



# PROGRAM SURVELAN DAN PENCEGAHAN TUSUKAN JARUM

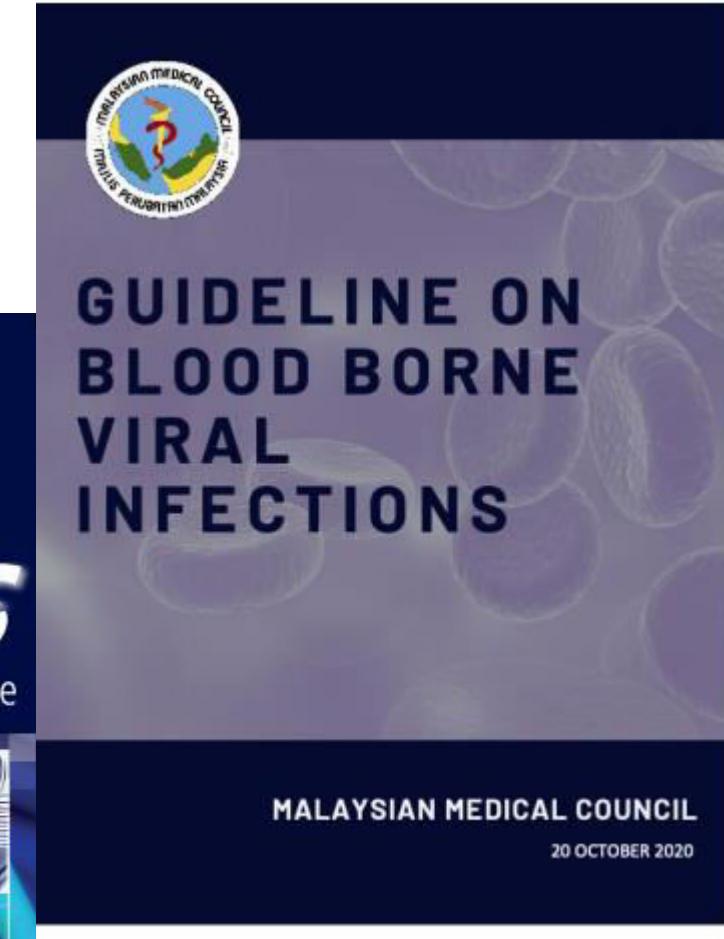
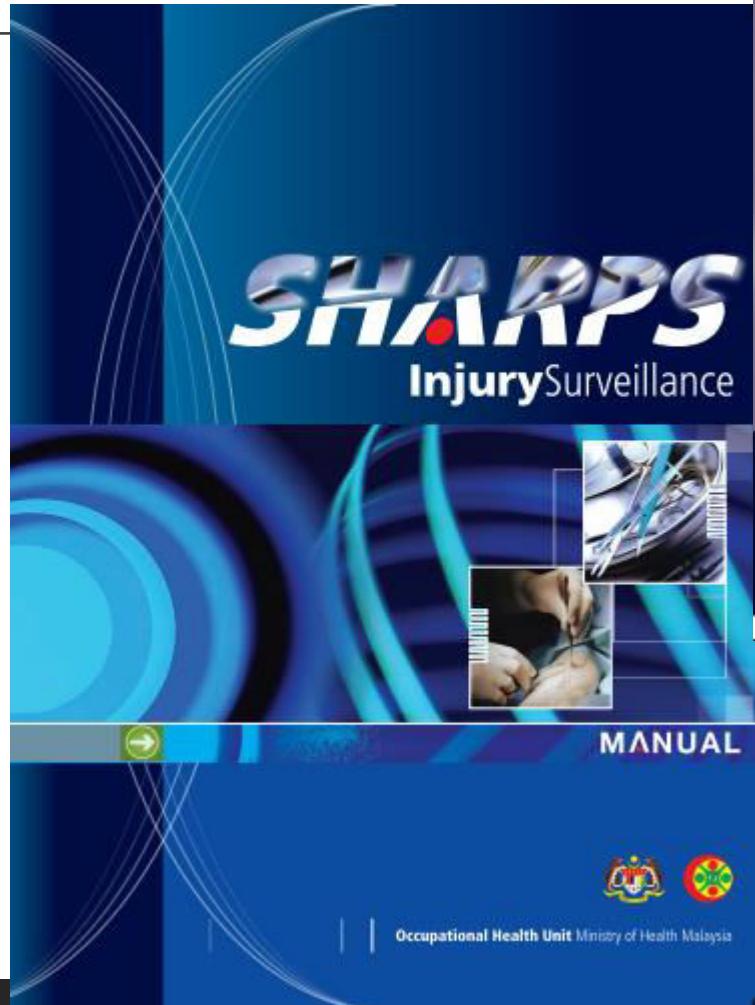
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DI KLINIK KESIHATAN

# SURVELAN TUSUKAN PERALATAN TAJAM DI KALANGAN ANGGOTA KESIHATAN

Includes all sharps instruments/devices used in healthcare facilities ( e.g. all types of needles, scalpel, trochar, broken glass, lancet and other sharps devices. )

