

# EMERGENCY RESPONSE EMPLOYEE REPORT (COMMUNICABLE DISEASE)

☐ KHN   
 ☐ KHS   
 ☐ MHS   
 ☐ MGH   
 ☐ MHF   
 ☐ MSJ   
 ☐ SMH   
 ☐ SGH   
 ☐ UCD   
 Other \_\_\_\_\_

<b>EMERGENCY RESPONSE</b>	Name	Incident Date	Incident Number
	Address		Home Phone #
	Employer/Dept.	Employer Address	Employer Phone #

<b>SOURCE PATIENT</b>	Name	SS #
	Address	Home Phone #

ADDITIONAL EMERGENCY RESPONSE EMPLOYEES POTENTIALLY EXPOSED			
Name	Employer/Dept.	Unit #	Employer Phone #
Name	Employer/Dept.	Unit #	Employer Phone #
Name	Employer/Dept.	Unit #	Employer Phone #

<b>EXPOSED TO</b>	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> MENINGITIS	<input type="checkbox"/> NEEDLE STICK	<input type="checkbox"/> TB	<input type="checkbox"/> OTHER (describe)
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**LEVEL OF EXPOSURE: Refer to Exposure Policy for further assistance if needed.**

- ☐ I. Close proximity to person suspected of having communicable disease – no action required.
- ☐ II. Contamination of clothing, equipment and/or unprotected intact skin – no hospital intervention.
- ☐ III. Contact with patient's bodily fluids or droplets (TB) through non-intact skin, needle stick, mucous membrane or conjunctival (eye) membranes – workers' compensation paperwork required.

Explanation:

It has been determined that the emergency response employee named above sustained a Level III exposure. Please determine if the source patient above has or is suspected of having a potentially life-threatening or transmissible communicable disease. I am requesting that, if needed, blood be drawn from the source patient to assist in this determination.

Requested by: (Print Name) \_\_\_\_\_ Designated Officer/Designee (Signature) \_\_\_\_\_

Telephone No. Designated Officer: \_\_\_\_\_

## HOSPITAL FOLLOW-UP

<input type="checkbox"/> No reportable communicable disease identified		
Emergency response employees notified: <input type="checkbox"/> No <input type="checkbox"/> Yes - list name(s):		
Employer Designated Officer (DO) notified: <input type="checkbox"/> No <input type="checkbox"/> Yes - list name:		
Date of notification	Name and title of person making notification	Signature

*NOTE: TB cultures can take 4-6 weeks. You will be notified if results are positive. True exposure to meningitis requires contact with oro-pharyngeal secretion (i.e., mouth-to-mouth resuscitation, kissing, sprayed with secretions while intubating without wearing goggles).*

Fire Dispatch (916-228-3035) has a current listing of Designated Officers for Emergency Response Employees

WHITE - Hospital

YELLOW - Employer

PINK - Emergency Response Employee