



**REPORT OF EXPOSURE**

(Please Print or Type)

Pursuant to 50-16-702 MCA, this form is authorized for the reporting of exposures

**EMERGENCY SERVICES PROVIDER: (e.g. Emergency Care Provider, Law Enforcement, Firefighter, First Responder)**

NAME OF PROVIDER: \_\_\_\_\_

NAME OF SERVICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PATIENT:**

NAME OF PATIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PATIENT'S DATE OF BIRTH (if available): \_\_\_\_\_

**DESCRIPTION OF EXPOSURE:**

**a) Precautions** (describe what precautions were taken – e.g. gloves, masks, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b) Type of exposure** (explain how and where the exposure took place)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time and date of exposure:** \_\_\_\_\_

**HEALTH CARE FACILITY:**

NAME OF FACILITY RECEIVING PATIENT: \_\_\_\_\_

NAME OF INFECTIOUS DISEASE CONTROL OFFICER: \_\_\_\_\_

**SERVICES DESIGNATED OFFICER:**

NAME OF DESIGNATED OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ALTERNATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS TO WHICH NOTIFICATION CAN BE DELIVERED: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF DESIGNATED OFFICER: \_\_\_\_\_



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
**REPORT OF EXPOSURE FORM INSTRUCTIONS**

**INFORMATION FOR THE EMERGENCY SERVICE PROVIDER**

Montana law (50-16-701 – 50-16-711 MCA and rules (ARM 37.104.801, et. seq.) contain detailed information about this form and the obligations of the healthcare facility, the designated officer of the emergency services organization and the emergency services provider.

**WHO SHOULD FILE THIS FORM?**

An emergency service provider (e.g. ECP, Law Enforcement Officer, Firefighter, First Responder) who has sustained an exposure, should request that the designated officer of the emergency services organization with which he/she was officially responding when the exposure occurred, file this form with the health care facility to which the patient was taken. An exposure is defined as:

- (a) Any person to person contact in which a comingling of respiratory secretion (saliva and sputum) of the patient and the emergency services provider may have taken place;
- (b) Transmittal of the blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (mouth, nose, eyes) and/or into breaks in the skin of the emergency services provider;
- (c) Transmittal of other body fluids (semen, vaginal secretions, amniotic fluid, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes of the emergency services provider;
- (d) Any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient.

**WHAT WILL HAPPEN WHEN THIS FORM IS FILED:**

**HIV TESTING REQUEST:**

If the exposure occurred in a manner that may allow infection by HIV, as defined in 50-16-1003, MCA by a mode of transmission recognized by the Centers of Disease Control, then submission of the form to the health care facility constitutes a request to the patient's physician to seek consent for performance of an HIV-related test to 50-16-1007(1), MCA.

**NOTIFICATION REQUIREMENTS:**

The designated officer of the emergency service will be notified in writing:

- (i) Whether or not the patient was infected with one of the infections diseases specified in ARM 37.30.801;
- (ii) Whether or not a determination has been made; and
- (iii) The name of the disease and the date of transport if the patient was infected.

The designated officer will then notify the emergency service. The service will also be advised of appropriate medical precautions and treatment if in fact the patient was diagnosed as having an infectious disease.

**OBLIGATIONS OF THE HEALTH CARE FACILITY:**

1. Notify the designated officer who filed the form, in writing:
  - (i) Whether or not the patient was infected with an infectious disease;
  - (ii) Whether or not a determination has been made; and
  - (iii) The name of the disease and the date of transport if the patient was infected (50-16-702, MCA).
2. If a patient is diagnosed as having any of the specified infectious disease, notify the designated officer of the disease in question and of appropriate indicated precautions and treatments, orally within 48 hours after diagnosis and in writing 72 hours after diagnosis.

**CONFIDENTIAL INFORMATION**

Montana law (50-16-704) requires the names of both the person who suffered the exposure and the person diagnosed as having an infectious disease be kept confidential. A person who violates this confidentiality is guilty of a misdemeanor and is subject to a fine of \$500 to \$10,000 and/or a jail term of three months to one year.

**ADDITIONAL INFORMATION**

For additional information regarding this form, the law or the rules, contact the Emergency Medical Services and Trauma Systems Section, Montana Department of Public Health and Human Services, PO Box 202951, Helena MT 59620. Phone (406) 444-3895