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County of Fresno
Communicable Disease Exposure Report

Reporting Procedure

County employees who believe they have been occupationally exposed to blood, body fluids, Tuberculosis or a disease 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. The supervisor shall **complete this report** and fax it to (treating facility and fax number here) **IMMEDIATELY** if it has been determined that medical treatment is needed. If treatment is not needed or requested, this report shall be kept confidential in the department.
4. Complete the Supervisor Investigation Report even if a claim will not be filed by the employee and submit it to the Department Head and Workers Compensation Coordinator.

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

One copy to: Fresno County Risk Management
2220 Tulare St., 21st Floor
Fresno, CA 93721

One copy to: York Insurance Services Group, Inc.
P.O. Box 16339
Fresno, CA 93755

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

FAX COMPLETED REPORT TO (treating facility and fax number here)