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 சுவசிரிபாய  
 SUWASIRIPAYA

මගේ අංකය )  
 எனது இல ) NCD/Inj/15/2020  
 My No. )

ඔබේ අංකය )  
 உமது இல )  
 Your No. )

දිනය )  
 திகதி ) 01/01/2021

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 சுகாதார அமைச்சு  
 Ministry of Health

General circular No: 01-02 (2021)

All Provincial Secretaries of Health  
 All Deputy Director Generals of Health Services  
 All Provincial/ Regional Directors of Health Services  
 All Heads of Decentralized Units/ Specialized Campaigns  
 All Directors/ Medical Superintendents of Health Institutions  
 All Medical Officers of Health  
 Chief Medical Officer of Health –Colombo Municipal Council

**National Injury Surveillance (NIS) System**

Your attention is drawn to the following of the Ministry of Health, Nutrition and Indigenous Medicine general circular No: 01-20-2016 dated 17.05.2016 issued on the above matter.

Accordingly, the general circular No: 01-20-2016 dated 17.05.2016 should be revised as follows;

**Components of National Injury Surveillance**

- 1 Outpatient injury surveillance
- 2 In patient injury surveillance
- 3 Injury death surveillance
  - 3.1 Injury death information
  - 3.2 Injury death investigation & review
- 4 Injury related transfer surveillance

**Officers responsible for filling the information of injury format**

Nursing officers are responsible for filling the general information section of the information of injury form (H 1258). Further, they can fill H 1258 form under the guidance and supervision of the Medical Officer treating the injured / JMO conducting the post mortem.

You are hereby requested to bring contents of this circular to the attention of all the staff and ensure that the activities mentioned in the circular are promptly carried out with immediate effect.

Secretary  
 Ministry of Health

# Information of injury

<b>Health Institution:</b> _____	<b>Age:</b> _____
<b>OPD/BHT/ Personal Health Number:</b> _____	<b>Sex:</b> _____
<b>Name of the injured:</b> _____	<b>Contact number:</b> _____
	<b>Date of injury:</b> Y Y Y Y M M D D
	<b>Location/Address where the injury has taken place:</b> _____
	<b>MOH division:</b> _____
	<b>Date of death (for dead victims only)</b> Y Y Y Y M M D D

Time of injury	am/ pm/ noon/ midnight
1 INJ 01	12.01 am – 06.00 am
2 INJ 02	06.01 am – 12.00 noon
3 INJ 03	12.01 pm – 06.00 pm
4 INJ 04	06.01 pm – 12.00 midnight

A Mechanism of injury(How was the injury occurred)	
1 INJ 05	Transport injuries
2 INJ 06	Fall
3 INJ 07	Stuck/hit by object
4 INJ 08	Stuck/hit by person
5 INJ 09	Stab or cut
6 INJ 10	Firearm injuries
7 INJ 11	Blast injuries
8 INJ 12	Noise/ vibration injuries
9 INJ 13	Animal bite
10 INJ 14	Animal attack
11 INJ 15	Animal/ plant sting (nonvenomous)
12 INJ 16	Animal sting (venomous)
13 INJ 17	Plant sting (venomous)
14 INJ 18	Poisoning
15 INJ 19	Drowning and submersion
16 INJ 20	Threats to breathing
17 INJ 21	Injuries due to forces of nature
18 INJ 22	Exposure to electric current
19 INJ 23	Exposure to radiation
20 INJ 24	Exposure to excessive heat/ cold (man-made)
21 INJ 25	Exposure to smoke/ fire/ flame
22 INJ 26	Exposure to heat and hot substances
23 INJ 27	Exposure to acid/caustics
24 INJ 28	Others (Pl. mention):.....

D Intent	
1 INJ 51	Unintentional
2 INJ 52	Other intentional
3 INJ 53	Deliberate self - harm

E Affected body region	
1 INJ 54	Head
2 INJ 55	Face
3 INJ 56	ENT
4 INJ 57	Eyes
5 INJ 58	Oro maxillary region
6 INJ 59	Neck
7 INJ 60	Spine
8 INJ 61	Chest
9 INJ 62	Back of chest
10 INJ 63	Abdomen
11 INJ 64	Genitalia
12 INJ 65	Upper limbs including shoulder girdle, palm & fingers
13 INJ 66	Lower limbs including pelvic girdle, foot & toes
14 INJ 67	Any other region affected (pl. mention).....
15 INJ 68	No external injuries

F Nature of injury	
1 INJ 70	Superficial injury
2 INJ 71	Open wound
3 INJ 72	Fracture
4 INJ 73	Dislocation, sprain and strain
5 INJ 74	Injury to nerves and spinal cord
6 INJ 75	Injury to blood vessels
7 INJ 76	Injury to muscle and tendon
8 INJ 77	Crushing injury
9 INJ 78	Traumatic amputation
10 INJ 79	Injury to internal organs
11 INJ 80	Other and unspecified

B Place of occurrence of injury	
1 INJ 30	Home
2 INJ 31	Residential institution
3 INJ 32	Educational institution
4 INJ 33	Public administrative area
5 INJ 34	Sports and athletic area
6 INJ 35	Leisure/ recreational area
7 INJ 36	Street/ road/ highway/ rail track
8 INJ 37	Other transport area (Water/ Air)
9 INJ 38	Trade & service area
10 INJ 39	Occupational setting (Pl. mention): .....
11 INJ 40	Other specified places
12 INJ 41	Unknown

G Evidence of alcohol use	
1 INJ 82	Yes
2 INJ 83	No
3 INJ 84	Unknown

H Evidence of substance use	
1 INJ 85	Yes
2 INJ 86	No
3 INJ 87	Unknown

I Disability at the time of discharge	
1 INJ 88	No disability
2 INJ 89	Presence of disability

