

Infectious Disease Notification Form

Date of Exposure _____
mm/dd/yyyy

Time of Exposure ____:____

Date of Report _____
mm/dd/yyyy

Time of Report ____:____

Hospital _____

Medical Record# _____

Patient Information

Patients Name _____

Patients D.O.B. ____/____/____ Agency Incident# _____

Incident Address _____

Patient's Chief Complaint: _____

Signs and symptoms: Fever / Cough / Sneezing / Seizures / Rash / Bleeding / Vomiting (circle all that apply)

Known Infectious disease: H.I.V / Hep.B / Hep.C / T.B. / Other _____

Description of Exposure

Description of Exposure: _____
(Circle all that apply)

Mode of Transmission: Airborne / Droplet / Needle stick / Splash / Large volume / OPIM Other Possible Infectious Material

Route of Exposure: Broken skin / Mucus membrane / Puncture / Respiratory / Bite / Other _____

Criminal Intent: Yes / No **Law Enforcement Agency** _____

EMS Initial care: Wash soap & water / Antiseptic / Flushing **Duration of Care** ____:____

P.P.E. Worn: Eye / Gloves / Mask / N-95 / Sleeves / Gown / Shoe Covers **Duration of Exposure:** ____:____

Provider Agency Involved:

Personnel Exposed:

1) _____ 1) _____ **Unit#** _____

2) _____ 2) _____ **Unit#** _____

3) _____ 3) _____ **Unit#** _____

Agency ICO Name: _____ # _____ 4) _____ **Unit#** _____
Infection Control Officer

Agency ICO Name: _____ # _____ 5) _____ **Unit#** _____

Reported by: _____ 6) _____ **Unit#** _____

Charge nurse notified: _____ **Time:** ____:____

Emergency Dept. Exposure Follow up

Treating Physician notified: _____ **Time:** ____:____

Hospital ICP Notified: _____ **Time:** ____:____
Infection Control Practitioner

Consent to draw and test for H.I.V, Hep B and Hep C: Yes / Refused / Unable / Family

Time of Blood draw ____:____ **Employee drawing blood** _____ **Unable to draw**

Infectious Disease Notification Form

Receiving Health Care Institution ICP To Complete The Following

Incubation Period: None: _____ Days: _____

Diagnostic Test(s)

Comments:

Follow up:

1. The ICP will notify the EMS/Fire provider Agency(s) Infection Control/Designated Officer by phone within 24 hours of review. Written notification will follow.
2. Original forms will be maintained in the ICP's file
3. Each agency ICO will be responsible for completing feedback to the affected personnel

Infection Control and Follow-up Action:

- _____ Notification of Exposure
- _____ Findings of **NO** Exposure
- _____ Insufficient Information
- _____ No information

Additional Comments:

Required Reportable Communicable Disease:

1. Mycobacterium Tuberculosis
2. Hepatitis B
3. Hepatitis C
4. HIV
5. Meningococcal Disease

Rare Communicable Disease Exposure

1. Diphtheria
2. Plague
3. Hemorrhagic Fever
4. Rabies
5. Other _____

Notified Agency Infection Control/Designated Officer: Date ____/____/____
Time ____/____

Reviewer: _____

Infectious Disease Notification (IDN) Procedure

- A. Immediately notify the ICO and EMS provider agency supervisor of the exposure.
- B. Form availability
1. A three copy NCR IDN form for potential infectious disease notification will be printed by the Southern Arizona Emergency Medical Services (SAEMS) and made available to its EMS provider agencies and hospitals.
 2. The IDN Forms will be available in each Base Hospital's Emergency Department (ED) and with the designated ICO's/units of each EMS provider agency.
- C. Initiating the form
1. Following initial treatment/ cleansing/ decontamination efforts, EMS personnel will fill out the form on each patient contact in which Body Substance Isolations (BSI) were broken and a potential exposure occurred.
 - The top copy (white) will be submitted to the receiving Charge Nurse to forward to the health care institutions' ICP. If an exposure occurs on a patient in the field, during which resuscitation efforts are withdrawn, and the case goes directly to the Office of Medical Examiner (OME), the agency ICO will forward the top copy (white) to OME.
 - The middle copy (yellow) will be submitted to the reporting personnel's ICO.
 - The bottom copy (pink) is to be kept by the exposed employee.
 2. If the ICP becomes aware of a potential exposure, they should generate a form and forward it through the designated ICO of the EMS provider agency or communicate directly with them.
- D. Follow-Up
1. Following the ICP's investigation of the patient incident, a copy of the IDN form received by the ICP will be returned to the agency's designated ICO, complete with any further recommendations or comments.
 2. Original forms will be maintained in the ICP's file.
 3. Each EMS provider agency will be responsible for completing their own feedback loop to the affected EMS personnel through the agencies' ICO.

White: Hospital ICP

Yellow: Agency ICO

Pink: Employee