SHARPS INJURY SURVEILLANCE
OCCUPATIONAL HEALTH UNIT
MINISTRY OF HEALTH

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

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

OHU/SIS-2b : Post-Exposure Management (Treatment and follow-up of the exposed healthcare worker)

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

1. Management of the Exposed Health Care Worker:

(Please tick (✓) where applicable)

»1.1 Post exposure Prophylaxis (PEP) given:

- Yes ☐
- No ☐

PEP	Requirement	Data given	Data Completion	Duration/ Medication/ Comments
HBIG	☐ 1 dose ☐ 2 doses	☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year	☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year	
HIV PEP	☐ Basic regime ☐ Expanded regime	☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year	☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year	
Others :		☐☐ ☐☐ ☐☐ Day Month Year	☐☐ ☐☐ ☐☐ Day Month Year	

(») to be filled in the registry

»1.2 Hepatitis B Immunization Needed: (Please tick (✓) where applicable)

- Yes ☐
- No ☐

Immunization	Dose	Date given	Medication/Duration/ Comments
Hepatitis B (Immunization)	☐ First dose ☐ Second dose ☐ Third dose	☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year ☐☐ ☐☐ ☐☐ Day Month Year	

Test	Result	Date given
Anti-HBs (1-2 months after completion Hepatitis B immunization)	..... mIU/ml	☐☐ ☐☐ ☐☐ Day Month Year

»1.3 Follow-up blood test: (Please tick (✓) where applicable)

Pathogen	Test	Result	Date drawn
HIV	Anti-HIV (At 6 weeks post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	Anti-HIV (At 3 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	Anti-HIV (At 6 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
Hepatitis B	HBsAg (At 6 weeks post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	HBsAg (At 3 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	HBsAg (At 6 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
Hepatitis C	Anti-HCV (At 6 weeks post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	HCV RNA (At 6 weeks post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	Anti-HCV (At 3 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
	Anti-HCV (At 6 months post incident)	☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year
Others:		☐ Positive ☐ Negative ☐ Not Tested	☐☐ ☐☐ ☐☐ Day Month Year

(»)to be filled in the registry

1.4 Comments and subsequent actions based on the results: (Please tick (✓) where applicable)

1.4.1 Seroconversion status:

- Yes ☐
- No ☐

1.4.2 If yes, referral to:

- Physician from relevant discipline for further clinical management

  Name of Physician : .....

  Department : .....

  Hospital : .....

- Hospital Director / District Medical Officer of Health for assessment of work task involving 'exposure prone procedure' (EPP)

  Hospital Director / District Medical

  .....

  .....

  Date of appointment : .....

Name of attending Medical Officer : .....

Department : .....

Hospital : .....

Date : .....