



**Arlington County Public Health
Volunteer Management System**



EXPOSURE FORM				VMS P11 Rev. 9/26/05			
<p><i>This form captures the medical information necessary to conduct follow-up if an exposure has occurred while fulfilling public health volunteer duties for Arlington County. ACPH-VMS Volunteer Processing Branch assures completion of this form and transmittal to ACPH-VMS Plans.</i></p>				VOLUNTEER DEPLOYMENT/OUT- PROCESSING LEADER			
				Distribution to the VMS Plans			
1. INCIDENT:		2. TIME/DATE:					
3. VOLUNTEER NAME:			4. VOLUNTEER ID #:				
5. CONTACT NUMBERS: (h)		(w)		(c)			
6. ASSIGNMENT INFORMATION							
DATE	SHIFT	LOCATION	POSITION				
7. Prophylaxis: Yes No <i>(suggested for position)</i>			If yes.....				
			Form of prophylaxis:				
			Taken as prescribed:			Yes	No
8. PPE required for the position:			Was PPE used as instructed? Yes No				
9. DESCRIBE THE NATURE & CIRCUMSTANCES OF THE EXPOSURE:							
10. Was an incident report completed for the exposure? Yes No							
11. Volunteer Deployment/Out-processing Supervisor Signature:							

**Instructions for:
VMS P11 - Exposure Form**

This form captures the medical information necessary to conduct follow-up if an exposure has occurred while fulfilling public health volunteer duties for Arlington County. ACPH-VMS Volunteer Processing Branch assures completion of this form and transmittal to ACPH-VMS Plans. It is then provided to ICS/IMS for post-incident follow-up as indicated.

- ? *Section 1: Document the name given by ICS/IMS management to the name of the incident.*
- ? *Section 2: Document the time and date the ACPH-VMS form is being prepared.*
- ? *Section 3: Document the volunteer name.*
- ? *Section 4: Document the volunteer ACPH-VMS identification number.*
- ? *Section 5: Document the volunteer contact information.*
- ? *Section 6: Document all the volunteer assignment information including all dates and shifts of ACPH volunteer activity with associated positions and locations.*
- ? *Section 7: Document whether prophylaxis was prescribed for the fulfillment of volunteer duties. Specify the type of prophylaxis and whether it was taken as prescribed.*
- ? *Section 8: Document the type of PPE required for the volunteer position. Specify whether the PPE was used as instructed.*
- ? *Section 9: Describe the circumstances and the nature of the exposure that occurred requiring the completion of this form.*
- ? *Section 10: Document whether an incident report was completed for the exposure.*
- ? *Section 11: Insert the signature of the Volunteer Deployment/Out-processing Supervisor.*