STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION

COMMUNICABLE DISEASE EXPOSURE REPORT

IIPP-10A (6/01)

CONFIDENTIAL

California Health and Safety Code, section 1797.188(b), requires that firefighters providing pre-hospital care be notified whenever a true exposure to a reportable communicable disease has occurred. This form must be completed and forwarded to the Department's Ryan White Designated Officer as soon as possible, but no later than twenty-four (24) hours of the perceived exposure.

NAME	CDF UNIT/OTHER AGENCY IDENTIFIER

OTHER EXPOSURES OCCURRED ON SAME INCIDENT? ☐ **Yes** ☐ **No** **How many?** ______

EXPOSURE DATE	TIME	INCIDENT NUMBER
DATE REPORTED	TIME	APPROPRIATE ECC CONTACTED ☐ Yes ☐ No

HOSPITAL CONTACT(S)	PHONE NUMBER(S)

ROUTE OF ENTRY ☐ NEEDLE STICK ☐ MOUTH ☐ SKIN ☐ RESPIRATORY ☐ EYES ☐ NON-INTACT SKIN

OTHER:

TYPE OF BODY FLUID ☐ BLOOD ☐ SALIVA ☐ URINE ☐ FECES ☐ TEARS ☐ SWEAT ☐ VOMITUS ☐ MUCUS ☐ SEMEN ☐ VAGINAL SECRETIONS

OTHER:

BRIEF DESCRIPTION OF PERCEIVED EXPOSURE:

PPE UTILIZED ☐ GLOVES ☐ EYE PROTECTION ☐ FACE SHIELD ☐ TURN-OUTS ☐ N-95 MASK ☐ GOWN/EMS JACKET

OTHER:

PROXIMITY TO PATIENT ☐ 0 TO 3 FEET ☐ MORE THAN 3 FEET ☐ LENGTH OF TIME WITH PATIENT

SOURCE PATIENT ______

PATIENT DATE OF BIRTH ______ DESTINATION ______ TRANSPORTED BY ______

SUSPECTED COMMUNICABLE DISEASE ______

PLEASE CHECK THE MOST APPROPRIATE BOX REGARDING EMPLOYEE TREATMENT

☐ **NONE** ☐ **1ST AID ONLY** ☐ **DECONTAMINATION** ☐ **MEDICAL EVALUATION AT:** ______

REPORTED TO SUPERVISOR ______ AT ______ ON ______

SIGNATURE OF PERSON SUBMITTING ______ DATE ______

DR. THOMAS FERGUSON, CDF DESIGNATED OFFICER
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THIS FORM IS TO BE DESTROYED, BY THE SENDER, ONCE THE DESIGNATED OFFICER CONFIRMS RECEIPT