

**EMERGENCY SERVICES PROVIDER
SIGNIFICANT EXPOSURE REPORT FORM**

(to be completed by the provider at the time or notice of
the exposure)

SAN JUAN COUNTY FIRE DEPARTMENT



209 S. Oliver Dr. Aztec, NM 87410

Name: _____ Work Phone: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____

Provider Agency: _____
Service Director: _____
Provider Address: _____
City, State, Zip: _____ Work Phone: _____

Designated Physician: _____ Work Phone: _____
City, State, Zip: _____ Other Phone: _____

SOURCE OF EXPOSURE

Date of Incident: _____ Time of Incident: _____ Location: _____
Reference number (s) to Incident (such as Incident Number, Investigation, etc.): _____

Name of Source Patient: _____ Age: _____ DOB: _____
Address: _____ Sex: M / F
City, State, Zip: _____ Work Phone: _____
Other identification (e.g. vehicle license plates, etc.): _____ Other Phone: _____

Receiving Facility of Source Patient (e.g., hospital, funeral establishment, etc.): _____
City, State, Zip: _____ Phone: _____

Suspected Infectious Disease: _____
Known Infection Disease: _____

Describe the Significant Exposure: _____

Describe any action taken in response to the exposure to remove the contamination (e.g. handwashing): _____

What Personal Protective Equipment and Procedures were you using at the time of the exposure (e.g. gloves, eye protection, clothing): _____

Comments/Symptoms/Treatment: _____

List witnesses to the exposure: _____

Signature: _____ Date: _____



Instructions

Whenever an Emergency Services Provider (ESP) believes he or she has had a significant exposure while acting as an ESP, he or she may complete a significant exposure report form. A copy of the completed form shall be given by the ESP to the ESP Supervisor/Medical Captain and Service Director.

The provider agency shall ensure the rights of confidentiality of the emergency services provider and the patient. The provider's agency shall consider the emergency services provider to have had a significant exposure until the designated physician indicates otherwise. The provider agency shall make immediately available to the exposed emergency services provider a confidential medical evaluation and follow-up. The provider agency shall assist the emergency services provider and his/her designated physician in securing the appropriate testing of the exposing patients. The provider agency shall establish and maintain an accurate record for each emergency services provider with an occupational exposure or injury.

Emergency Service Provider Instructions: Post Exposure Procedures

Immediate action at the scene: Wash skin affected immediately with germicidal soap or soap and water. If mucous membranes are exposed, flush with water immediately. Remove contaminated clothing and package and tag as "biohazard" to avoid additional exposures. After delivery of the patient to the health care or alternate facility complete these forms and deliver each as noted on the front. Discuss with your designated physician your exposure situation. This should take place soon after the exposure. Follow your physician's recommendation for treatment, testing, and behavior modifications. Be sure to have your physician contact the receiving physician or facility to request testing of the patient. Remember that all information is confidential. Complete all paperwork requested by your agency to ensure any potential benefits. Before returning to your work site or home make sure that you have decontaminated yourself and your clothing to assure that no cross contamination occurs.