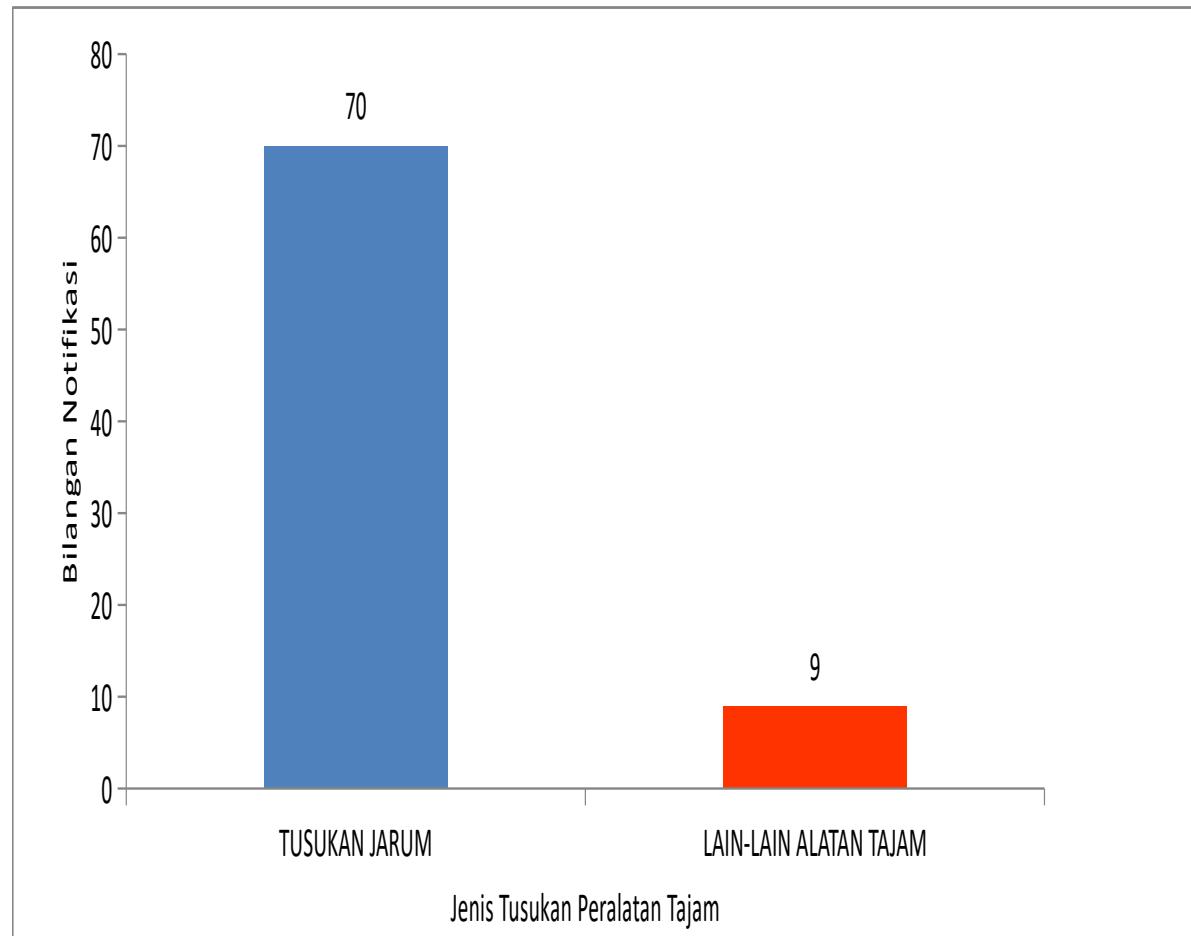
- Ministry of Health staff
- Ministry of Health trainees
- Medical students
- Health facilities support service worker



<http://jknj.moh.gov.my/ekpas/SHARP%20INJURY%20SURVEILANCE%20KKM.pdf>

<https://mmc.gov.my/wp-content/uploads/2021/04/20201020-MMC-GUIDELINE-ON-BLOOD-BORNE-VIRAL-INFECTIONS-1.pdf>

## NOTIFICATION OF SHARPS INJURY INCIDENCE JAN - JUN 2022

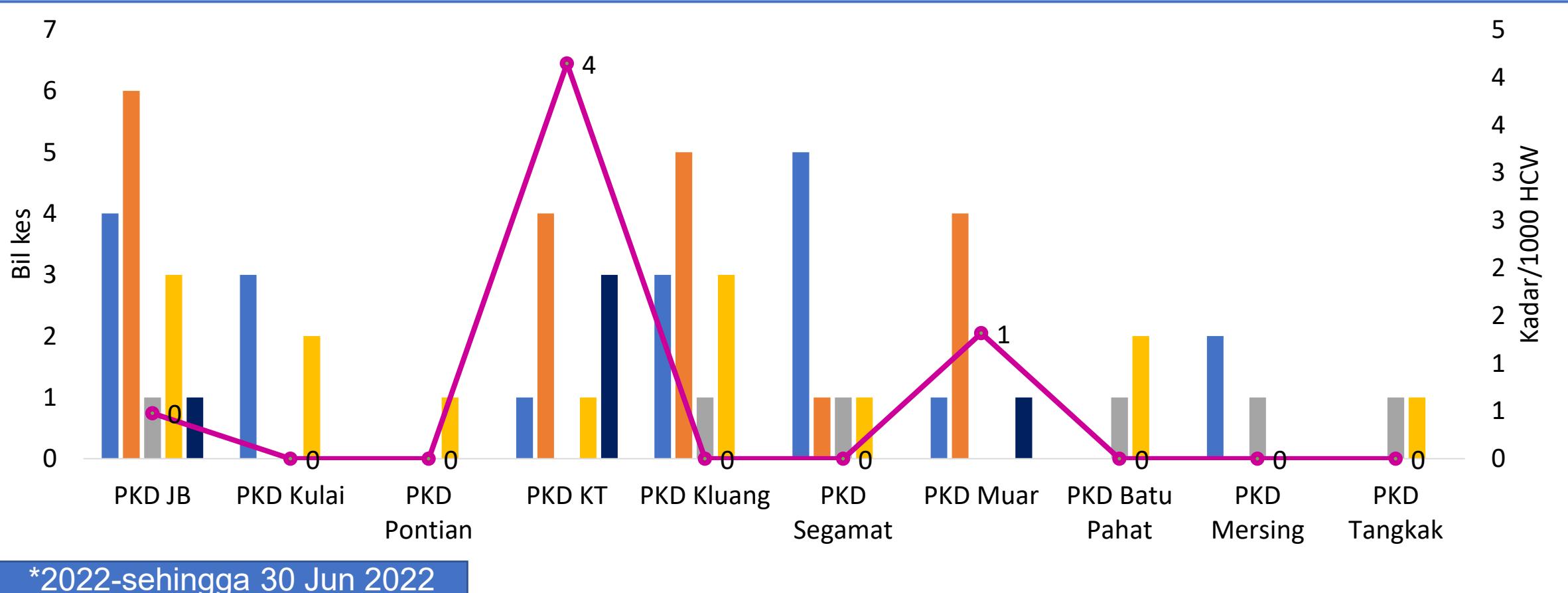


**Jumlah Kes = 79**

PTJ	2022
HSA	16
HSI	9
Hosp Kulai	2
Hosp Pontian	2
Hosp KT	1
Hosp Kluang	4
HOSP Segamat	1
Hosp Muar	9
Hosp BP	13
PKD JB	1
PKD KT	3
PKD Muar	1
KP JB	4
KP Pontian	1
KP Kluang	1
KP Segamat	2
<b>JUMLAH</b>	<b>70</b>

