



NOTIFICATION OF POSSIBLE COMMUNICABLE DISEASE EXPOSURE FOR PUBLIC SAFETY / EMS PROVIDERS

Name: _____ Employer Phone: _____
Unit No. / Identifier: _____ Infection Control Officer Notified: Yes [] No []

EXPOSED PUBLIC SAFETY/EMS PERSONNEL

Name: _____ Phone: _____
Home Address: _____
Date of Exposure: _____ Time Of Exposure: _____
Patient Name: _____ DOB/Age: _____ Sex: M [] F []
Incident Location: _____
Description of Exposure Incident: _____

TYPE OF EXPOSURE

- [] Mouth-to-Mouth resuscitation (without barrier device)
[] Needle stick injury (with a contaminated/non-sterile needle)
[] Blood / secretions splashed into: [] Eyes [] Mouth [] Nasal [] Wound [] Other _____
[] Meningitis
[] Close exposure to a person/patient with TB: [] Known TB [] Suspected TB
[] Other risk exposure: (please describe) _____

RECEIVING HOSPITAL

Name of the Hospital: _____
E.R. Nurse Name: _____ E.R. Nurse Signature: _____
Patient Diagnosis: _____ Patient Admitted: [] Yes [] No Patient Expired: [] Yes [] No
Infection Control Person: _____ Infection Control Signature: _____
Recommendations or Action Taken: _____
[] Copy and forward form to Receiving Hospital Infection Control Nurse
[] Copy and forward to Employer's Infection Control Officer

Email or Fax your request to:

Napa County EMS Agency
2751 Napa Valley Corporate Drive, Bldg. B
Napa, CA 94558
Office: (707) 253 - 4341
Fax: (707) 299 - 4126
Email: ems@countyofnapa.org