



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
COMMUNICABLE DISEASE EXPOSURE REPORT

Current Date

EMERGENCY RESPONDER PERSONNEL OR GOOD SAMARITAN INFORMATION (E.G. EMT, LAW ENFORCEMENT, FIREFIGHTER, FIRST RESPONDER)

Name of Provider	Phone (H)	Phone (W)
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Address (Street, Route, etc, City, State, Zip)

EMERGENCY SERVICES INFORMATION (e.g. ambulance, fire/police dept, non-transporting unit, other)

Nam of Applicable Organization	Designated Officer	Phone (W)
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Address (Street, Route, etc, City, State, Zip)

SOURCE INFORMATION

Name of Patient	Date of Birth
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Nature of Incident	MARF Number
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Location of Incident	State, Zip Code
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Facility Receiving Patient	Final Receiving Facility
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DESCRIPTION OF COMMUNICABLE DISEASE EXPOSURE

A. Type of unprotected exposure (Explain how and where the unprotected exposure took place)

B. Precautions (Explain what precautions were taken, e.g. gloves, masks, eye protection, etc.)

C. Time and date of unprotected exposure

D. Name of designated officer or authorized agent for the receiving medical facility when the form is directly submitted to said facility.	Date
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CONFIDENTIAL INFORMATION – Missouri Department of Health regulations require that the names of both the person who has suffered the communicable disease exposure and the person determined as having a communicable disease be kept confidential. A person who violates this confidentially is guilty of a misdemeanor and is subject to fine or jail term.

I received this communicable disease exposure report and provided one copy to ERP or good Samaritan named above.

Signature of Medical Facility Employee	Date	Time
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TO BE COMPLETED BY MEDICAL FACILITY OR CORONER/MEDICAL EXAMINER'S OFFICE

NO SIGNIFICANT EXPOSURE

There was no significant exposure to the emergency response personnel or good Samaritan.

SIGNIFICANT EXPOSURE

The following disease/test results were identified in the patient:

_____ Date _____

_____ Date _____

_____ Date _____

Final receiving facility: _____

Address: _____

This form was forwarded on: Date _____

Comments:

Completed by:

Name (print) _____

Title _____

Medical Facility _____

Signature _____

Date _____

COMMUNICABLE DISEASE EXPOSURE REPORT INSTRUCTIONS

INFORMATION FOR EMERGENCY RESPONSE PERSONNEL AND GOOD SAMARITANS

Missouri Department of Health regulations contain detailed information concerning this form and the obligations of both the medical facility or coroner/medical examiner's office and the emergency response personnel and/or good Samaritan.

WHO SHOULD FILE THIS FORM?

Any Missouri prehospital emergency response personnel (ERP) {EMS agency, law enforcement officer, firefighter, first responder, or good Samaritan} who has sustained a significant exposure should file this form either directly with the receiving medical facility or coroner/medical examiner's office or the service's designated officer who will determine whether to file the form with the medical facility to which the patient was initially taken. A significant exposure is defined by the Centers for Disease Control and Prevention as:

- A. Any person-to-person contact in which a co-mingling of respiratory secretions (saliva and sputum) of the patient and ERP or good Samaritan may have taken place;
- B. Transmittal of the blood or bloody body fluids of the patient onto the mucous membranes (mouth, nose, eyes) of the ERP or good Samaritan and/or in to the breaks of the skin of the ERP or good Samaritan;
- C. Transmittal of other body fluids (semen, vaginal secretions, amniotic fluids, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes or breaks on the skin of the ERP or good Samaritan;
- D. Any non-barrier unprotected contact of the ERP or good Samaritan with mucous membranes or non-intact skin of the patient.

WHAT WILL HAPPEN WHEN THIS FORM IS FILED?

If appropriate personnel determine that the patient involved in the significant exposure has one of the specified diseases listed below and that the exposure described could transmit any of these diseases, you will be notified within 48 hours or as soon as possible after receipt of the patient's diagnosis report. You will also be advised by either the designated officer or by the receiving medical facility's personnel depending on who directly contacted the ERP or good Samaritan on what are the appropriate medical precautions and recommended follow-up. The specified diseases are: Pulmonary Tuberculosis, Hepatitis B and C, Human Immunodeficiency Virus infection (HIV) including Acquired Immunodeficiency Syndrome (AIDS), Rubella, Measles, Corynebacterium Diphtheria, Neisseria Meningitides, Hemorrhagic fevers including Lassa, Marburg, Ebola, Congo-Crimean, and others yet to be identified; plague (Yersinia pestis); and rabies.

NOTIFICATION

You will be notified within 48 hours or as soon as possible of the patient's diagnosis report. The filing of this report does not mandate testing of the patient.

WHAT ARE THE OBLIGATIONS OF THE MEDICAL FACILITY OR CORONER/MEDICAL EXAMINER'S OFFICE?

The medical facility or coroner/medical examiner's office is required to:

- A. Have a significant supply of blank copies of the Communicable Disease Report Form for the use by ERPs or good Samaritans or their designated officers.
- B. Forward one copy of the form to the final receiving facility if the patient is transferred (to a trauma center or specialty care facility).
- C. If the medical facility or coroner/medical examiner's office determines the patient has one of the specified communicable diseases and that the exposure described could transmit the communicable disease, the medical facility or coroner/medical examiner's office shall notify the ERP or good Samaritan within 48 hours or as soon as possible after determination of the disease to which they have been exposed and advise the ERP or good Samaritan concerning appropriate medical follow-up.
- D. Maintain a record of all communicable disease exposure forms received which shall contain at least the following information:
 1. Name of patient
 2. Missouri uniform ambulance reporting form number
 3. Name of ERP or good Samaritan
 4. Date and time the form was received
 5. Whether the patient had one of the designated communicable diseases
 6. If a communicable disease was determined, the date the ERP or good Samaritan was notified
 7. Other medical facilities or coroner/medical examiner's office, if any, to which the form was transferred

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ADDITIONAL INFORMATION

For additional information regarding this form, the laws or regulations, please contact the Missouri Department of Health and Senior Services, Bureau of Emergency Medical Services, PO Box 570, Jefferson City, MO 65102 (573-751-6356)