

## **Infection Control Exposure Report**

**Incident No** Station Time Date **INC786** Al-Amirat 04-12-2023 2:00 PM **Patient Name** Civil ID No Age Ahlam Hilal Khamis Alrasbi Male 52 **Notification Number Profession Directorate Date Of Exposure** Al-Amirat 0412 **INC786** 04-12-2023 **Time Of Exposure Hospital Number** Type Of Exposure 10839 10:30 PM Splash **Source Name Others** 10:30 PM Splash Personal Protective Equipment in Use At Time Of Exposure: Yes Description of how the exposure **Exposed body part** Notification to

Station in charge Medical Director Regional infection prevention officer

Yes Yes Yes

Health facilityNameLocationYesAhlam Hilal Khamis AlrasbiAl-Amirat

**Action Taken** 

Scene Health Facility

Yes Yes