

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