



# CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

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## SIGNIFICANT EXPOSURE REPORTING FORM FOR PRE-HOSPITAL PROVIDERS

**REFERENCE: SYSTEM POLICY #1.1 PRECAUTIONS FOR INFECTIOUS DISEASE AND DISINFECTION PROCEDURE**

**THE FOLLOWING FORM WILL BE UTILIZED WHEN PRE-HOSPITAL PROVIDERS HAVE RECEIVED SIGNIFICANT EXPOSURE TO BLOOD OR BODY FLUIDS.**

FOR THE PURPOSE OF THIS FORM, 'SIGNIFICANT EXPOSURE' SHALL INCLUDE:

- A. PARENTERAL EXPOSURE TO BLOOD OR BODY FLUIDS THROUGH LACERATIONS, NEEDLE STICKS, ABRASIONS, AND OTHER BREAKS IN SKIN INTEGRITY
- B. MUCOUS MEMBRANE EXPOSURE TO BLOOD OR BODY FLUIDS OF A PATIENT VIA SPLASH OF THE EYES, NOSE, OR MOUTH.

INSTRUCTIONS:

1. NOTIFY THE EMERGENCY DEPARTMENT CHARGE NURSE AT CENTRAL DUPAGE HOSPITAL OF THE SIGNIFICANT EXPOSURE. THIS MAY BE DONE IN PERSON OR VIA PHONE AT 630.933.1408
2. THE E.D. CHARGE NURSE WILL NOTIFY E.D. PHYSICIAN OF THE EXPOSURE
3. COMPLETE THIS FORM AND GIVE TO E.D. CHARGE NURSE
4. IF NEEDED, MEDICAL EVALUATION AND TREATMENT MAY BE PROVIDED.
5. THE EMPLOYEE HEALTH NURSE MAY BE NOTIFIED AT THE TIME OF EXPOSURE FOR FURTHER FOLLOW-UP.

NAME OF EMS PROVIDER WITH SIGNIFICANT EXPOSURE: _____	EMS PROVIDER AGENCY: _____
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DATE OF EXPOSURE: ____/____/____	TIME OF EXPOSURE: _____ HRS
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NAME OF PATIENT: _____	MEDICAL RECORD NUMBER (IF KNOWN): _____
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NATURE OF EXPOSURE:	BLOOD	SALIVA	OTHER: _____
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EXPOSURE TYPE:	PARENTERAL	MUCOUS MEMBRANE	SPLASH / CONTACT
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### SYNOPSIS OF EXPOSURE EVENT:

NAME OF CHARGE NURSE: _____	SIGNATURE: _____
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NAME OF E.D. PHYSICIAN: _____	SIGNATURE: _____
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NAME OF EMS PROVIDER: _____	SIGNATURE: _____
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DATE EMPLOYEE HEALTH NOTIFIED: ____/____/____	TIME EMPLOYEE HEALTH NOTIFIED: _____ HRS
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*THIS FORM IS NOT TO BE INCLUDED AS PART OF THE PATIENT'S PERMANENT MEDICAL RECORD AND IS DESIGNED SOLELY FOR THE APPROPRIATE NOTIFICATION, TRACKING, TREATMENT, AND RESOLUTION OF ANY EMS SYSTEM PERSONNEL-RELATED EXPOSURE TO POTENTIALLY INFECTIOUS MATERIALS OR BODILY FLUIDS. THIS FORM IS FOR INTERNAL USE ONLY AND MAY NOT BE DISTRIBUTED OR DISCLOSED TO UNAUTHORIZED PARTIES.*

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