# TREND AND INCIDENCE RATE OF NSI CASES BY FACILITY(PKD)

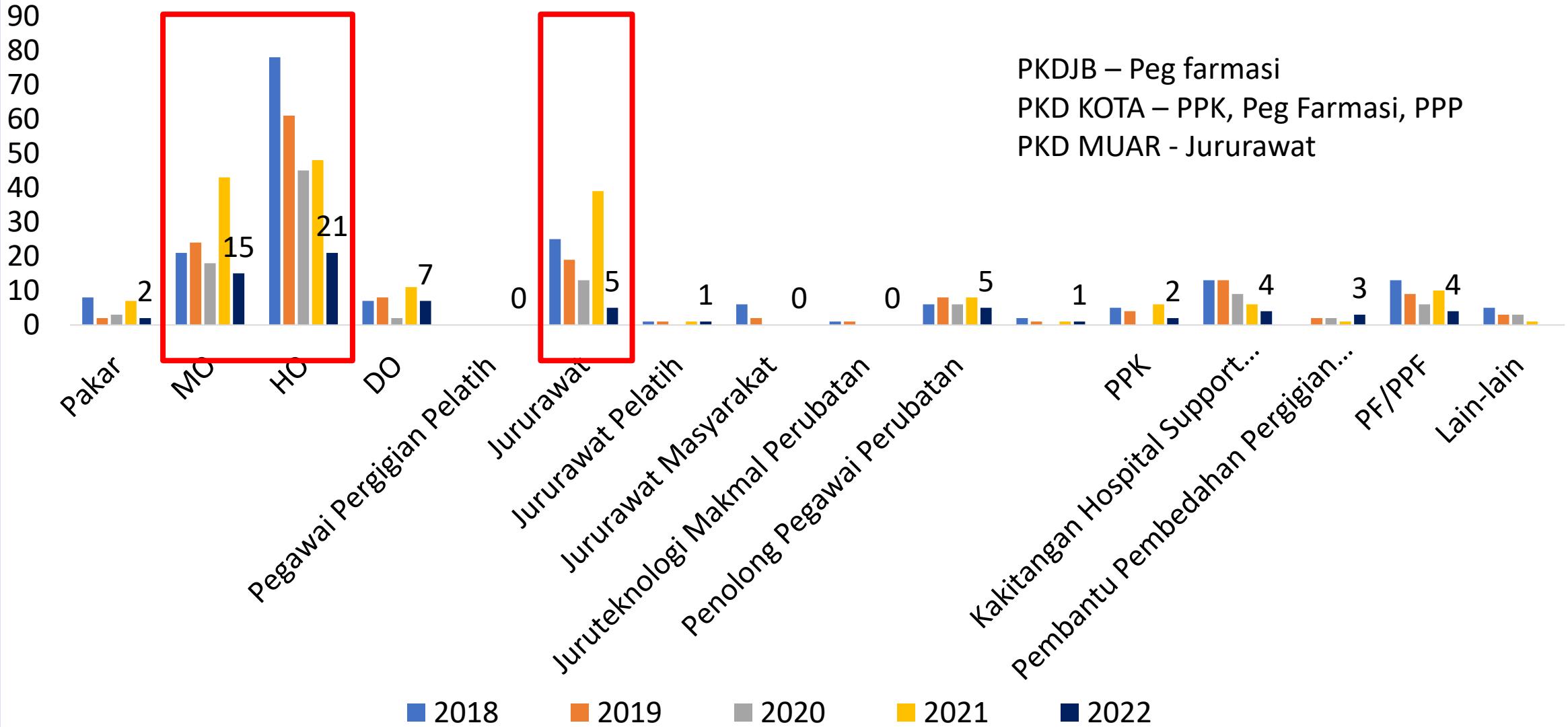
## 2018 - JUN 2022



■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ KADAR

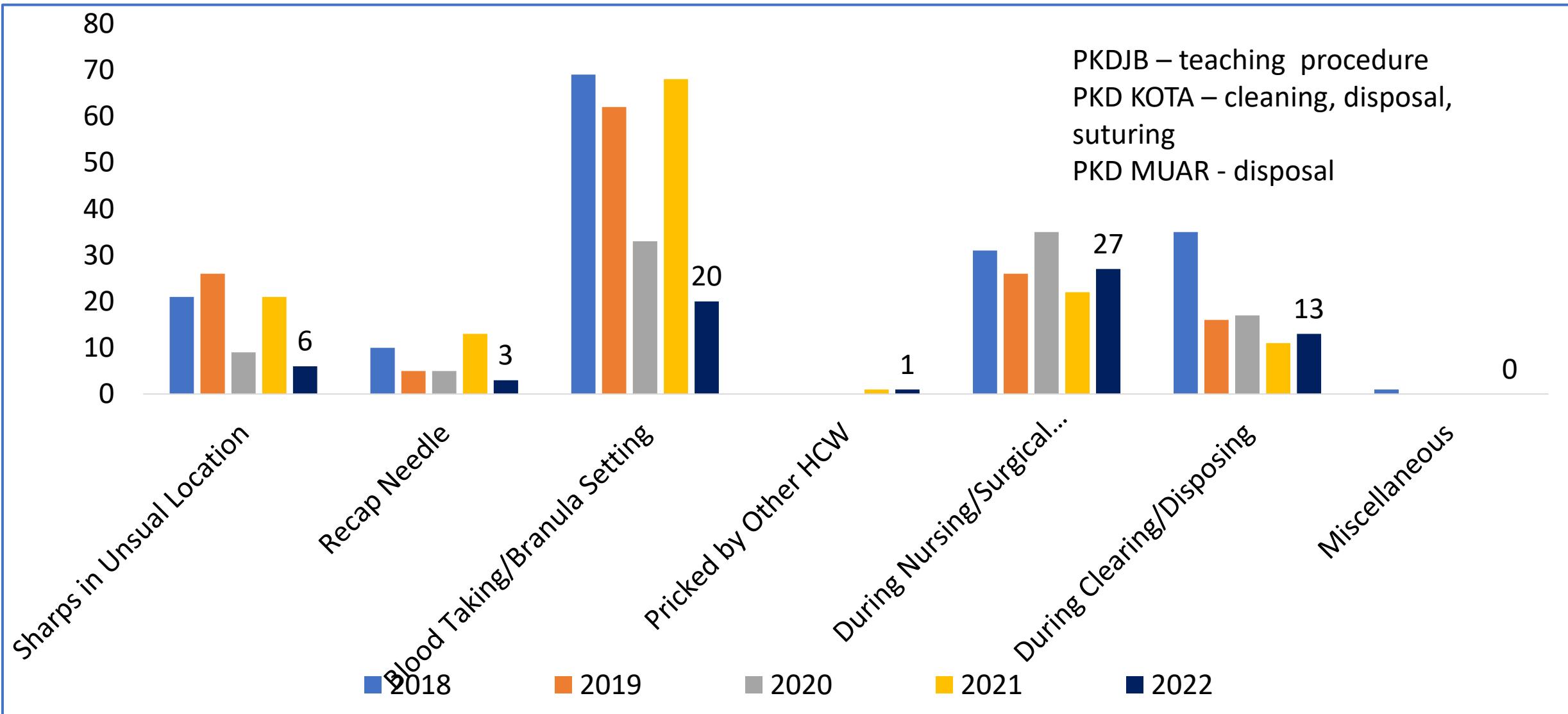
# TREND OF NSI CASES BY OCCUPATION

## 2018-JUN 2022



# TREND OF CAUSATIVE FOR SHARPS INJURY

## 2018 – JUN 2022



## Ketua PTJ/Klinik

## Anggota Kesihatan

MENYEDIA DAN  
MENYENGGARA  
TEMPAT DAN SISTEM  
KERJA YANG SELAMAT  
DAN SIHAT

LATIHAN DALAM  
PERKHIDMATAN DARI  
MASA KE SEMASA

MENYEDIAKAN  
PAKAIAN  
PELINDUNGAN  
PERIBADI YANG SESUAI  
DAN BERKESAN

BERI PERHATIAN  
MUNASABAH BAGI  
MENJAGA  
KESELAMATAN DIRI  
DAN ORANG LAIN

MEMATUHI ARAHAN  
BERKAITAN  
KESELAMATAN DAN  
KESIHATAN

MENGUNAKAN  
KELENGKAPAN  
PERLINDUNGAN  
PERIBADI YANG  
DIBEKALKAN

