

**Iredell County  
Emergency Medical Services  
Communicable Disease Exposure Report**

**EXPOSED EMPLOYEE INFORMATION**

Name \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
Position \_\_\_\_\_ SS Number \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_  
Category     \_\_\_ (EMS Employee)  
              \_\_\_ (Student)  
              \_\_\_ (Rider / Observer)

**INCIDENT INFORMATION**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ ACR Number \_\_\_\_\_  
Shift \_\_\_\_\_ Incident Location \_\_\_\_\_  
Type of Incident (MVA / Medical Call / Trauma etc.) \_\_\_\_\_

**EXPOSURE DESCRIPTION**

1.     What body fluids were you in contact with?  
      \_\_\_ Blood                   \_\_\_ Feces  
      \_\_\_ Saliva                 \_\_\_ Sputum  
      \_\_\_ Urine                 \_\_\_ Vomitus  
      \_\_\_ Other \_\_\_\_\_
  
2.     What was the method of contact?  
      \_\_\_ Contaminated needle.  
      \_\_\_ Contaminant into natural body opening (nose / mouth etc).  
      \_\_\_ Contaminant into cut / wound / sore / or rashes < 24 hours old.  
      \_\_\_ Contaminant on intact skin.  
      \_\_\_ Other \_\_\_\_\_
  
3.     How did the exposure occur (Please be specific)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4.     What action was taken in response to the contamination (handwashing etc)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What personal protective equipment was being used at the time of the exposure?

\_\_\_\_\_

6. Please describe any other information related to the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCE OF EXPOSURE**

Name of patient \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Receiving Healthcare Facility \_\_\_\_\_

Transported by (Technician Names) \_\_\_\_\_

**MEDICAL INFORMATION**

1. Did you seek medical attention?

Yes

No

If yes, where? \_\_\_\_\_

2. Did you immediately contact your supervisor?

Yes

No

3. Was the ICEMS Infection Control Officer notified immediately?

Yes

No

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE ICEMS INFECTION CONTROL OFFICER**

Communicable disease follow-up needed?

Yes

No

Infection Control Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If yes, Communicable Disease Exposure Follow-up Form must be completed)