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:_____
_____