

Grant County Fire Protection District 3

APPENDIX A

EMS PROVIDER - EXPOSURE INCIDENT REPORT

For Documenting
BREECH IN PERSONAL PROTECTIVE MEASURES AND POTENTIAL
EXPOSURE TO COMMUNICABLE DISEASE

Name of provider: _____ Age _____
EMS Agency: _____ Home phone _____
Date of Incident _____ Time _____
Agency Incident Number: _____

TYPE OF EXPOSURE

____ Blood, ____ Urine, ____ Fecus, ____ Vomitus, ____ Other _____
POSSIBLE METHOD OF ENTRY (Direct contact, needle, laceration, etc.)

ACTION TAKEN AT TIME OF INCIDENT: _____

PERSONAL PROTECTIVE CLOTHING USED AT TIME OF INCIDENT: _____

Have you had Hepatitis B vaccinations? ____ Yes ____ No;

If yes, dates _____

Have you had an HBV antibody test? ____ Yes ____ No;

If yes, results were: ____ Positive ____ Negative

Date of last immunization for: Tetanus _____ MMR _____

Patient Name: _____ D.O.B. _____

Address: _____

Transported to: _____ By: _____

EMS Provider Signature: _____ Date: _____

(For office use only)

Date received _____ Notified: _____

Investigation Results: _____

Recommendation: _____