# PERATURAN DI BAWAH OSHA (NADOPOD 2004)

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- Bilakah kes perlu dilapor?
  - dengan serta-merta bagi kemalangan maut, kemalangan teruk & kejadian berbahaya
  - dalam tempoh 7 hari bagi kemalangan yang menyebabkan tidak berkerja lebih 4 hari, penyakit & keracunan pekerjaan (laporan bertulis)
- Apakah tindakan undang-undang sekiranya anda tidak melapor?
  - denda tidak melebihi RM 10,000 atau
  - penjara tidak melebihi satu tahun atau
  - kedua-duanya sekali

**PART VIII**

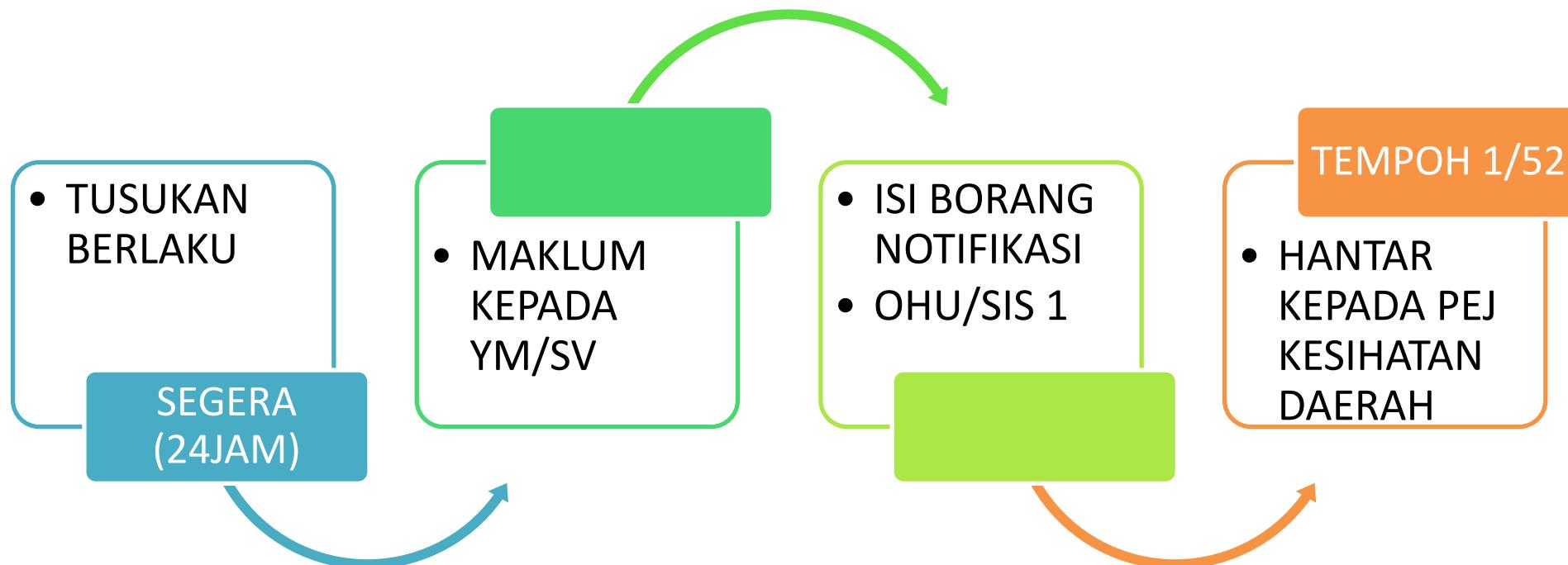
**NOTIFICATION OF ACCIDENTS, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING  
AND OCCUPATIONAL DISEASES, AND INQUIRY**

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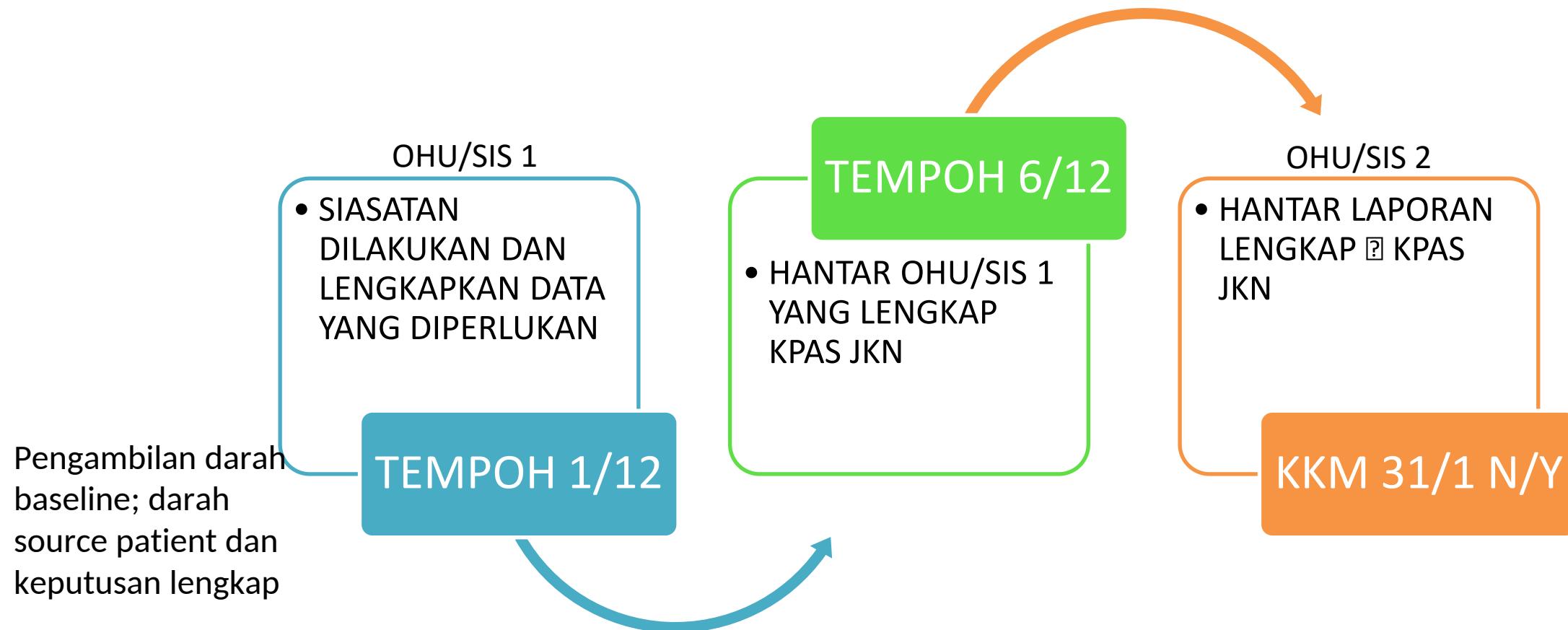
**32. Notification of accidents, dangerous occurrence occupational poisoning and occupational diseases, and inquiry.**

