

**HOSPITAL EMERGENCY ROOM / LEMC**  
**CHECKLIST OF EMS PERSONNEL**  
**EXPOSED TO BLOOD AND/OR BODY FLUIDS**

Hospital: \_\_\_\_\_  
Date: \_\_\_\_\_  
Physician: \_\_\_\_\_

FOR EMS  
EXPOSED

Name: \_\_\_\_\_

- 1. Consent for HIV testing signed and a copy given to EMS exposed.
- 2. Authorization for disclosure of the results of HIV Test, Hep B, Hep C results to designated workers compensation provider **and** Public Health Department for the purpose of medical follow up (copy given to EMS Personnel).

Name of workers compensation provider (if known): \_\_\_\_\_

- 3. Lab Slip: Baseline labs for all exposed EMS Personnel.
  - HIV antibody
  - Anti-HCV antibody
  - Hepatitis B Surface Antibody, Quantitative- if Hepatitis B immune status is unknown
- 4. Remind EMS Personnel to complete Contagious Disease Exposure Report form and to fax and mail or hand deliver to Public Health Department.

FOR SOURCE  
PATIENT

Name: \_\_\_\_\_

Incarcerated       Deceased

- 1. Obtain physician order to draw blood.
- 2. Consent for HIV testing signed (copy given to source patient).
- 3. Authorization for disclosure of HIV, Hep B, Hep C test results to EMS Personnel workers compensation provider and the Public Health Department for the purpose of post exposure prophylaxis evaluation of exposed EMS Personnel (copy given to source).
- 4. Lab Slip:
  - Rapid HIV-antibody (**if possible**)
  - HIV antibody
  - Anti-HCV antibody
  - Hepatitis B Surface Antigen
- 5. Blood specimen to hospital lab to be billed to EMS Provider.
- 6. Notify coroner if source is deceased.

**\* PLEASE FAX THIS FORM IMMEDIATELY TO COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH DEPARTMENT FAX # 781-5543**