



Skaneateles Fire Department

Request for Evaluation of Possible Infectious Disease Exposure to an Emergency Response Employee (ERE)

Date: _____

Time: _____

ERE Incident Identification Code _____

Do not use Employee's name

Employer

Skaneateles Fire Department 77 West Genesee St Skaneateles NY 13152

Infection Control Officer

Other Contact

Mark W Stebbins

Name _____

Phone 315-685-3488

Title _____

Cell 315-569-1971

Contact Numbers _____

Patient Identifier

PCR # _____

Age _____

Sex _____

Do not use patient name

Date Transported _____

Time @ ED _____

Facility

* If necessary, the name of the patient and the identification code may be provided to the medical facility separately

Nature of Concern

Possible Bloodborne Pathogen exposure

Possible Tuberculosis exposure

Possible exposure to other respiratory pathogen

Criteria to support possible bloodborne pathogen exposure

Type of body substance involved in the incident _____

Type of exposure: Needlestick or other penetrating injury

Mucous membrane/ non-intact skin contact

Other _____

Description of the incident

Criteria to support possible tuberculosis or other respiratory pathogen exposure

FACULTY RESPONSE (Must be completed ASAP but no longer than 48 hours)

There is insufficient information with which to identify the source patient

Source patient tested for

HIV antibody (rapid assay)

Hepatitis B

Hepatitis C

Evaluation of the source patient confirmed the presence of : _____

Evaluation of the source patient demonstrated signs and symptoms which may be compatible with _____, however no laboratory data are available at this time with which to confirm a diagnosis

Name of Facility Contact _____ Phone _____

Date/Time Designated Hospital Officer informed _____

Comment

Date/ time Information / Results received by ICO _____

Date/ time ERE informed _____

Comments
