PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

Emergency Service Worker (ESW) Infectious Disease Risk Assessment

Completed forms may be faxed to the confidential WDGPH Reportable Disease fax at 1-855-934-5463

GENERAL INFORMATION			
Name of ESW:		DOB:	
Position/Title:		Name of Emergency Service:	
Home Address:		Telephone:	
Family Doctor:		Telephone:	
Date of Exposure:			
Name of Designated Officer:		Telephone:	
Name of Public Health Contact:		Telephone:	

Note: If the exposed person wishes to pursue the Mandatory Blood Testing Act Form 1 and Form 2 must be fully completed and submitted to Wellington-Dufferin-Guelph Public Health within 7 days of the exposure. Forms are located at Government of Ontario Central Forms Repository: https://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/?OpenDatabase&ENV=WWE

SECTION 1. EXPOSURE INFORMATION

Type of Exposure:

☐ Blood ☐ Faeces ☐ Wound Drainage
☐ Urine ☐ Vomit ☐ Saliva
☐ Amniotic Fluid ☐ Other: _____

How did the exposure occur? (check all that apply)

☐ Inadequate PPE for suspect/confirmed disease
☐ Needle stick/puncture with a sharp object
☐ Close contact with someone with a cough, fever, or rash
☐ Non-intact skin exposed to: _____
☐ Spray/splash in eye
☐ Spray/splash in nose and/or mouth
☐ Close contact with someone with an infectious disease
☐ Mouth to mouth resuscitation without barrier
☐ Human/animal bite Was skin broken: Yes No Did biter have blood in their mouth Yes No
☐ Other: _____

What was the length of contact/exposure? _____

What PPE was worn at the time of the exposure? (check all that apply)

☐ Goggles
☐ Gloves (type: _____)
☐ Gown/Protective clothing
☐ Mouthpiece/One-way valve CPR mask
☐ Mask – Surgical / N95 (circle one)
☐ Other: _____
☐ None (explain why) _____

Was there a failure of PPE? (explain)

SECTION 2. ESW IMMUNE STATUS

Hepatitis B Vaccine

Date _____ Date _____ Date _____

AND Laboratory Evidence of Immunity:

Date of Titre _____ ☐ Immune ☐ Not Immune

Tetanus and Diphtheria (Td) Vaccine Date of last booster: _____

Pertussis (whooping cough) Vaccine Date: _____

Measles, Mumps, Rubella (MMR) Vaccine Date: _____ Date: _____

OR Laboratory Evidence of Immunity:

Measles: Date of Titre _____ ☐ Immune ☐ Not Immune

Mumps: Date of Titre _____ ☐ Immune ☐ Not Immune

Rubella: Date of Titre _____ ☐ Immune ☐ Not Immune

Varicella (Chickenpox) Vaccine Date: _____ Date: _____

Other Vaccines, if applicable to exposure (e.g., Meningococcal, Hepatitis A)

Vaccine: _____ Date: _____

Vaccine _____ Date: _____

Tuberculosis (TB) Status

Did ESW have a 2-step TB skin test on employment? ☐ Yes ☐ No ☐ Unknown

If yes, provide dates: Result: _____ Date: _____

Result: Date:

SECTION 3. SOURCE INFORMATION (if applicable)

Is the source known? (if yes, complete the rest of this section) ☐ Yes ☐ No

Name: _____ DOB: _____

Address: _____ Telephone: _____

Family Physician: _____ Telephone: _____

Risk Factors:

☐ Unknown
☐ Tattoos/Piercings
☐ Hemophila
☐ Known to have hepatitis B, C or HIV
☐ History of drug use
☐ History of blood transfusions prior to 1992
☐ Previous incarceration, lived in a shelter, homeless
☐ From a country with high rates of infection
☐ Confirmed/Suspected medical diagnosis (e.g., meningitis, TB): _____
☐ Has symptoms of illness:
☐ Fever ☐ Vomiting
☐ Diarrhea ☐ Rash
☐ Open sores ☐ Other: _____

☐ Other risk factors: _____

Was source taken to hospital? ☐ Yes ☐ No

If yes, name of hospital: _____

Was voluntary consent obtained from source to have blood tested and results released to the ESWs family physician? ☐ Yes ☐ No

SECTION 4. DESIGNATED OFFICER ASSESSMENT

Exposure occurred: ☐ Yes (reported to Public Health) ☐ No

Designated Officer:

- ☐ Advised ESW to seek medical attention
  Note: If exposure is bloodborne, ESW should be seen at nearest Emergency Department within 2 hours of exposure
- ☐ Public Health notified for advice about exposure and recommendations for follow up
- ☐ Advised ESW about testing procedures applicable to exposure (e.g., baseline blood testing for hepatitis B, C, HIV or TB skin testing)
- ☐ Reinforced disease prevention strategies and infection control procedures to prevent future exposures
- ☐ Provided education on:
  - ☐ Personal infection control precautions the ESW should take, and time frames involved (specific to disease exposed to)
  - ☐ Signs and symptoms the ESW should monitor for and what to do if symptomatic
  - ☐ Possible repeat testing required and time frames for additional testing
  - ☐ Workplace policies regarding treatment, prophylaxis, cost of medications, etc.

Additional Notes:

Designated Officer Signature: _____

Date Recommendations Discussed with ESW: _____

ESW Signature:

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext. 4330.