



## Post-Exposure Follow-Up Checklist

**The following steps shall be taken and the information transmitted as noted for any incident of employee exposure to blood borne pathogens.**

**Employee Name:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

Activity	Completion Date		
	Yes	No	Date:
A. Supervisors Report of Employees Duties and Description of Exposure Incident CD 1401 (8/00).			
B. Unusual Incident Report completed.			
C. ODOC Employee/Volunteer Report of Incident/Near-Miss/Injury/Illness form, CD 1381 (5/02), completed.			
D. Employee furnished with copies of documentation and/or information regarding exposure incident and a copy of OR-OSHA, OAR 437, Division 2, Subdivision Z, Toxic and Hazardous Substance, 1910.1030 Blood Borne Pathogens.			
F. Did employee seek medical attention/treatment?			
G. Did employee complete SAIF 801 if seen by a physician?			
H. Employee furnished with copies of documentation and/or information regarding exposure incident:			
I. Employee's pertinent medical records forwarded to treating physician (if requested).			
J. Source Individual(s) (If Known). Include SID # if inmate.	Name of Source Individual(s):		
	SID #		
K. Name of staff to obtain source individual(s) consent of blood tests.	Name:		
	Date:		
L. Consent from source individual(s) for blood testing obtained.			
M. Result of source individual(s) (inmate) blood testing sent to treating physician by Health Services.	Date:		
	Name:		