

Infectious Exposure Incident

➡ ROUTE COMPLETED FORM TO BATTALION CHIEF

CONFIDENTIAL

"Exposure incident" refers to specific eye, mouth, and mucous membranes, non-intact skin, or parental contact with blood or other potentially infectious materials.

Name of Exposed Party _____

Date of Report _____ Date of Exposure _____ Time of Exposure _____

ROUTE

Needle stick Eye Exposure Oral Exposure Other _____

SOURCE

Blood Vomitus Sputum Saliva Other _____

IDENTIFICATION of Source

EMS Form # _____ Incident # _____ Transported to _____

How did exposure occur? _____

Was employee evaluated in the E.D. for exposure? YES NO Name of Physician _____

Member Signature _____ Co. Officer Signature _____

Follow Up Info (completed by EMS health coordinator)

Health Coordinator Signature _____