	

**3. HOW DID THE SHARPS INJURY OCCUR?** (Please tick (✓) where applicable)

<b>3a) While handling patient or needle/sharps:</b>		Passing / Transferring equipment	<input type="checkbox"/>
While inserting needle in line	<input type="checkbox"/>	While inserting needle in patient	<input type="checkbox"/>
While manipulating needle in line	<input type="checkbox"/>	While manipulating needle in patient	<input type="checkbox"/>
While withdrawing needle from line	<input type="checkbox"/>	While withdrawing needle from patient	<input type="checkbox"/>
<b>3b) While in operative field or during suturing procedures or autopsy:</b>			
Suturing	<input type="checkbox"/>	* Palpating / Exploring	<input type="checkbox"/>
Incising	<input type="checkbox"/>	Manipulating suture needle in holder	<input type="checkbox"/>
Tying sutures	<input type="checkbox"/>	* Passing / receiving equipment	<input type="checkbox"/>

(\*) delete where is not applicable

(») to be filled in the registry

**3c) Handling equipment / specimens:**

- |                                     |                          |  |                          |
|-------------------------------------|--------------------------|--|--------------------------|
| Processing specimens                | <input type="checkbox"/> | * Passing / transferring equipment                         | <input type="checkbox"/> |
| Recapping (missed / pierced cap)    | <input type="checkbox"/> | Cap fell off after recapping                               | <input type="checkbox"/> |
| Activating safety device            | <input type="checkbox"/> | Disassembling device / equipment                           | <input type="checkbox"/> |
| During clean-up                     | <input type="checkbox"/> | In transit to disposal                                     | <input type="checkbox"/> |
| Opening / breaking glass containers | <input type="checkbox"/> | Decontamination / processing of used equipment             | <input type="checkbox"/> |
| Handling equipment on tray / stand  | <input type="checkbox"/> | * Transferring blood / body fluids into specimen container | <input type="checkbox"/> |

**3d) Collision / contact with sharps object:**

- |   |                          |                                   |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| Collided with co-worker or other person | <input type="checkbox"/> | Collided with sharps instrument   | <input type="checkbox"/> |
| Sharps instrument dropped               | <input type="checkbox"/> | Struck by detached IV line needle | <input type="checkbox"/> |

**3e) Disposal related:**

- |  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| Injured by sharps being disposed                   | <input type="checkbox"/> | While manipulating sharps bin     | <input type="checkbox"/> |
| Injured by sharps already in sharps bin            | <input type="checkbox"/> | Over-filled sharps bin            | <input type="checkbox"/> |
| Punctured sharps bin                               | <input type="checkbox"/> | Protruding from opened sharps bin | <input type="checkbox"/> |
| While transporting the sharps to collection center | <input type="checkbox"/> |                                   |                          |

**3f) Sharps in unusual locations:**

- |                        |                          |  |                          |
|------------------------|--------------------------|--|--------------------------|
| In trash               | <input type="checkbox"/> | * Left on table / tray                     | <input type="checkbox"/> |
| Left in bed / mattress | <input type="checkbox"/> | In pocket / clothing                       | <input type="checkbox"/> |
| In linen / laundry     | <input type="checkbox"/> | Other unusual locations (please describe): | <input type="checkbox"/> |
| On floor               | <input type="checkbox"/> |  |                          |

**3g) Other circumstances (please describe):**

**»4. WHICH TYPE OF DEVICE CAUSED THE INJURY? (Please tick (✓) where applicable)**

**4a) Needles:**

- |   |                          |                           |                          |
|---|--------------------------|---------------------------|--------------------------|
| Hypodermic needle                                   | <input type="checkbox"/> | Butterfly needle          | <input type="checkbox"/> |
| IV Catheter stylet (Venofix / Branula)              | <input type="checkbox"/> | Bone marrow needle        | <input type="checkbox"/> |
| Needle on IV line e.g piggy back, IV line connector | <input type="checkbox"/> | Biopsy needle             | <input type="checkbox"/> |
| Central line catheter introducer needle             | <input type="checkbox"/> | Others (please describe): | <input type="checkbox"/> |
| Spinal / epidural needle                            | <input type="checkbox"/> |                           |                          |

**4b) Glass:**

- |                     |                          |                                       |                          |
|---------------------|--------------------------|---------------------------------------|--------------------------|
| Medication ampoule  | <input type="checkbox"/> | Capillary tube                        | <input type="checkbox"/> |
| Vacuum tube (glass) | <input type="checkbox"/> | Specimen / test tube (glass)          | <input type="checkbox"/> |
| Pipette (glass)     | <input type="checkbox"/> | Medication / IV bottle (large volume) | <input type="checkbox"/> |
| Glass slide         | <input type="checkbox"/> | Other glass item (please describe):   | <input type="checkbox"/> |

(\*) delete where is not applicable.

(») to be filled in the registry

**4c) Surgical instruments or other items:**

- |  |   |  |                          |
|--|---|--|--------------------------|
| <input type="checkbox"/> Lancet                  | <input type="checkbox"/> Specimen / test tube (plastic) | <input type="checkbox"/> Razor                                 | <input type="checkbox"/> |
| <input type="checkbox"/> Finger nails/teeth      | <input type="checkbox"/> Scalpel                        | <input type="checkbox"/> *Retractor, Skin / bone hook          | <input type="checkbox"/> |
| <input type="checkbox"/> Scissors                | <input type="checkbox"/> Pipette (plastic)              | <input type="checkbox"/> Wire (suture / fixation / guide wire) | <input type="checkbox"/> |
| <input type="checkbox"/> Bone cutter             | <input type="checkbox"/> Staple / steel suture          | <input type="checkbox"/> Electro-cautery device                | <input type="checkbox"/> |
| <input type="checkbox"/> Bone chip               | <input type="checkbox"/> Microtome blade                | <input type="checkbox"/> Pickup / Forcep / Hemostat / Clamp    | <input type="checkbox"/> |
| <input type="checkbox"/> Towel clip              | <input type="checkbox"/> Tenaculum                      | <input type="checkbox"/> Vacuum tube (plastic)                 | <input type="checkbox"/> |
| <input type="checkbox"/> Trocar                  | <input type="checkbox"/> Suture Needle                  | <input type="checkbox"/> Other sharps item (please describe):  | <input type="checkbox"/> |
| <input type="checkbox"/> Histology cutting blade | <input type="checkbox"/> Explorer                       | <input type="checkbox"/>                                       | <input type="checkbox"/> |

**4d) Was the device contaminated?:**

- Contaminated (known exposure to patient or contaminated equipment)
- Uncontaminated (no known exposure to patient or contaminated equipment)
- Unknown

**>>5. WHAT WAS THE PROCEDURE CONDUCTED? (Please tick (✓) where applicable)**

- Unknown / not applicable
- Injection- \* IV / IM/ SC
- Heparin or saline flush
- Other injections into (or aspiration from) IV injection sites or IV ports
- Drawing venous blood sample
- Drawing arterial blood sample
- Starting IV or setting up Heparin block (IV catheter or butterfly type needle)
- Connecting IV line (intermittent IV line / piggy back / other IV connections)
- Placing an arterial / central line
- \*Finger stick / Heel stik (e.g to do glucometer)
- Suturing
- Dissecting
- Drilling
- Electrocautery
- Obtaining body fluid or tissue samples \*(CSF / Peritoneal fluid / Pleural fluid / Biopsy)
- Non medical procedures (please describe):

Others (please describe):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

(\*) delete where is not applicable  
 (\*\*) to be filled in the registry