

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

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

CHECK PERSONNEL PROTECTIVE EQUIPMENT USED:

GLOVES EYE PROTECTION GOWN MASK NONE

OTHER: _____

CHECK TYPE OF EXPOSURE:

Blood/Body fluid splash to eyes Blood/Body fluid splash to mouth Blood/Body fluid to open skin, i.e., cuts, scrapes, etc. Needle stick Bite Coughing or sneezing of unmasked patient (excluding common cold/flu)

OTHER: _____

RECEIVED BY

EMPLOYEE SIGNATURE	DATE
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