|  |  |  |
| --- | --- | --- |
| Patient Name | MRN | Exposure Window |
|  |  |  |
| DOB | Isolation date & time |  |
|  |  |  |
| Additional Details:  |

What is the Exposure and Definition of Illness & Exposure Criteria:

**ACTION STEPS:**

Managers of each department need to determine which employees met the exposure definition**. Please ask the question below to every employee that had contact with the patient to determine if they were exposed.**

|  |  |  |
| --- | --- | --- |
| *Yes* | *No* |  |
|  |  | Did the employee have close (<6 feet), unprotected contact with the patient without proper PPE (*PPE Required*) prior to the patient being placed in (*ENTER NECESSARY ISOLATION TYPE*)  |

**If the employee answers yes:**

1. Fill out the employee’s information on the attached Department Exposure Log (Attachment A) and email the completed log to:
2. Employee Health will contact employees that meet the exposure definition.
3. Employees that meet the exposure definition should complete an Employee Safety Event.

Managers and Attending Physicians are responsible for notifying residents and students who may have been exposed. Students should follow up with *(INSERT DEPARTMENT)*

**DEPARTMENT TRACKING**

|  |  |  |  |
| --- | --- | --- | --- |
| Access |  |  |  |
| Emergency Department |  |  |  |
| ED Providers |  |  |  |
| Radiology |  |  |  |
|  |  |  |  |
| Department Exposure Log | Appendix A |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Complete if you have met the exposure definition.**

**\*Give this document to your department manager.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Date of Birth** | **Best contact Number** | **Did you complete Incident Report?** |
|  |  |  |  |
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