རྒྱལ་ཡོངས་རྒྱུད་སྨན་ཀློག

རྒྱལ་ཡོངས་རྒྱུད་སྨན་འགྲས་ཀོག་ཀློག་ གསོ་བ་ཁྱབ།

NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

Accidental Occupational Exposure Reporting Form

Form No: NTMH//IPC-01

Name of HCW: ..... Age/Sex: .....
Employee ID : ..... Designation: .....
Department/Ward: ..... Date & Time of Exposure: .....
Place of Exposure: ..... Date & Time of Reporting: .....
Type of Exposure: ( ) Needlestick Injury (Length of Needle inside the skin: ..... cm)
( ) Blood & Body Fluid Exposure
( ) Laceration
( ) Human Bite
( ) Other Punctures .....

Body Area Exposed: ..... Body Fluid Involved: .....
Skin Integrity at Exposed Site : ( ) Intact ( ) Non-Intact
Type of Instrument/Equipment Involved: .....
Name of Procedure Involved (If Applicable) .....
PPE Worn : ( ) Gloves ( ) Face Mask ( ) Apron ( ) Goggles/Face Shield ( ) None
Source/Patient Status : HBV : ( ) Positive ( ) Negative ( ) Unknown
HIV : ( ) Positive ( ) Negative ( ) Unknown
HCV : ( ) Positive ( ) Negative ( ) Unknown
HCW Status : HBV : ( ) Positive ( ) Negative ( ) Unknown
HIV : ( ) Positive ( ) Negative ( ) Unknown
HCV : ( ) Positive ( ) Negative ( ) Unknown
Vaccination Against Hepatitis B : ( ) Vaccinated ( ) Not Vaccinated
If Vaccinated : Dose 1 : Dose 2: Dose 3:
Instance of Exposure : .....

Nature of Exposure : .....

.....

First Aid : ( ) Provided ( ) Not Provided .....

Post Exposure Prophylaxis:.....

.....

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Follow Up: .....

Employee's Signature

Infection Control Officer/Nurse