



## Designated Officer (DO) Form: Possible Infectious Disease Exposure

Name of worker:	Station/District/Unit:							
Date/Time of Exposure:	cosure: Call/Occurrence #							
Exposure location:	□Indoors Outdoors:							
Report Completed by:	Date of Report:							
D.O. Contact Information and Organization:								
Exposure Details (indicate all that apply):								
☐ Exposure to body fluid (i.e.: blood, saliva, Specify:	nasal discharge, vomit, feces).							
What area(s) of the worker's body was exposed? Eye Mouth Skin Other Specify: Was the worker's skin intact Yes No								
□ Needle stick/puncture by sharp object. Location of injury:								
□ Laceration of the skin, location:								
<ul><li>☐ Contact with suspect or confirmed case of (DOPHS). Specify:</li></ul>	of a Disease of Public Health Significance							
$\ \Box$ Giving mouth to mouth resuscitation with	out the use of a mouth piece							
☐ Human, animal or insect bite (area bitten)	. Specify:							
$\square$ Shared drinking glass and/ or other utens	il. Specify:							
What barrier precautions did the worker wear	. ,							
□ Eye Protection Gloves Mask (type Other:	es Mask (type): □Gown							
Was there a breach in PPE? (e.g. Did the glov	ves tear? Was appropriate PPE not worn?							
Did the subject/patient who was arrested/trea Specify type: Was the subject/patient symptomatic? Yes								
	orker? (Cumulative): en the subject/patient and the worker? Yes No							
Specify:								





Are the	e following	immunizations	up to date?
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Tetanus and Diphtheria		Yes	No	Unknown	Not Applicable			
Polio		Yes	No	Unknown	Not Applicable			
Rubella		Yes	No	Unknown	Not Applicable			
Measles		Yes	No	Unknown	Not Applicable			
Mumps		Yes	No	Unknown	Not Applicable			
Has the worker received a full course of Hepatitis B vaccine? Yes No Unknown								
If no, what date was the last dose of Hepatitis B vaccine administered:								
Has the worker had Hepatit	is E	antiboo	dy testing	g? Yes	No Unknown			
What other information is available that will help assess the exposure? (i.e.: any co-morbidities for the worker we should be aware of)								
Worker provided information about the Mandatory Blood Testing Act, 2006. Yes No								
DO actions and recommendations, if applicable:								
Patient/subject informa	tio	1						
Patient name:								
Street address:				City:				
Date of birth:								
Receiving hospital (if applied	cab	le):						

Halton Region Public Health Contact Information

Monday to Friday 8:30 am to 4:30pm:

- Please fax a copy of the Designated Officer Exposure Report Form to (905) 825-8797
- Call: Communicable Diseases (CD) Program Intake Line: 905-825-6000 ext. 7341

After Hours and on Weekends:

For urgent consults after hours please call (905)-825-6000 ext. "0".

- You must identify yourself as a Designated Officer reporting exposure for an Emergency Service Worker.
- Please request to speak to an on-call Communicable Diseases (CD) Nurse.
- Any work-related exposure inquiries after hours, including on weekends and holidays, that are not from a Designated Officer will not be forwarded to on-call staff.
- The fax machine will not be monitored after hours, this includes on weekends and holidays.

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act and is used to investigate communicable disease events and to control and prevent the spread of communicable/infectious diseases. If you have any questions about this collection please call 311 or send an email to accesshalton@halton.ca. This facsimile transmission is intended for the addressee, Halton Region Public Health, and it may contain information that is privileged, confidential, or protected from disclosure. Any review, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately. Thank you.