

Emergency Service Worker – Exposure to Communicable Disease
CONFIDENTIAL WHEN COMPLETED

A. General Information:

Name of Exposed Worker:	Phone: ()
Name of Employer:	Phone: ()
Employer Address:	Phone: ()
Date of Possible Exposure:	Time:
Date Reported to Designated Officer:	Time:
Name of Designated Officer:	

B. Type of Exposure:

<input type="checkbox"/> needlestick	size/type of needle:
	type of body fluid:
	degree of injury:
	location of injury on body:
<input type="checkbox"/> sharp object	size/type of sharp:
	type of body fluid:
	degree of injury:
	location of injury on body:
<input type="checkbox"/> splashed in mouth	type of body fluid:
<input type="checkbox"/> splashed in eye	type of body fluid:
<input type="checkbox"/> non-intact skin exposure	type of body fluid:
	location of exposure on body:
<input type="checkbox"/> mouth-to-mouth resuscitation without a mouthpiece	
<input type="checkbox"/> human bite	location on body:
	skin broken? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> other	

Where did exposure/injury occur?
Other details:

C. Worker's Immunization Status

Hepatitis B	Date of vaccinations:	1		2		3	
Antibody Level	Date:						
Tetanus/Diphtheria	Date:						

D. Barrier Precautions

Indicate protective wear used: <input type="checkbox"/> goggles <input type="checkbox"/> mask <input type="checkbox"/> gloves <input type="checkbox"/> protective clothing
Were the barriers intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:

E. Source of Exposure

Name of Source:	Birthdate:
Address of Source:	Phone: ()
Physician of Source:	Phone: ()
Receiving facility (if applicable):	

Assessment by Designated Officer

Exposure occurred:	<input type="checkbox"/> Yes (If yes, notify the Public Health Unit at 705-743-1000) <input type="checkbox"/> No	
	Date Notified:	Time Notified:
	Name of contact at Public Health Unit:	
	Advice Received:	

Date Form Completed: _____ Time: _____

Print name of Designated Officer: _____

Signature of Designated Officer: _____

Fax the completed form to the Peterborough County-City Health Unit Sexual Health Program at (705)748-3865. For more information, call (705)743-1000.