- (1) An employer shall notify the nearest occupational safety and health office of any accident, dangerous occurrence, occupational poisoning or occupational disease which has occurred or is likely to occur at the place of work.
- (2) Every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering from any of the diseases listed in the Third Schedule of the Factories and Machinery Act 1967 [Act 139.], or any disease named in any regulation or order made by the Minister under this Act, or occupational poisoning shall report the matter to the Director General.

# NOTIFIKASI TUSUKAN JARUM DI KLINIK



# NOTIFIKASI TUSUKAN JARUM DI KLINIK



# BORANG

1. OHU/SIS-1 Epidemiology section



Dalam e -kpas

2. OHU/SIS- Management of exposed health care worker section



Reten excel

- OHU/SIS-2a Risk assessment
- OHU/SIS-2b Post-exposure management

3. OHU/SIS-3 Occupational intervention if the HCW becomes infected



Bukan untuk semua kes





# eKPAS

## Jabatan Kesihatan Negeri Johor



### KOMUNITI LOGIN



[PENTADBIR]



[PENGGUNA]

**JABATAN KESIHATAN NEGERI JOHOR**  
UNIT KPAS, BAHAGIAN KESIHATAN AWAM,  
JALAN PRSIARAN PERMAI, 81200 JOHOR BAHRU,  
JOHOR DARUL TA'ZIM  
EMEL RASMI: [jknjohor@moh.gov.my](mailto:jknjohor@moh.gov.my)



**MENU ( PENTADBIR PTJ )**

**NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN  
PTJ /KK: PEJABAT PERGIGIAN DAERAH KULAI /**

**Laman Utama**

**Pendaftaran WEHU**

- BORANG A**
- BORANG S**
- BORANG D**
- BORANG E**
- BORANG L**
- SHARPS INJURY SURVEILLANCE(SIS)**

**Kemaskini**

- BORANG A**
- BORANG S**
- BORANG D**
- BORANG E**
- BORANG L**
- SHARPS INJURY SURVEILLANCE**

**Kawalan**

**Log Keluar**

**TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAT :DR NURUL FARHANA BINTI OTHMAN**

**SELAI**

**SELAMAT DATANG KE  
SISTEM eKPAS  
JABATAN KESIHATAN NEGERI  
JOHOR**





## MENU ( PENTADBIR PTJ )

NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN  
PTJ / KK: PEJABAT PERGIGIAN  
DAERAH KULAI /

Laman Utama

Pendaftaran WEHU

BORANG A  
BORANG S  
BORANG D  
BORANG E  
BORANG L

**SHARPS INJURY  
SURVEILLANCE(SIS)**

Kemaskini

BORANG A  
BORANG S  
BORANG D  
BORANG E  
BORANG L  
SHARPS INJURY  
SURVEILLANCE

Kawalan

Log Keluar

TARIKH : Selasa , 20/04/2021 || NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN

SELAMAT DATANG KE SISTEM eKPAS JABATAN KESIHATA

## SIS-PARTICULARS

SIS-1

SIS-2

SIS-3

SIS-4

SIS-5

## EPIDEMIOLOGY SECTION

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

1. State : 2. District : 

3. Name of hospital / health clinic :

( Please tick (  ) where applicable )\*Tarikh Notifikasi: 

1. Name	:	<input type="text"/>
2. Gender	:	<input type="text" value="-Please Select-"/>
3. NRIC	:	<input type="text"/> (IC without '-')
4. Date of birth:	:	<input type="text"/>
5. Age on the 1st of January	:	<input type="text"/> years (Sistem akan membuat pengiraan secara automatik)
6. Nationality	:	<input type="text" value="-Please Select-"/>
7. Department Presently attached to	:	<input type="text"/>
8. Contact number	:	<input type="text"/>
9. Date of injury	:	<input type="text" value="0000-00-00"/>
Time	:	-- : -- : -- <input type="text" value="08:00 AM"/> [ctd : 08:00 AM]
Date of first reporting to Medical / ID Team	:	<input type="text" value="0000-00-00"/>
10. Time	:	-- : -- : -- <input type="text" value="08:00 AM"/> [ctd : 08:00 AM]
11. Duration of employment in Ministry of Health	:	<input type="text"/> -Please Select- <input type="text"/>
12. Duration of work in handling sharps	:	<input type="text"/> -Please Select- <input type="text"/>

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

Save and Add



**MENU ( PENTADBIR PTJ )**

**NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN  
PTJ / KK: PEJABAT PERGIGIAN DAERAH KULAI /**

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**SHARPS INJURY SURVEILLANCE**

**Kawalan**

**Log Keluar**

**TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN | JESIHATAN NEGERI JOHOR**

SIS-PARTICULARS	SIS-1	SIS-2	SIS-3	SIS-4	SIS-5	
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**>>1. JOB CATEGORY ( Please tick (  ) where applicable )**

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

**DENTAL**

Dental Specialist	<input type="checkbox"/>
Dental Officer	<input type="checkbox"/>
Dental Nurse	<input type="checkbox"/>
Dental Surgery Assistant	<input type="checkbox"/>
Dental Technician	<input type="checkbox"/>
Dental Attendant	<input type="checkbox"/>

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



**MENU ( PENTADBIR PTJ )**

**NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN  
PTJ / KK: PEJABAT PERGIGIAN DAERAH KULAI /**

**Laman Utama**

**Pendaftaran WEHU**

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**SHARPS INJURY SURVEILLANCE(SIS)**

**Kemaskini**

- BORANG A**
- BORANG S**
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- BORANG E**
- BORANG L**

**SHARPS INJURY SURVEILLANCE**

**Kawalan**

- Daftar Penyelaras**
- Senarai Penyelaras**

**Log Keluar**

TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAI : DR NURUL FARHANA BINTI OTHMAN

SELAMAT DATANG KE SISTEM eKPAS JABATAN KESIHATAN

SIS-PARTICULARS    SIS-1    **SIS-2**    SIS-3    SIS-4    SIS-5

>> 2. WHERE DID THE SHARPS INJURY OCCUR ( Please tick (  ) where applicable )

