

## Columbia Fire Department

### Bloodborne Pathogen Exposure Checklist

| Activity  | Date Completed | Employee's Initials |
|---|----------------|---------------------|
| Employee reports exposure   | _____          | _____               |
| Injury and illness report completed   | _____          | _____               |
| Source individual is identified   | _____          | _____               |
| NAME: _____   |                |                     |
| ADDRESS: _____  |                |                     |
| PHONE NUMBER: _____   |                |                     |
| If unknown explain why: _____   |                |                     |
| Employee sent to ER for testing (mv " HBV, HCV) and treatment deemed appropriate by physician   | _____          | _____               |
| Documentation forwarded to healthcare professional:   |                |                     |
| _____ Bloodbome Pathogens Standard.   |                |                     |
| _____ Description of exposed employee's duties.   |                |                     |
| _____ Description of exposure incident, including routes of entry .   |                |                     |
| _____ Result of source individual's blood testing.  |                |                     |
| _____ Employee's medical records.   |                |                     |
| Source individual tested for HIV, HBV, HCV<br>If consent is not obtained, contact the Legal Department immediately. Note: Consent is not required for emergency response personnel pursuant to state law 44-29-230. | _____          | _____               |
| Employee informed of test results of source individual  | _____          | _____               |
| Follow-up provided by physician and/or City's health clinic   | _____          | _____               |