



COMMUNICABLE DISEASE EXPOSURE AND NOTIFICATION REPORT FORM



**EMERGENCY MEDICAL
 SERVICES AGENCY**
 LOS ANGELES COUNTY

Section 1797.188 (b)(1) of the Health and Safety Code requires the health facility infection control officer, upon determining that the person to whom the prehospital emergency medical care person provided the emergency medical or rescue services as being afflicted with a reportable disease or condition, and that the reportable communicable disease or condition may have been transmitted during the provision of care, shall immediately notify the designated officer of the prehospital emergency medical care person.

INSTRUCTIONS: COMPLETE THE FORM AND KEEP IT IN THE EMPLOYEES FILE

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|--|---|---------------------------------|
| NAME OF EXPOSED PERSONNEL | EMPLOYEE NO. | EMT CERTIFICATION NUMBER |
| CALIFORNIA STATE LICENSE NO. (if paramedic) | LOCAL ACCREDITATION NUMBER (if paramedic) | EMS REPORT FORM SEQUENCE NUMBER |
| EMS PROVIDER NAME | STATION TELEPHONE NUMBER | DESIGNATED OFFICER NAME & EMAIL |
| BATTALION | STATION | SHIFT |
| PATIENT'S NAME | HEALTH FACILITY | INCIDENT DATE / TIME |
| CHECK PERSONNEL PROTECTIVE EQUIPMENT USED: | | |
| <input type="checkbox"/> GLOVES <input type="checkbox"/> EYE PROTECTION <input type="checkbox"/> GOWN <input type="checkbox"/> MASK <input type="checkbox"/> NONE | | |
| <input type="checkbox"/> OTHER: _____ | | |
| CHECK TYPE OF EXPOSURE: | | |
| <input type="checkbox"/> Blood/Body fluid splash to eyes <input type="checkbox"/> Blood/Body fluid splash to mouth <input type="checkbox"/> Blood/Body fluid to open skin, i.e., cuts, scrapes, etc. <input type="checkbox"/> Needle stick <input type="checkbox"/> Bite <input type="checkbox"/> Coughing or sneezing of unmasked patient (excluding common cold/flu) | | |
| <input type="checkbox"/> OTHER: _____ | | |
| RECEIVED BY | | |
| EMPLOYEE SIGNATURE | | DATE |