

**LADY READING HOSPITAL MTI PESHAWAR
NEEDLE STICK INJURY INCIDENT REPORT FOR EMPLOYEES**

I. TO BE COMPLETED BY EMPLOYEE:			
Name: <small>(in Capital)</small>			
Telephone Number:			
Position:			
Date/Time of Incident:		Location <small>(where the incident took place)</small>	
How did the incident occur? <small>(Describe fully in your own words)</small>			
Cause of the Incident:			
Nature of Injury:	Part of Body:		Type of Injury:
Have you previously been immunized?			
I CERTIFY THE ABOVE INFORMATION TO BE TRUE:			
Signature:		Date:	

II. TO BE COMPLETED BY INFECTION CONTROL COORDINATOR/NURSE

Part injured:			
Injury type:			
Immunization history			
Medical treatment:			
Referred to:			
Issued authorization for medical aid?	Yes ()	No ()	
Remarks:			
Signature of IC.N			
Date:			

INSTRUCTIONS

An Incident Report Form must be completed for **any NEEDLE STICK INJURY** incident occurring while **at work** at LRH-MTI.

The employee completes Section I within 24 hours after the incident. Send the form directly to the Infection Control Coordinator / Infection Control Nurse.

Section II is only completed when the employee seeks treatment at the LRH-MTI. The form will be kept in record for future use.

Contact the Infection Control Coordinator (+92-333-1938933) if you have any questions.