

Exposure Report (Blood or OPIM)

EMS Provider Name: _____ **Date and Time of Occurrence:** _____

Mailing Address: _____

Social Security Number: _____ **Sex:** M F **Age:** _____

Certification Level: _____ **Home Phone:** _____ **Work Phone:** _____

Emergency Response Category:

- Ambulance Attendant Ambulance Driver Firefighter Law Enforcement

Incident Information:

Incident Number: _____ Agency: _____

Incident Location: _____ Type of Incident: _____

Exposure Description:

1) **What body fluid(s) were you in contact with** (mark all that apply)?

- Blood Feces Saliva Sputum
 Sweat Tears Urine Vomitus
 Other (describe): _____

2) **What was the method of contact?**

- Needlestick with contaminated needle Needlestick with non-contaminated needle
 Blood or body fluids into natural body openings (e.g. nose, mouth, eyes)
 Blood or body fluids into cut, wounds, sores, rashes (specify) _____
 Blood or body fluids on intact skin Other (describe) _____

3) **How did the exposure occur? Be specific.** _____

4) **What action was taken in response to the exposure to remove the contamination** (e.g. handwashing)? _____

5) **What Personal Protective Equipment was being used at the time of exposure?** _____

6) **Was there a witness to the exposure?** Yes No

If Yes, give name, agency, address, phone number. _____

Source of Exposure

Name of Patient (source of exposure): _____ Sex M F

Receiving Health Care Facility: _____

Transporting Agency & Unit Number: _____

Patient's Physician (Physician on duty): _____

Medical Information

Did you seek medical attention? Yes No

If yes, where? _____ Date: _____ Time: _____

Designated Officer Contacted? _____ Date: _____ Time: _____

EMS Provider Signature: _____ **Date:** _____

DESIGNATED OFFICER TO COMPLETE

EMS Director Notified? Yes **Date:** _____ **Time:** _____

Communicable Disease follow-up needed? Yes* No

* If Yes, designated officer must complete the Eastern Shore EMS Council Communicable Disease Follow-up Form.

Designated Officer's Signature: _____ **Date:** _____