



OGLETHORPE COUNTY FIRE RESCUE
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Infectious Exposure Incident Report

SECTION/TOPIC: Emergency Operations

ISSUE DATE: February 16, 2023

These SOPs/SOGs are based on FEMA guidelines FA-197

INFECTIOUS EXPOSURE INCIDENT REPORT

Date Completed: _____

Exposed Member's Name: _____ Badge No.: _____

SSN: _____ - _____ - _____ Department/Station No.: _____

Suspected or Confirmed Disease: _____

Date of Exposure: _____ Time of Exposure: _____

Location of Incident: _____

Type of Incident: _____

Describe what task(s) you were performing when the exposure occurred: _____

Were you wearing personal protective equipment (PPE)? [] Yes [] No

If yes, list PPE: _____

Did the PPE fail?? [] Yes [] No If yes, explain how: _____

What were you exposed to?

- [] Blood [] Tears [] Feces [] Urine [] Saliva [] Vomitus [] Sputum [] Sweat

[] Other: _____

What part(s) of your body became exposed? _____

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Did you have any open cuts, sores, or rashes that became exposed? _____

Duration of exposure: _____

Did a foreign body (needle, nail, auto part, etc.) penetrate your body? Yes No

If yes, what was the object? _____ Location of penetration: _____

Was fluid injected into your body? Yes No If yes, what fluid: _____

Did you receive medical attention/treatment? Yes No

If yes, where: _____

Date/Time of medical attention/treatment: _____

Name of Physician: _____

Vaccination Status: _____

Other pertinent information: _____

Fire Officer's Signature: _____ Date: _____

Member's Signature: _____ Date: _____