



Pre-hospital Uniform Communicable Disease Exposure Report



Instructions

- Complete sections 1 - 6 located in the upper portion of this form according to instructions found in the Infection Control Binder.
- The Pink copy is separated and forwarded to the Service's Infection Control Officer and the top two copies are given to the EMS Coordinator/Hospital Contact Person.

1. Personnel Information

Name: _____

Your Telephone No. _____

Service: _____

Infection Control Officer: _____

Service's Telephone No. _____

2. Exposure Information

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Patient's Name: _____

Age/Sex _____ [] Male [] Female

Receiving Hospital: _____

Patient had: [] Cough [] Fever [] Body rash
[] Jaundice [] Other: _____

3. Type of Exposure [] Airborne [] Blood/body fluid

[] Definite Parenteral Exposure*
[] Possible Parenteral Exposure*
[] Doubtful Parenteral Exposure*
[] Contaminated needlestick
[] Non-contaminated needlestick
[] Laceration or similar bleeding wound caused by a contaminated object/instrument
[] Laceration or similar fresh wound exposed to blood/body fluid
[] Non-bleeding wound produced by blood/body fluid contaminated instrument
[] Splash of blood or other potentially infectious material into eyes, mucus membranes
[] Extensive exposure with open wounds, dermatitis or chapped skin
[] Mouth-to-mouth resuscitation without a pocket mask or one-way valve
[] Other exposure that may be significant
[] Other: _____

Check off any of the following you came in contact with:
[] blood [] pus [] saliva [] vomitus [] urine [] feces
[] vaginal discharge [] lesion secretions [] respiratory secretions [] other (specify): _____

* See definitions in detailed instructions.

4. Personnel Protective Equipment

Personnel Protective Equipment in use at the time of exposure:

[] None [] Gloves
[] Goggles [] Face Shield
[] Mask [] Hepa Mask
[] Gown/Jumpsuit [] Other: _____

[] *I have completed the Hepatitis B Vaccine Series*

5. Description of Exposure

Describe the incident and circumstances under which the exposure occurred in detail.

6. Post Exposure Measures Taken

[] Saline Irrigation [] HBV HBIg Prophylaxis
[] Handwashing [] Hepatitis Immune Globulin
[] PPD Done [] Hepatitis B vaccine
[] Rifampin [] AntiHBs Test
[] Titre - Measles [] Post Rabies Exposure
[] Titre - Chicken Pox [] Immune Serum Globulin (ISG)
[] Titre - Rubella [] Tetanus prophylaxis
[] Other: _____

Were you seen, evaluated and/or treated at a medical facility following this exposure? [] Yes [] No

If yes, name of facility: _____

Name of provider: _____

Office Use Only

Findings/Recommendation(s)	Comments	Notification(s)																									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Contact</th> <th>Method</th> <th>Initials</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Time	Contact	Method	Initials																				
Date	Time	Contact	Method	Initials																							
[] Information provided was insufficient to determine exposure risks	_____																										
[] No further action required, exposure not significant or patient is negative for communicable disease	_____																										
[] Actions taken already are adequate	_____																										
[] Medical evaluation/follow-up required/recommended	_____																										
[] Hemophilus Influenza [] Rubella	_____																										
[] Hepatitis [] Tuberculosis	_____																										
[] HIV [] Varicella (Chicken Pox)	_____																										
[] Measles [] Other: _____	_____																										
[] Meningococcal	_____																										
		Date follow-up sent to service: _____																									
		Completed by: _____																									
		Name: _____																									
		Telephone Number: _____																									