

COMMUNICABLE DISEASE EXPOSURE AND NOTIFICATION REPORT FORM

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Section 1797.188 of the Health and Safety Code requires local Health Officers after receiving notification from a health facility to notify emergency medical care personnel (EMT-I and EMT-Ps), when they have been exposed to a person with a reportable disease, which can, as determined by the Health Officer, be transmitted through oral contact or secretions of the body, including blood.



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

NAME		EMPL NO.	LOCAL ACCRED. #
PHONE #	EMS REPORT #		
REP. STA.	BLS/ALS UNIT	CIN #	BN/STA/SHIFT
PATIENT'S NAME		INCIDENT DATE/TIME	
CHECK PERSONAL PROTECTIVE EQUIPMENT USED:			
<input type="checkbox"/> GLOVES	<input type="checkbox"/> PROTECTION EYE	<input type="checkbox"/> GOWN	<input type="checkbox"/> MASK
<input type="checkbox"/> RESUSCITATION DEVICE	<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 cuts, scrapes, etc.	<input type="checkbox"/> Needle stick
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Bite		
HEALTH FACILITY		RECEIVED BY:	
EMPLOYEE SIGNATURE		DATE	