

MEMORIAL EMS SYSTEM
PREHOSPITAL POLICIES MANUAL

Infectious Disease Control Policy

COMMUNICABLE DISEASE INCIDENT FORM
Use only if only form cannot be utilized.

Exposed emergency personnel providing care:

Police Firefighter/First Responder EMT/Paramedic/PHRN

Other: _____

Name of EMS Provider Exposed: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Name of Agency: _____ Run #: _____

Name of Supervisor: _____ Phone #: _____

Patient's Name: _____ Date/Time of Transport: _____

Type of Significant Exposure (Circle):

Parenteral (e.g. needle stick) Mucous membranes (e.g. eyes, mouth)

Significant skin exposure to blood, urine, saliva, bile, semen, vomit (e.g. open sores, cuts)

Other (explain): _____

Additional Comments:

Post Exposure Procedure

1. Immediately notify your supervisor.
2. Notify the emergency department charge nurse when you arrive at the hospital with the patient.
3. Complete this form and make two (2) copies.
4. **Place the original in an envelope, seal and write "Attention Infection Control" on the front of the envelope.**
5. Give the sealed envelope to the emergency department charge nurse that the patient was transported to.
6. Provide your supervisor with a copy.
7. Forward a copy to the EMS Office within 24 hours.