



**UNITYPOINT HEALTH EMS SYSTEM  
COMMUNICABLE DISEASE INCIDENT FORM**

Exposed emergency personnel providing care:

- Police  Firefighter/First Responder  EMT/Paramedic/PHRN  EMT/Paramedic Student
- 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. needlestick) 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. Scan or fax this completed document to the UnityPoint Health EMS Office within 24 hours.