Ward (please specify):

Accident & Emergency

At patient's bedside

Dental Clinic

Side room / nurses table

Labour Room

Elsewhere in the ward ( please specify ) :

Intensive Care Unit

Operating Theatre

Specialist Clinic

Health Clinic

Laboratory

Polyclinic

School / College / Faculty

Others ( please specify )

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



MENU ( PENTADBIR PTJ )

NAMA PEGAWAI :DR NURUL FARHANA  
BINTI OTHMAN  
PTJ / KK: PEJABAT PERGIGIAN DAERAH  
KULAI /

[Laman Utama](#)

Pendaftaran WEHU

[BORANG A](#)[BORANG S](#)[BORANG D](#)[BORANG E](#)[BORANG L](#)

**SHARPS INJURY  
SURVEILLANCE(SIS)**

Kemaskini

[BORANG A](#)[BORANG S](#)[BORANG D](#)[BORANG E](#)[BORANG L](#)

**SHARPS INJURY SURVEILLANCE**

Kawalan

[Daftar Penyelaras](#)[Senarai Penyelaras](#)

Log Keluar

TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN

STEM eKPAS JABATAN KESIHATAN NEGERI JOHOR

SIS-PARTICULARS SIS-1 SIS-2 **SIS-3** SIS-4 SIS-5>>3. HOW DID THE SHARPS INJURY OCCUR ( Please tick (  ) where applicable )

## 3a) While handling patient or needle/sharps:

- |                                    |  |  |                          |
|------------------------------------|--|--|--------------------------|
| While inserting needle in line:    | <input type="checkbox"/> Passing / Transferring equipment      | While inserting needle in patient:     | <input type="checkbox"/> |
| While manipulating needle in line  | <input type="checkbox"/> While manipulating needle in patient  | While withdrawing needle from patient: | <input type="checkbox"/> |
| While withdrawing needle from line | <input type="checkbox"/> While withdrawing needle from patient |  |                          |

## 3b) While in operative field or during suturing procedures or autopsy:

- |               |   |
|---------------|---|
| Suturing      | <input type="checkbox"/> Manipulating suture needle in holder |
| Incising      | <input type="checkbox"/> Passing                              |
| Tying sutures | <input type="checkbox"/> Receiving equipment                  |
| Palpating     | <input type="checkbox"/>                                      |
| Exploring     | <input type="checkbox"/>                                      |

## 3c) Handling equipment / specimens

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

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

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

## 3e) Disposal related:

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

## 3f) Sharps in unusual locations:

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

3g) Other circumstances ( please describe ):  
  

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

Screenshots Added  
A screenshot was added to your Dropbox.

 <b>MENU ( PENTADBIR PTJ )</b> <b>NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN</b> <b>PTJ / KK: PEJABAT PERGIGIAN DAERAH KULAI /</b>  <b>Laman Utama</b>  <b>Pendaftaran WEHU</b> <ul style="list-style-type: none"> <li><b>BORANG A</b></li> <li><b>BORANG S</b></li> <li><b>BORANG D</b></li> <li><b>BORANG E</b></li> <li><b>BORANG L</b></li> </ul> <b>SHARPS INJURY SURVEILLANCE(SIS)</b>  <b>Kemaskini</b> <ul style="list-style-type: none"> <li><b>BORANG A</b></li> <li><b>BORANG S</b></li> <li><b>BORANG D</b></li> <li><b>BORANG E</b></li> <li><b>BORANG L</b></li> </ul> <b>SHARPS INJURY SURVEILLANCE</b>  <b>Kawalan</b> <ul style="list-style-type: none"> <li><b>Daftar Penyelaras</b></li> <li><b>Senarai Penyelaras</b></li> </ul> <b>Log Keluar</b>	<p style="text-align: center;"><b>TARIKH : Selasa , 20/04/2021   NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN</b></p> <p style="text-align: center;"><b>TAN NEGERI JOHOR</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SIS-PARTICULARS</th> <th>SIS-1</th> <th>SIS-2</th> <th>SIS-3</th> <th style="background-color: #0070C0; color: white;">SIS-4</th> <th>SIS-5</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="7" style="text-align: center;"><b>&gt;&gt;4. WHICH TYPE OF DEVICE CAUSED THE INJURY ( Please tick ( <input type="checkbox"/> ) where applicable )</b></td> </tr> <tr> <td colspan="7"><b>4a) Needles:</b></td> </tr> <tr> <td>Hypodermic needle</td> <td><input type="checkbox"/></td> <td>Butterfly needle</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IV Catheter styler (Venofix / Branula)</td> <td><input type="checkbox"/></td> <td>Bone marrow needle</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle on IV line e.g piggy back IV line connector</td> <td><input type="checkbox"/></td> <td>Biopsy needle</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Central line catheter introduce needle</td> <td><input type="checkbox"/></td> <td>Others (please describe)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spiral / epidural needle</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"><b>4b) Glass:</b></td> </tr> <tr> <td>Medication ampoule</td> <td><input type="checkbox"/></td> <td>Capillary tube</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vacuum tube (glass)</td> <td><input type="checkbox"/></td> <td>Specimen / test tube (glass)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pipette (glass)</td> <td><input type="checkbox"/></td> <td>Medication / IV bottle ( large volume )</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glass slide</td> <td><input type="checkbox"/></td> <td>Other glass item ( please describe )</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"><b>4c) Surgical instruments or other items:</b></td> </tr> <tr> <td>Lancer</td> <td><input type="checkbox"/></td> <td>Microtome blade</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finger nails/teeth</td> <td><input type="checkbox"/></td> <td>Tenaculum</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scissors</td> <td><input type="checkbox"/></td> <td>Suture Needle</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bone cutter</td> <td><input type="checkbox"/></td> <td>Explore</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bone chip</td> <td><input type="checkbox"/></td> <td>Razor</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Towel clip</td> <td><input type="checkbox"/></td> <td>Wire ( suture / fixation / guide wire )</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trocars</td> <td><input type="checkbox"/></td> <td>Electro-cautery device</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Histology cutting blade</td> <td><input type="checkbox"/></td> <td>Pickup / Forcep / Hemostat / Clamp</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specimen / test tube (plastic)</td> <td><input type="checkbox"/></td> <td>Vacuum tube (plastic)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scalpel</td> <td><input type="checkbox"/></td> <td>Other sharps item (please describe)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pipette(plastic)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staple / steel suture</td> <td><input type="checkbox"/></td> <td>Retractor*</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Skin / bone hook *</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"><b>4d) Was the device contaminated:</b></td> </tr> <tr> <td>Contaminated ( known exposure to patient or contaminated equipment )</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Uncontaminated ( no known exposure to patient or contaminated equipment )</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="font-size: small; color: gray;">         (*) delete where is not applicable          (&gt;&gt;) to be filled in the registry       </td> </tr> </tbody> </table>	SIS-PARTICULARS	SIS-1	SIS-2	SIS-3	SIS-4	SIS-5		<b>&gt;&gt;4. 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NAMA PEGAWAI :DR NURUL FARHANA  
BINTI OTHMAN  
PTJ / KK: PEJABAT PERGIGIAN DAERAH  
KULAI /

