

**Rappahannock Emergency Medical Services Council, Inc.
Occupational/Source Exposure Report**

Agency:			Date:		
Part I: Patient Information					
Name (Last, First, MI):					
Sex:	Age:	DOB:	Social Security #:		
Part II: Exposure Information					
A. Exposed to: Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Tears <input type="checkbox"/> Emesis <input type="checkbox"/> Feces <input type="checkbox"/> Sputum <input type="checkbox"/> Urine <input type="checkbox"/> Other(specify) <input type="checkbox"/>					
B. Route of exposure: Percutaneous <input type="checkbox"/> Mucous Membranes <input type="checkbox"/> Open Skin (cut, etc.) <input type="checkbox"/> Dermatitis <input type="checkbox"/> Other(specify) <input type="checkbox"/>					
C. Area exposed: Hand/Finger <input type="checkbox"/> Nose/Mouth <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Torso <input type="checkbox"/> Other(specify) <input type="checkbox"/>					
D. Visible blood on device or in fluid? Yes <input type="checkbox"/> No <input type="checkbox"/>					
E. Amount of blood/body fluid exposed to: Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/>					
F. How deep was the injury? Superficial(scratch) <input type="checkbox"/> 0.25cm <input type="checkbox"/> 0.5cm <input type="checkbox"/> Deep <input type="checkbox"/>					
G. Type of device: IV /Hollow-bore needle <input type="checkbox"/> Butterfly <input type="checkbox"/> Scalpel <input type="checkbox"/> Lancet <input type="checkbox"/> Knife blade <input type="checkbox"/> Other(specify) <input type="checkbox"/> N/A <input type="checkbox"/>					
H. Was the needle in an artery or vein? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
I. PPE used: Uniform <input type="checkbox"/> Gown <input type="checkbox"/> Eye Protection <input type="checkbox"/> Firefighting protective equipment <input type="checkbox"/> Patient Care Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Leather/Extrication Gloves <input type="checkbox"/> Other(specify) <input type="checkbox"/>					
J. Procedure being performed: Hemorrhage Control <input type="checkbox"/> IV/Medication Administration <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Finger Stick Airway Management <input type="checkbox"/> Decontamination <input type="checkbox"/> Passing Instrument <input type="checkbox"/> Other(specify) <input type="checkbox"/>					
Part III: Employee Information					
Name (Last, First, MI):				Contact #:	
Exposure date:			Exposure time:		
Receiving facility of patient:			Patient's receiving facility room #:		
Receiving nurse/physician:			Nurse/physician's contact #:		
Part IV: Infection Control Officer Requesting Source Testing					
Inf. control officer (PRINT):			Inf. control officer contact #:		
Date notified of exposure:			Time notified of exposure:		
Date request was faxed to facility:			Time request was faxed to facility:		
Part V: Facility Receiving Request (TO BE COMPLETED BY CHARGE NURSE/PHYSICIAN)					
Name of Facility:			Contact #:		Fax #:
File #:	Patient history #:		Unit/Room # patient admitted to:		
Date/Time request was received:			Date/Time request was completed:		
Charge Nurse/Physician who received and completed request (PRINT):					
Charge Nurse/Physician who received and completed request (SIGNATURE):					

REMINDER TO INFECTION CONTROL OFFICER:

Fax or deliver a copy of this form to the appropriate hospital where the patient was transported:

- **CULPEPER REGIONAL HOSPITAL** - Betsy Holzworth – Infection Control, **Phone:** 540-829-4385; **Fax:** 540-829-8804
- **FAUQUIER HOSPITAL** – Mary Spurrell - Infection Control Practitioner, **Phone:** 540-316-4735; **Fax:** 540-316-4731
- **MARY WASHINGTON HOSPITAL** – Tami Jeffries – Health & Wellness, **Phone:** 540-741-3621; **Fax:** 540-741-3614; Located in the Medical Arts Bldg., Fall Hill Avenue
- **SPOTSYLVANIA REGIONAL MEDICAL CENTER** –Susanna Sullard - Infection Preventionist, **Phone:** 540-498-4488; **Fax:** 540-498-4925

Special Notes:

- Please retain a copy of this form for your records
- Completion of this form does not release you from agency reporting obligations