**To report an exposure of any communicable disease, including COVID-19, please call theBHPN within 2 business hours (your CCM or BHPN Customer Service, 1-855-the-BHPN) to verbally report the exposure(s). Complete the report below and send to BHPN within 1 business day of making the verbal report to BHPN. All clients should be notified immediately of their potential exposure, advised to self-quarantine, and advised to consult with the KP Advice Line.**

**Definition of a Direct Exposure** (*Anything that does not fit this criterion does not need to be reported to the BHPN)*

Client being within a 6-foot distance for 15 minutes or more of an individual who has tested positive for COVID-19 from 2 days

prior to the individual experiencing symptoms or 2 days before the test date, whichever is earlier.

|  |  |  |
| --- | --- | --- |
| **Provider/Agency Name:** | | **Reporting Staff:**        **Position:** |
| **Date of Verbal Report to BHPN:** | | **Date of Written Report:** |
| **Client(s) exposed by:** | Practitioner  Another Client  Other: | |
| **Dates of exposure:**  *Please write N/A in text field for lines that are not applicable* | Date that individual who exposed client(s) started experiencing symptoms:  Date that individual who exposed client(s) took a COVID-19 test:  Did the test come back positive? (yes/no) | |
| **Description of Exposure:** |  | |
| **City of Exposure** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (MRN) of Client Exposed** | **Date(s) Exposed** | **Site of Exposure (Home, Clinic)** | **What PPE was Consistently utilized during exposure?** | **Description of Exposure, including last date of direct exposure**  *If any of the mask-related boxes in the previous column were NOT checked, please provide an explanation here* | **Date Provider Notified Client of Exposure** |
|  |  |  | Client wearing Mask  Prac wearing Mask  Others present wearing masks  Prac wearing eye protection |  |  |
|  |  |  | Client wearing Mask  Prac wearing Mask  Others present wearing masks  Prac wearing eye protection |  |  |
|  |  |  | Client wearing Mask  Prac wearing Mask  Others present wearing masks  Prac wearing eye protection |  |  |
|  |  |  | Client wearing Mask  Prac wearing Mask  Others present wearing masks  Prac wearing eye protection |  |  |
|  |  |  | Client wearing Mask  Prac wearing Mask  Others present wearing masks  Prac wearing eye protection |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reporting Staff Name (Print)** | **Signature** | **Date** | **Title** | **Contact Phone Number** |
|  |  |  |  |  |

**\*\* Upon completion of this form, send to** [**CustomerService@theBHPN.org**](mailto:CustomerService@theBHPN.org)**\*\***

**For BHPN Use Only:**

BHPN CCM Updates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (MRN) of Client Exposed** | **KP Case Manager** | **Date Exposed** | **Date Ct Contacted by BHPN** | **Treatment Decisions for continued care** | **BHPN Notes** |
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Initial Report submitted to KP on

Final Report submitted to KP on