J Patient's outcome	
1 INJ 90	Treated & sent home
2 INJ 91	Left Against Medical Advice
3 INJ 92	Death before admission
4 INJ 93	Death after admission

C Activity done at the time of injury	
1 INJ 42	Educational activity
2 INJ 43	Sports activity
3 INJ 44	Leisure activity
4 INJ 45	Working for income
5 INJ 46	Travelling
6 INJ 47	Household activity (cooking, sweeping, washing etc)
7 INJ 48	Resting, sleeping, eating or engaging in other vital activities
8 INJ 49	Others (Pl. mention):.....
9 INJ 50	Unknown

K Tertiary care	
1 INJ 96	Not referred for tertiary care
2 INJ 97	Referred for rehabilitation
3 INJ 98	Referred for social support
4 INJ 99	Others (Pl. mention)

Signature of the Medical officer:.....

Name:.....

Date:.....

Annex 4

H 1329

Updated: May 2021

# Injury Death Information form

Type of the death	
Death before admission	
Death after admission	
Referred for Postmortem	

Reporting Health Institution (Hospital/ MOH division):.....

OPD/BHT/ Personal Health Number:.....

Date of injury: YYYYMMDD

Date of death: YYYYMMDD

Name of the victim:..... Age:..... Sex: Male  Female

Location/Address where the injury has taken place:.....MOH division:.....

Intention	
Unintentional	
Homicidal	
Suicidal	

## Mechanism of injury (How was the injury occurred)

1	Transport injuries	7	Blast injuries	13	Plant sting (venomous)	19	Exposure to radiation
2	Fall	8	Noise/ vibration injuries	14	Poisoning	20	Exposure to excessive heat/ cold (man-made)
3	Stuck/hit by object	9	Animal bite	15	Drowning and submersion	21	Exposure to smoke/ fire/ flame
4	Stuck/hit by person	10	Animal attack	16	Threats to breathing	22	Exposure to heat and hot substances
5	Stab or cut	11	Animal/ plant sting (non venomous)	17	Injuries due to forces of nature	23	Exposure to acid/corrosives
6	Firearm injuries	12	Animal sting (venomous)	18	Exposure to electric current	24	Others

Signature of the reporting officer:.....  
 Name:.....  
 Date:.....

Please enter details of this form into dhis2 web site on [ncdis.health.gov.lk](http://ncdis.health.gov.lk) as early as possible preferably within 48 hrs (2 days)

**Quarterly institutional return of Information on injuries**

Province:..... Year:.....

District:..... Quarter: 

1	2	3	4
---	---	---	---

Pl. put a mark (✓ or X) in the relevant cage

Name of health institution:.....

Category of the injury	No. of patients treated as out patients		No. of patients treated as in patients		No. of patients transferred	No. of patients died		No. of injury related deaths informed to the national NCD unit	No. of death reviews conducted
	Males	Females	Males	Females		Males	Females		
Transport injuries									
Fall									
Stuck/hit by object									
Stuck/hit by person									
Stab or cut									
Firearm injuries									
Blast injuries									
Noise/ vibration injuries									
Animal bite									
Animal attack									
Animal/ plant sting (nonvenomous)									
Animal sting (venomous)									
Plant sting (venomous)									
Poisoning									
Drowning and submersion									
Threats to breathing									
Injuries due to forces of nature									
Exposure to electric current									
Exposure to radiation									
Exposure to excessive heat/ cold (man-made)									
Exposure to smoke/ fire/ flame									
Exposure to heat and hot substances									
Exposure to acid/corrosives									
Others									
Total									

Number of awareness programmes carried out on injury prevention during the quarter  
 Number of activities carried out for improvement of care for injured during the quarter

Signature of the head of the institution:  
 Name:  
 Date:

Remarks:

Annex 5

**Prepare the return in duplicate. Send before 5<sup>th</sup> of the following month of the next quarter; One copy to RDHS; one copy to be kept at the office**

# Quarterly RDHS return of Information on injuries

Form 4 – NCD/INS/08/2020

Province: .....

Year: .....

District: .....

Quarter: 

1	2	3	4
---	---	---	---

Pl. put a mark (✓ or X) in the relevant cage

Total number of sentinel sites: ..... Total number of sentinel sites sent quarterly return: .....

Category of the injury	No. of patients treated as out patients		No. of patients treated as in patients		No. of patients transferred	No. of patients died		No. of injury related deaths informed to the national NCD unit	No. of death reviews conducted
	Males	Females	Males	Females		Males	Females		
Transport injuries									
Fall									
Stuck/hit by object									
Stuck/hit by person									
Stab or cut									
Firearm injuries									
Blast injuries									
Noise/ vibration injuries									
Animal bite									
Animal attack									
Animal/ plant sting (nonvenomous)									
Animal sting (venomous)									
Plant sting (venomous)									
Poisoning									
Drowning and submersion									
Threats to breathing									
Injuries due to forces of nature									
Exposure to electric current									
Exposure to radiation									
Exposure to excessive heat/ cold (man-made)									
Exposure to smoke/ fire/ flame									
Exposure to heat and hot substances									
Exposure to acid/corrosives									
Others									
Total									

Number of awareness programmes carried out by hospitals on injury prevention during the quarter	
Number of activities carried out by hospitals for improvement of care for injured during the quarter	

Remarks:

Signature of the head of the institution:  
 Name:  
 Date:

Signature of the head of the institution:  
 Name:  
 Date:

Annex 6

**Please prepare the return in triplicate. Send before 20<sup>th</sup> of the following month of the next quarter; One copy to NCD unit; one copy to PDHS; one copy to be kept at the office**





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