

PROVINCE OF KWAZULU-NATAL
HEALTH SERVICES

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Date : 10 February 2004
Ref : UN/L/F 013-03

ATTENTION:

**ALL INSTITUTIONS
CLINICS
DISTRICT OFFICES
EMRS
LABORATORIES**

RE: NEEDLE STICK INJURIES

This is a sample of a Check Tool to be used by all concerned to report the consolidated information on Needle Stick Injuries to Head Office on a monthly basis.

Your co-operation shall be appreciated.

**MRS JS MASINGA: DEPUTY DIRECTOR: INFECTION CONTROL
INSTITUTIONAL SUPPORT SERVICES**

KZN DEPARTMENT OF HEALTH – INSTITUTIONAL SUPPORT SERVICES

NEEDLE STICK INJURY CHECK TOOL

DISTRICT: _____ **INSTITUTION:** _____

Indicate the cause of injury e.g. hypodermic needles, intravenous cannula , scalpel blades, lancets, sutures needles, skin clips, glass, eye splash, etc

OBJECTIVE: TO MONITOR THE MOST PREVALENT CAUSES OF NEEDLESTICK INJURIES TO THE HEALTH CARE WORKERS.

	DATE	WARD/DEPT/ UNIT	NAME OF HEALTHWORKER	CATEGORY eg. Doctor, Nurse, General Assistant, etc.	CAUSE OF INJURY e.g. scalpel blade	WHEN DID THIS TAKE PLACE e.g. before, after, during procedure	POST EXPOSURE PROTOCOL FOLLOW-UP
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

COMPILED BY: _____ SIGN: _____ DATE: _____