

CONFIDENTIAL

City of Stockton
Communicable Disease Exposure Report
Reporting Procedure

City employees who believe they have been occupationally exposed to blood, body fluids, Tuberculosis or other potentially infectious material shall:

1. **IMMEDIATELY** report an exposure to their immediate supervisor.
2. The supervisor shall offer medical treatment to the employee. If treatment is needed, the supervisor shall provide the employee with a workers' compensation claim packet. The medical treatment authorization form shall be signed and given to the employee before going to seek treatment.
3. If it has been determined medical attention is needed, the supervisor shall: **Complete this report and immediately fax it to Dameron Occupational Health, (209) 461-3196. If incident occurs evenings, holidays, weekends, please complete exposure report upon first knowledge and send with employee to Dameron Hospital. After initial evaluation/treatment at Dameron Hospital, the employee should seek all further treatment related to the exposure with Dameron Occupational Health** and a copy of this report should also be sent to Dameron Occupational Health. If treatment is not needed or requested, this report shall be kept confidential in the department.
4. Complete Supervisor Investigation Report even if a claim will not be filed by the employee and submit it to the Department Head and Risk Services.

Note to Treating Physician/Health Care Professional: Per CCR, Title 8, Section 5193 - Bloodborne Pathogens, after an employee is exposed to a bloodborne pathogen, employers are required to obtain and provide employee a copy of the evaluating Healthcare Professional's written opinion within 15 days of completion of the evaluation.

The Healthcare Professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- ✓ Is the Hepatitis B vaccination needed for this employee and has the employee received this vaccination?
- ✓ Has employee been informed of the results of the evaluation?
- ✓ Has employee been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment?

Note: All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Please send your written report to:
City of Stockton
Risk Services Division
400 E. Main Street, 3rd Floor
Stockton, CA 95202

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Communicable Disease Exposure Report

| Employee Exposed | |
|--|---------------------|
| Name: | Title/Occupation: |
| Date of Exposure: | Time of Exposure: |
| Work Phone: | Cell Phone: |
| Home Phone: | Dept./Div.: |
| Address/Location of Exposure: | |
| | |
| Type of Exposure | |
| <input type="checkbox"/> Blood <input type="checkbox"/> Body Fluid <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other: | |
| What duties was the employee performing at the time of the exposure? | |
| | |
| | |
| Exposure and Source Information | |
| Type of fluid or material: <input type="checkbox"/> Blood/blood products <input type="checkbox"/> Visibly bloody body fluid <input type="checkbox"/> Non- visibly bloody body fluid <input type="checkbox"/> Visibly bloody solution (e.g., water used to clean a blood spill) <input type="checkbox"/> N/A | |
| Body site of exposure: | |
| | |
| Depth of injury: <input type="checkbox"/> Superficial (scratch, no or little blood) <input type="checkbox"/> Moderate (penetrated through skin, wound bled) <input type="checkbox"/> Deep (intramuscular penetration) <input type="checkbox"/> Ingestion <input type="checkbox"/> Eye Contact <input type="checkbox"/> Unsure/Unknown <input type="checkbox"/> N/A | |
| Was the source individual identified? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was the source individual's blood tested <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, what were the results? | |
| If this was an exposure to Tuberculosis, what is the status of the source individuals TB? <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unknown | |
| What is the vaccination status of the employee? | |
| | |
| Department Representatives Name: Signature: _____ | Date of completion: |

**FAX COMPLETED REPORT TO Dameron Occupational Health (209) 461-3196 – if evaluation is sought Monday through Friday, 8:00 am – 5:00 pm.
If exposure is evenings, holidays, weekends, report should be completed and sent with employee to Dameron Hospital.**