

# Solano County Health & Social Services Department

Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services



Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

**Gerald Huber, Director**

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EMS Agency Medical Director

**EMERGENCY SERVICES BUREAU**  
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Terri Gill, MA  
EMS Agency Administrator

**Date: June 8, 2015**

## **POLICY 6170 - ATTACHMENT A**

Request for Communicable Disease Follow-Up for Possible Exposure of Emergency Personnel  
and/or First Responders.

Submission Date: \_\_\_\_\_ Receiving Hospital: \_\_\_\_\_

Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Incident Dispatch and/or PCR #: \_\_\_\_\_

Type of Exposure (Check all that apply):

- ☐ Blood and/or Body Fluids to non-intact skin or mucous membranes  
☐ Accidental puncture/cut of skin or mucous membranes.  
☐ Full facial contact to an aerosolized mist (cough)  
☐ Other (Describe): \_\_\_\_\_  
\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

MEDICAL RECORD #: \_\_\_\_\_

Agency Designated Officer (DO) Name \_\_\_\_\_ Signature \_\_\_\_\_

## **RECEIVING HOSPITAL FOLLOW-UP**

Date received: \_\_\_\_\_

- ☐ No reportable active infectious disease was identified. Medical follow-up is unnecessary.  
☐ An active reportable infectious disease was identified. Follow-up is indicated. Follow  
your agency's infection control policy.

Infectious disease identified: \_\_\_\_\_

Date patient transported: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Officer reported to: \_\_\_\_\_ Date: \_\_\_\_\_

Method: \_\_\_\_\_