

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

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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: _____