



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

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



OHU/SIS-2a

MANAGEMENT OF THE EXPOSED HEALTH CARE WORKER SECTION (OHU/SIS-2a)

OHU/SIS-2a : Risk assessment of disease transmission following sharps injury

PARTICULARS OF EXPOSED HEALTH CARE WORKERS

(Please tick (✓) where applicable)

1. Name :
2. Gender : Male : ☐ Female : ☐
3. NRIC : New :
Old :
4. Nationality :
5. Age on the 1st 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

1. RISK ASSESSMENT OF THE INJURY (Please tick (✓) where applicable)**1.1 Type of injury / exposure:****1.1.1 Mucous membrane / skin integrity compromised:** ☐

- Large Volume ☐
(e.g. several drops, major blood splash and /
or longer duration i.e. several minutes or more)

- Small Volume (e.g. few drops, short duration) ☐

1.1.2 Intact skin:

- Yes ☐
- No ☐

1.1.3 Percutaneous exposure:

- More Severe (e.g. large-bore hollow needle, deep
puncture, visible blood on device, or needle used in
source patient's artery or vein) ☐

- Less Severe (e.g. solid needle, superficial scratch) ☐

**1.2 If the injury was to the hands, did the sharp item
penetrate:**

- Double pair of gloves ☐
- Single pair of gloves ☐
- No gloves ☐

2. RISK ASSESSMENT OF THE SOURCE (Please tick (✓) where applicable)**2.1 Source:**Known (Proceed to Q.2.2-2.10) ☐Unknown (Proceed to Q.3) ☐

- Elevated liver enzymes ☐

- Dialysis ☐

- Others : ☐

2.2 Name:**2.3 NRIC No:****2.4 Ward / Clinic:****2.5 Admitted / Walk-in for:****2.7 If source patient known but not tested, what is
the reason?**
.....**2.8 For HIV infected source patient.****2.8.1 On antiviral treatment:**

- Yes ☐
- No ☐

»2.6 Risk factors (if any):

- IVDU ☐
- Had unprotected sex ☐
- Blood products recipient ☐

2.8.2 If yes (on antiviral treatment):

2.8.2.1 • Drugs used (current) :

2.8.2.2 • Drugs used in the past :

2.8.2.3 • Latest viral load :

»2.9 Results of tests: (Please tick (✓) where applicable)

Pathogen	Test	Result			Date & Time drawn			
HIV	Anti-HIV	☐ Positive	☐ Negative	☐ Not Tested	Day	Month	Year	Time :
Hepatitis B	HBsAg	☐ Positive	☐ Negative	☐ Not Tested	Day	Month	Year	Time :
Hepatitis C	Anti-HCV	☐ Positive	☐ Negative	☐ Not Tested	Day	Month	Year	Time :
Others		☐ Positive	☐ Negative	☐ Not Tested	Day	Month	Year	Time :

2.10 Results disclosed to source patient:

- Yes ☐
- No ☐

2.10.1 Date results disclosed: Day Month Year

(») to be filled in the registry

3. RISK ASSESSMENT OF THE EXPOSED HEALTH CARE WORKER (Please tick (✓) where applicable)**3.1 Marital status:**

- Married ☐
- Single ☐
- Divorced ☐

3.2 Pregnancy status:

- Yes ☐
- No ☐
- Not Applicable ☐

3.3 Hepatitis B immunization status:**3.3.1 History of hepatitis B immunization before the exposure:**

- No ☐
- One dose ☐
- Two doses ☐
- Three doses ☐

Level of antibody to hepatitis B (anti-HBs), if tested :

..... mIU/ml

Date of anti-HBs blood test : (as in 3.3.2): Day Month Year**»3.4 Baseline blood test:**

Pathogen	Test	Result	Date & Time drawn
HIV	Anti-HIV	☐ Positive ☐ Negative ☐ Not Tested	Time : Day Month Year
Hepatitis B	HBsAg	☐ Positive ☐ Negative ☐ Not Tested	Time : Day Month Year
Hepatitis C	Anti-HCV	☐ Positive ☐ Negative ☐ Not Tested	Time : Day Month Year
Others :		☐ Positive ☐ Negative ☐ Not Tested	Time : Day Month Year

3.5 Is Post-exposure prophylaxis started?:

- Yes ☐
- No ☐
- Yes ☐
- No ☐

»3.6 Is follow-up required?**3.7 Assessment done by :**

Name of Physician / Medical Officer :

Department :

Hospital :

Date :