

SUBJECT: **COMMUNICABLE DISEASE EXPOSURE  
AND NOTIFICATION REPORT FORM**

REFERENCE NO. 836.2



## 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**

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 INFECTION CONTROL OFFICER NAME & EMAIL
BATTALION	STATION	SHIFT
PATIENT'S NAME	HEALTH FACILITY	INCIDENT DATE / TIME
<b>CHECK PERSONNEL PROTECTIVE EQUIPMENT USED:</b>		
<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: _____		
<b>CHECK TYPE OF EXPOSURE:</b>		
<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 _____