EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

COMMUNICABLE DISEASE 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

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:__________________________________________
_____________________________________________________________________________

Signatures:

_________________________________________  _____________________________
Employee        Date
_________________________________________  _____________________________
Immediate Supervisor       Date
_________________________________________  _____________________________
Infect. Control Officer       Date

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