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

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).


☐ 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