

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  
(check 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 CISM Date: \_\_\_\_\_

Employee referred to EAP Date: \_\_\_\_\_

Other (explain) \_\_\_\_\_ Date: \_\_\_\_\_

Infection Control Officer \_\_\_\_\_ Date: \_\_\_\_\_