Laman Utama

Pendaftaran WEHU

BORANG A

BORANG S

BORANG D

BORANG E

BORANG L

SHARPS INJURY  
SURVEILLANCE(SIS)

Kemaskini

BORANG A

BORANG S

BORANG D

BORANG E

BORANG L

SHARPS INJURY SURVEILLANCE

Kawalan

Daftar Penyelaras

Senarai Penyelaras

Log Keluar

TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN

SEL

SIS-PARTICULARS    SIS-1    SIS-2    SIS-3    SIS-4    **SIS-5**

>>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

Pentoneal fluid

Pleural fluid

Biopsy

Non medical procedures (please describe) :-

(please describe)

Others (please describe)

(please describe)



**MENU ( PENTADBIR PTJ )**

**NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN  
PTJ /KK: PEJABAT PERGIGIAN  
DAERAH KULAI /**

Laman Utama

**Pendaftaran WEHU**

- [BORANG A](#)
- [BORANG S](#)
- [BORANG D](#)
- [BORANG E](#)
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- [SHARPS INJURY SURVEILLANCE\(SIS\)](#)

**Kemaskini**

- [BORANG A](#)
- [BORANG S](#)
- [BORANG D](#)
- [BORANG E](#)
- [BORANG L](#)

**SHARPS INJURY SURVEILLANCE**

**Kawalan**

Log Keluar

**TARIKH : Selasa , 20/04/2021 | NAMA PEGAWAI :DR NURUL FARHANA BINTI OTHMAN | PAS JABATAN KESIHATAN NEGERI JOHOR**

**SENARAI PERMOHONAN BARU**

Bil	No.Rujukan	Nama Pemohon	MyKad	Status Permohonan	Catatan	Paparan	Cetak
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**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-2a)**

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

This section is to be completed by the attending physician.

### **PARTICULARS OF EXPOSED HEALTH CARE WORKERS**

(Please tick (✓) where applicable)

1. Name: \_\_\_\_\_

2. Gender: Male:  Female:

3. NRIC: Name:        
Date:

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

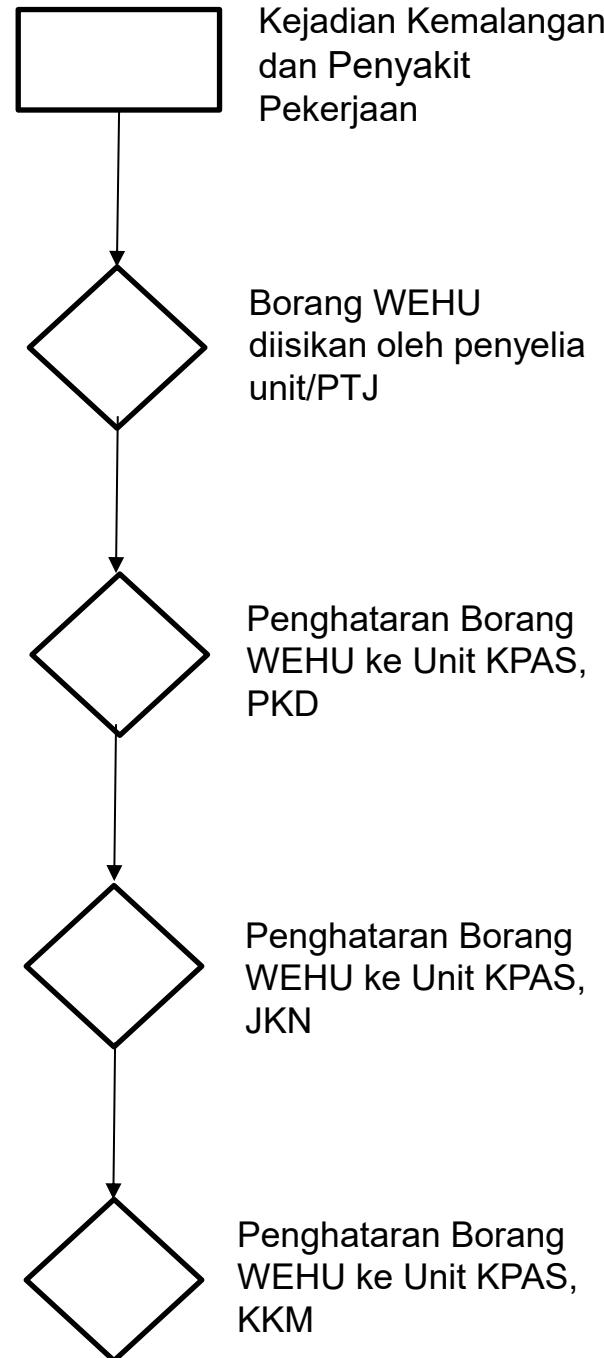
10. Duration of employment in Ministry of Health:  month(s) / Year(s)

