EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

INFECTION CONTROL EXPOSURE REPORT

Today's Date: _______________     Incident Date: _______________    Incident #: _______________
Employee: _____________________________    Alarm Time: __________  Time of Exposure: _______________

Type of Incident (circle one):   Code 1  2  3  4  5  6  7  8  9 10  Emp. Cert. Level: EMT/EMT-P

Form of exposure material:  __Blood    __Tears    __Saliva    __Sputum    __Aerosolized droplets
(choose one or more)             __Vomit   __Urine    __Feces     __CSF
__ Other Body Fluids (explain)______________________________________________
__ Other Body Solids/Semi-solids (explain)____________________________________
________________________________________________________________________

How was exposure sustained:   __ Needle/Sharps Puncture       __Direct Contact Skin       __ Direct Contact Mucosa

Task being performed: (briefly describe)________________________________________________

Anatomical location of area(s) contaminated:____________________________________________________
______________________________________________________________________________________________

Did exposure involve non-intact skin/mucosa?        __yes       __no

Did exposure involve any pre-existing open or healing wounds, sores, inflammations, rashes or other skin/mucosal
conditions?  __ yes    __no
If "yes" explain:_______________________________________________________________
________________________________________________________________________________

Was Employee's clothing contaminated?     __yes        __ no
If "yes" explain:_______________________________________________________________
________________________________________________________________________________

List Employee PPE in use at time of exposure:_________________________________________________________
_______________________________________________________________________________

List Patient PPE in use at time of exposure:___________________________________________________________
_______________________________________________________________________________

Recommendations to prevent or limit similar exposures from occurring in the future:___________
______________________________________________________________________________________________
______________________________________________________________________________________________

Disposition: (Check one)
___  Employee counseled in-house by Infection Control Officer Date: _______________
___  Employee referred to Department Physician for follow-up Date: _______________
___  Employee referred to CISD Date: _______________
___  Employee referred to EAP Date: _______________
Other (explain) __________________________________________ Date: _______________

Infection Control Officer_________________________________ Date: _________________