

## EL DORADO COUNTY GOVERNMENT EMPLOYEE INFECTIOUS DISEASE EXPOSURE REPORT

This form is to be completed by the employee immediately following bloodborne pathogen or infectious disease exposure.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      TIME: \_\_\_\_:\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_

MAILING ADDRESS (Street/PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_-\_\_\_\_\_

**TYPE OF EXPOSURE: [Check all that apply]**

*Contact with saliva, tears, sweat or non-bloody urine or feces does not require follow-up and is not an exposure*

- INFECTIOUS DISEASE: (specify) \_\_\_\_\_
- BLOOD       SEMEN       VAGINAL FLUID
- BODY FLUID: (any body fluid or matter **visibly** contaminated with blood)
- PARENTERAL: (needle stick, bite, cut or puncture by contaminated object)
- RESPIRATORY: (droplets, nuclei/aerosolized particles)

**SITE OF EXPOSURE:**

- EYES: (splash or direct contact)     MOUTH OR NOSE: (splash or direct contact)
- BROKEN SKIN: (skin that has cuts, abrasions, rashes, hang nails or other chaffing)
- RESPIRATORY: (prolonged or confined space)

LOCATION OF EXPOSURE (facility, room, outside): \_\_\_\_\_

DESCRIPTION OF HOW THE EXPOSURE OCCURRED (Including what you were doing just prior to injury):  
(Attach additional sheets if necessary)

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WAS PERSONAL PROTECTION EQUIPMENT IN USE AT THE TIME OF INJURY?

Yes  No Type(s) \_\_\_\_\_

IF SHARPS INJURY: Licensed Health Care Workers (*Complete sharps injury report form and attach*)

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HEPATITIS ILLNESS OR VACCINATION STATUS

History of Illness: **Hepatitis B**  Yes  No **Hepatitis C**  Yes  No

Hepatitis B vaccination:  Yes Year series completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Unknown or never had

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Source person(s) name: \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Health care provider: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Known positive for (**check**)  HBV  HCV  HIV Other risk factors: \_\_\_\_\_

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In the event of an exposure you may need to:

1. Wash the area with soap and running water. If the exposure is to the mouth, nose or eyes flush with copious amounts of water.
  2. Notify your supervisor or safety officer immediately.
  3. Obtain an ***Exposure Packet*** and complete the appropriate paperwork.
  4. Report to the hospital emergency room within 1 hour of a blood/bloody body fluid exposure.
  5. Take Exposure Packet to hospital.
  6. On arrival to the hospital indicate to the triage staff that you have had a bloodborne pathogen exposure.
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAX Report to:**

**Risk Management 295-2593**

# INFECTIOUS DISEASE EXPOSURE REPORT

## Supervisor Section

DATE: \_\_\_/\_\_\_/\_\_\_      TIME: \_\_\_:\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ DOB: \_\_\_-\_\_\_-\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_-\_\_\_

LOCATION OF EXPOSURE (facility, room, outside): \_\_\_\_\_

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### SUPERVISOR REVIEW AND COMMENT:

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RECOMMENDED WORK PRACTICE CHANGE(S):  None  
(Attach additional sheets if necessary)

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To Hospital (for bloodborne pathogen exposure assessment)      Time: \_\_\_:\_\_\_

Occupational Health Notified (621-6129)

Copy of report sent to Department Head

Declined ER Medical Evaluation (Informed Refusal statement attached)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_ Ext: \_\_\_\_\_

**FAX Report to:**

**Risk Management 295-2593**

**CONFIDENTIAL**

**EL DORADO COUNTY GOVERNMENT EMPLOYEE**

**INFORMED REFUSAL OF  
POST EXPOSURE MEDICAL EVALUATION**

EMPLOYEE NAME: \_\_\_\_\_

El Dorado County has provided to me training regarding blood borne pathogen control and the risk of disease transmission in relation to my job activities. The training included information regarding disease transmission, engineering controls, protective equipment, safe work practices and post-exposure procedures.

On (date) \_\_\_\_\_, I was involved in an exposure incident.

The circumstances of the exposure are outlined in the "Description of How the Exposure Occurred" section of the accompanying Infectious Disease Exposure Report form.

El Dorado County has offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

I, of my own free will and volition, and despite my employers offer, have elected not to have a medical evaluation. I have based this decision on personal and/or religious reasons.

Maintain this record for duration of employment plus 30 years

\_\_\_\_\_  
Witness

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN TO:**  
Risk Management