

**CHECKLIST FOR EMS PERSONNEL
EXPOSED TO BLOOD AND/OR BODY FLUIDS**

Hospital: _____

Date: _____

Physician: _____

To be completed by hospital ED or LEMC personnel:

**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 DICO or worker's compensation provider **and SLO PHD** for the purpose of medical follow up (copy given to EMS Personnel).

Name of worker's 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 have their employer complete the Contagious Disease Exposure Report form and to fax and mail or hand deliver to PHD.

**FOR SOURCE
PATIENT**

Name: _____

Incarcerated Deceased

- 1. If the HBV, HCV, and/or HIV status of the source patient is KNOWN, then testing is not necessary for that specific virus or viruses.
- 2.. If testing is determined to be necessary, obtain physician order to draw blood.
- 3. Consent for HIV testing signed (copy given to source patient).
- 4. Authorization for disclosure of HIV, Hep B, Hep C test results to EMS Personnel worker's compensation provider and the Public Health Department for the purpose of post exposure prophylaxis evaluation of exposed EMS Personnel (copy given to source).
- 5. Lab Slip:
 - HIV antibody
 - Consider Rapid HIV antibody test if results from standard (EIA) HIV antibody test will not be available within 24-48 hours
 - Anti-HCV antibody
 - Hepatitis B Surface Antigen
- 6. Blood specimen to hospital lab to be billed to EMS Provider.
- 7. Notify coroner if source is deceased.

*** PLEASE FAX THIS FORM IMMEDIATELY TO SLO PHD FAX # 781-5543**