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

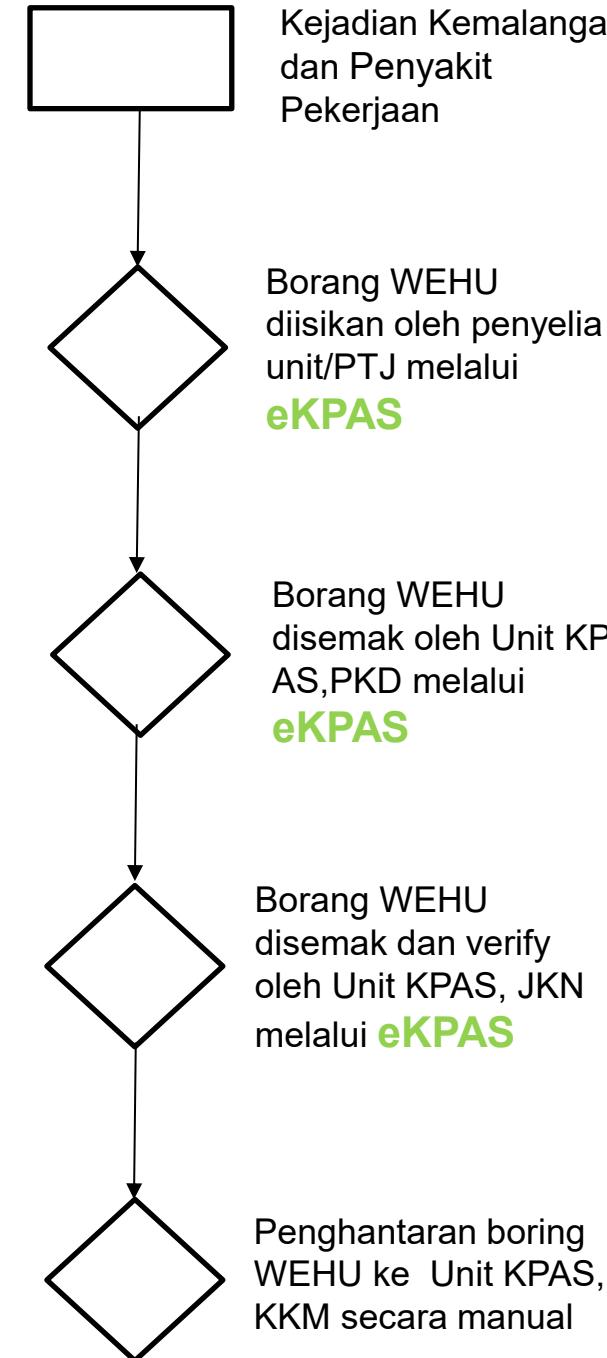
delete where is not applicable

# Process Kerja dan Carta Alir Pelaporan Kemalangan dan Kesihatan Pekerjaan

Pejabat Kesihatan Daerah



## Pelaporan Secara Manual



## Pelaporan Secara eKPAS

# MODULE SHARP INJURY PREVENTION AMONG HCW ELEARNINGJKNJ

Kursus ini diwujudkan sebagai refresher bagi semua aktiviti berkaitan pengendalian anggota kesihatan dalam program Tuberculosis di Malaysia. Kandungan kursus ini adalah hasil kerjasama Unit TIBI dan Kusta dan Unit Kesihatan Pekerjaan dan Alam Sekitar, Jabatan Kesihatan Negeri Johor.

- ▶ Edaran surat telah di buat pada 24/3/2022 kepada semua PTJ
- ▶ Telah mewajibkan anggota kesihatan yang berisiko untuk mengambil bahagian dalam modul
- ▶ Semua warga kerja JKNJ yang mempunyai akaun e-learning JKNJ - maka WAJIB daftar
- ▶ Akaun e- learning boleh didaftar melalui unit ICT JKNJ dengan menghantar e-mel ke [salinasalleh@moh.gov.my](mailto:salinasalleh@moh.gov.my)



JABATAN KESIHATAN NEGERI JOHOR  
TINGKAT 2,3,4,5 & 9, BLOK B,  
WISMA PERSEKUTUAN JOHOR  
BAHRU  
JALAN AYER MOLEK

TEL:  
FAX:  
Portal Rasmi

: 07-2366136 / 2289 / 2362279  
: 07-2366221 / 07-2363305  
<http://jknjohor.moh.gov.my>

"Sila catatkan rujukan surat ini apabila menjawab"

Ruj. Tuan:  
Ruj.Kami: JKNJ(K) 30(7)/14 Jd.27(34)  
Tarikh: 24 Mac 2022

#### SEPERTI SENARAI EDARAN

YBrs. Dr/ Tuan/ Puan,

#### MODUL SHARPS INJURY PREVENTION BAGI PROGRAM PENCEGAHAN KECEDERAAN AKIBAT ALATAN TAJAM DI KALANGAN ANGGOTA KESIHATAN NEGERI JOHOR

Dengan segala hormatnya saya merujuk kepada perkara di atas.

2. Untuk makluman, terdapat peningkatan sebanyak 90% kadar insiden kecederaan akibat alatan tajam di kalangan anggota kesihatan pada tahun 2021 berbanding tahun 2020. Sehubungan dengan itu, telah diputuskan dalam Mesyuarat Jawatankuasa Kawalan Infeksi dan Antibiotik Negeri Johor Bil 1/2021, untuk mencapai objektif pengurangan insiden kes Needle Stick Injury sebanyak 50% dalam Pelan Tindakan Unit KPAS Tahun 2022, latihan berkaitan sharps injury prevention perlu ditingkatkan di kalangan anggota yang berisiko.

3. Unit Kesihatan Pekerjaan dan Alam Sekitar, Jabatan Kesihatan Negeri Johor telah mewujudkan satu Modul Sharps Injury Prevention di dalam sistem e-learning Jabatan Kesihatan Negeri Johor. Anggota kesihatan terutamanya Pegawai Perubatan SiswaZah dan Jururawat Kesihatan (yang melaporkan kadar insiden yang tertinggi) di wajibkan untuk meyerai modul ini bagi mengukuhkan pengetahuan dan mengurangkan insiden melibatkan kecederaan peralatan tajam.

4. Sebelum meyerai modul ini, peserta perlu mencapai pautan e-learning menggunakan URL <http://elearningjknj.moh.gov.my/course/view.php?id=54#section-5> (lampiran kod QR diberikan). Sebarang pertanyaan lanjut boleh menghubungi Dr Jeyanthini Sethasivam, Ketua Penolong Pengarah Kanan atau Dr. Suriya Kumareswaran, Pengawal Perubatan di Unit KPAS, JKNJ di talian 07-2362208/07-2352201. Kerjasama yang diberikan amat kami hargai.

Sekian, terima kasih.

"WAWASAN KEMAKMURAN BERSAMA 2030"

"BERKHIDMAT UNTUK NEGARA"

Saya yang menjalankan amanah,

(DATO' DR. AMAN BIN RABU)  
Pengarah Kesihatan Negeri  
Jabatan Kesihatan Negeri Johor

# TOPICS- MODULE SHARP INJURY PREVENTION



- ▶ Module 1 - Terms Of Reference, Roles And Responsibility
- ▶ Module 2 -Healthcare Workers Living With Blood-borne Virus Infections
- ▶ Module 3 -Infection Prevention And Control During Clinical Procedures
- ▶ Module 4 :Prevention Of Needle Stick Injuries During Bedside/ Ward Procedures
- ▶ Module 5- Waste Management Involving Sharps
- ▶ Module 6- Safety Culture In Workplace

## VIDEO ‘CARA PENGAMBILAN DARAH



## KUIZ SHARP INJURY PREVENTION

My courses Elearning KPAS MODUL SHARPS INJURY PREVENTION kuiz E- MODULE S

### kuiz E- MODULE SHARP INJURY PREVENTION

All participants are required to complete 40 questions and score full marks. Unlimited attempt is given to score the full marks. A certificate will be autogenerated at the end of the quiz.

Best of luck everyone.

NOTA: KUIZ INI HANYALAH UNTUK HCW JOHOR

Grading method: Highest grade

Summary of your previous attempts

MULTIPLE ATTEMPTS ALLOWED  
FULL MARKS GENERATES  
E-CERTIFICATE



**"SAFETY and HEALTH  
STARTS WITH AWARENESS.  
AWARENESS STARTS WITH  
YOU"**

**Thank you**