



REV. MAY 18, 2022

### INFECTIOUS DISEASE – EXPOSURE REPORT FORM

ESO Incident No.: \_\_\_\_\_ Date/Time of Exposure: \_\_\_\_\_ Agency: \_\_\_\_\_

**Section 1: SOURCE PATIENT** FILLED OUT BY FIELD SUPERVISOR

Full Legal Name of Source Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Status  Alive  Deceased      Disposition  Hospital: \_\_\_\_\_  Home  Corrections  Morgue

Blood Specimen  Plan STAT blood draw in ER  
 Drawn in field, labeled (w/patient's full name, DOB, date of draw)

Source: Known risk factors (Hx IVDA): \_\_\_\_\_

**Section 2: EXPOSED RESPONDER** FILLED OUT BY FIELD SUPERVISOR

Responder (Exposed) - Full Name \_\_\_\_\_ Contact Number \_\_\_\_\_ Agency \_\_\_\_\_

Type of Exposure  
Needlestick: Needle size/type:  18G  20G  21G  22G  ≥23G |  Hollow needle  
Depth of penetration:  Superficial (transcutaneous)  SC  IM  IV  
Source blood on needle?  Yes  No | Post-puncture bleeding?  Yes  No  
Fluid Type:  Blood  Respiratory  Saliva  Urine  Feces  Semen  Other: \_\_\_\_\_

Exposure Details:  Mucosal contact only  Skin intact  Open wound  Splash  Eyes

Details: \_\_\_\_\_

Follow-up:  Recommend follow-up with ERHC or Occupational Health Provider within 48-72 hours.

**Section 3: HOSPITAL – LAB ORDERS** FILLED OUT BY SUPERVISOR RESPONSIBLE FOR BLOOD DRAW -  Field or  Hospital  
SHADED AREA FILLED OUT BY HOSPITAL SUPERVISOR

Hospital (Specify Location): \_\_\_\_\_

LABS requested from Source Patient  Routine Panel (Rapid HIV, Hep B Ag, Hep C Ab)  TB (serum TB screen)  
Comments: Test due to bloodborne pathogen exposure

Ordering Provider:  Dr. R. Hilvers  Dr. J. Wick  J. Rovig, NP  C. Wallace, NP  Other: \_\_\_\_\_

Telephone order received      Date: \_\_\_\_\_      Time: \_\_\_\_\_      Signature (hospital staff): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4: BILLING INFORMATION** FILLED OUT BY FIELD SUPERVISOR

Workers' Comp Agency:  
 Idaho State Insurance Fund (ISIF)  Intermountain Claims (Ada County)  CorVel (BFD/BPD)  Other: \_\_\_\_\_

**Section 5: RESULTS COMMUNICATION** FILLED OUT BY FIELD SUPERVISOR – Items 1 & 2  
FILLED OUT BY HOSPITAL SUPERVISOR – Items 3–7

Instructions for hospital to communicate Source Patient lab results to EMS Field Officer or ERHC Provider:

1. Call Field Safety Officer - (Name/Mobile): \_\_\_\_\_
2. If none listed, call EMS Supervisor -  Ada County EMS Supervisor: (208) 287-2996 or (208) 287-2997  
 Canyon County EMS Supervisor: (208) 761-5602  
 If EMS Supervisor not available, call Emergency Responders Health Center (ERHC): (208) 229-3742
3. Document official that lab results were reported to here: \_\_\_\_\_
4. Provide confirmatory ID of exposed responder with Date/Time of exposure only.
5. Provide rapid HIV test result: \_\_\_\_\_ Positive \_\_\_\_\_ Negative
6. Fax this completed form with the lab results to:  
 Emergency Responders Health Center: (208) 229-8450
7. Keep original copy of this form until final lab results are sent; then send to Medical Records.

**Hospital Supervisor to complete steps 3-7 →**