



Post-Exposure Follow-Up Checklist

Supervisors: The following steps shall be taken and the information transmitted as noted for any incident of employee exposure to blood borne pathogens. Copy retained in employee's working personnel file.

Employee Name: _____ **Date of Incident:** _____

Activity	Completion Date	
For Exposure Incidents Involving AICs		
A. Supervisor or employee reports incident in Workday	Workday incident report #:	
B. Unusual Incident Report (UIR) (CD1676e) completed.	Completion date:	
C. Employee provided copies of documentation and information regarding incident and a copy of OR-OSHA (OAR 437, Division 2, Subdivision Z, Toxic and Hazardous Substance, 1910.1030 Blood Borne Pathogens)	Date provided to employee:	
D. Did employee seek medical attention or treatment?	Yes _____ (Complete below)	No _____
1. If yes, employee completes Report of Job Injury or Illness (Form 801) and submits to Worker's Compensation Specialist.	Submitted: Yes _____	
2. Source Individual(s): If known; If AIC, include SID#	Name of Source Individual(s) and SID#:	
3. Employee provided the prepared Treating Physician Authorization Release of Information (CD1947) with institution specific information prior to leaving the institution.	Yes _____ No _____	
4. Post-Exposure Employee Medical Status Report (EMSR/Doctor's Note)	Cleared to return to work? Y/N _____	

For Exposure Incidents Involving Other Persons (Such as Adults on Supervision, Staff, Visitors)	
E. Name of staff to obtain source individual(s) consent of blood tests.	Name: Date:
F. Consent from source individual(s) for blood testing obtained.	
G. Result of source individual(s) (inmate) blood testing sent to treating physician by Health Services.	Name: Date: