Worksheet for Possible Communicable Disease Exposure to Hospital Staff (pg. 1)

Section 1:

Today's Date _____

Identify Pathogen _____

Section 2

(1) Contact Infection Control yes no

MD/ICP:_____

(2) Obtain Infection Disease Consult yes no

Attending / Fellow:_____(PID#_____) (Pager #: _____)

Notified by:_____ Date: _____ Time:_____

Section 3 (Circle which service involved in the decision)

Source Patient: Infection Control (IC) Infectious Disease (ID)

□ non-transmissible disease

□ transmissible through the following routes: □ Airborne □ Droplet □ Contact

_____

_____

Infection Control precautions: Infection Control (IC) Infectious Disease (ID)

_____

_____

Section 4 (To be completed by Unit Manager, Nursing Supervisor)

Names of Potentially Exposed Personnel	Department/ Contact info
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Worksheet for Possible Communicable Disease Exposure to Hospital Staff (pg. 2)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Continue an additional page if necessary

Section 5: To be completed by ED / ID/ COEM

Drug Regimen

(1) Recommended prophylaxis to Hospital Staff potentially exposed

_____

(2) Alternate prophylaxis in case of allergy

_____

(3) Alternate prophylaxis/ recommendations in case of pregnancy

_____

(4) Other recommendations

_____

Ordering ED/COEM MD _____

Printed Name: _____(PID#_____) Date:_____

Section 6:

☐ COEM Contacted and sent ID/IC Recommendations and list of Potentially Exposed Personnel (COEM phone (619) 471-9210, Fax (619) 471-9211)

☐ Departments Notified to send Potentially Exposed Personnel for screening/prophylaxis as outlined by ID/IC to COEM if non-emergency or to ED if emergency and after hours