

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT
INFECTION CONTROL EXPOSURE REPORT**

This Form Is To Be Utilized To Report All

- ◆ **Suspected or Confirmed Exposures to Communicable Diseases**
- ◆ **All Needle Stick Injuries**
- ◆ **All Incidents of Mouth to Mouth/Nose Resuscitation**
- ◆ **All Incidents of Blood and Body Fluid, or Other Potentially Infectious Materials (OPIM) Exposures**
- ◆ **Employee/Member to Patient Exposure to a Communicable Infectious Disease**

Personnel Exposed

Name _____ ID#: _____ Career _____

Address: _____

Work Phone: _____ Home Phone: _____ Station #: _____

Date of Exposure: _____ Suspected _____ Confirmed _____

Contact/Patient Information

Incident #: _____ Date of Call: _____ Time: _____

Patient Name: _____ Phone: _____

Physician Name: _____

Transported To: _____ Transported By: _____

Type of Call: _____

Disease/Virus Exposed to:	Source of Exposure:
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- | | |
|--|--|
| <input type="radio"/> Aids/HIV | <input type="radio"/> Needle Stick |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Blood, or body fluids on wound or broken/abraded skin |
| <input type="radio"/> VRE | <input type="radio"/> Prolonged, or extensive skin contact with blood or body fluids |
| <input type="radio"/> MRSA | <input type="radio"/> Performed Mouth to Mouth resuscitation |
| <input type="radio"/> Scabies | <input type="radio"/> Blood or body fluids splashed in eyes, nose or mouth |
| <input type="radio"/> Tuberculosis | |
| <input type="radio"/> Meningococcal Meningitis | |
| <input type="radio"/> Chickenpox | |
| <input type="radio"/> Other _____ | |

How did exposure occur (be specific): _____

Were personal protective (standard precautions) measures taken? ___-Yes ___ No
If yes what measures were taken? Mask/Gown/Gloves/ Eye protection

Were other units or agencies on location? Yes No
Please specified Other/Police/Fire Agencies: PGPD MSP other (specify)
PGC Form #4138 (2/00)

INFECTION CONTROL EXPOSURE REPORT

Follow -Up Notifications

Immediate Supervisor Name: _____ Date: _____ Time: _____
Operation Command Center Supervisor _____ Date: _____
Time: _____

I have spoken with the Infection Control Officer and understand my plan of care. I have notified my immediate supervisor and have completed this form to the best of my knowledge.

Employee Signature: _____ Date: _____

This Section to Be Completed by Infection Control Officer

Date Received: _____

Did the exposed person seek medical attention? Yes No

Doctor, Hospital or Treatment facility referred to: _____

Interim disposition: _____

- An exposed person reported for follow-up (note from doctor)
- The exposed person did not follow up as directed
- No further follow-up recommended at this time
- Fact sheet forwarded to Employee
- Referred to Quality Assurance
- Referred to Risk Management

Final Disposition/Testing Medication: _____

Exposed Personnel's Questions or Comments _____

Infection Control Officer Signature: _____ Date: _____

Forward Report to Infection Control Officer

**PRINCE GEORGE'S COUNTY
OCCUPATIONAL SAFETY & HEALTH
Cranford/Graves Fire Service Building
6820 Webster Street
Landover Hills, MD 20784
Phone 301-583-1934
Fax 301-583-1837**