



Human Resources

## POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

EMPLOYEE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ WORKER'S COMPENSATION INCIDENT # \_\_\_\_\_

***In the event of employee exposure to a Bloodborne Pathogen, the Supervisor must complete the following steps:***

	DATE	INITIAL
1. Ensure the Supervisor's Incident Report (PER055) is completed, and a copy is furnished to the employee.	_____	_____
2. Source Individual identified. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Impossible If 'yes', secure consent by source for testing and release of information.	_____	_____
3. In the event of exposure of any individual to known or unknown Hepatitis B, Hepatitis C, or HIV-positive body fluids, report this as an emergency within 2 hours if possible but not to exceed 24 hours, for HIV prophylaxis. Send individual to Munson Occupational Health and Medicine or the Emergency Room when after hours. Ensure employee is aware of follow up needed and allow time for scheduled appointment.	_____	_____
4. Source individual's blood tested for Human Immunodeficiency Virus (HIV), Hepatitis B Surface Antigen, and Hepatitis C antibody, and results given to exposed employee.	_____	_____
5. <b>All documentation from above, and this form forwarded to Human Resources as soon as possible.</b>	_____	_____

***Human Resources designee for Worker's Compensation should complete the following steps:***

6. Appointment arranged for employee with Munson Occupational Health & Medicine _____ (date/time) <i>(This step may have been completed by the Supervisor.)</i>	_____	_____
Documentation forwarded to doctor (with reasonable timeliness - do not allow this documentation to delay the appointment).		
a. Bloodborne Pathogens Standard - Specifically Section VI.D	_____	_____
b. Description of exposed employee's duties	_____	_____
c. Description of exposure incident, including routes of exposure	_____	_____
d. Results of source individual's blood testing	_____	_____
e. Employee's relevant medical records	_____	_____
f. Check within 7 days to be sure employee was seen and appropriate treatment rendered.	_____	_____
7. Exposed employee's blood was collected and tested on _____ or employee refused as of _____ (Employee needs to sign Post-Exposure Incident Medical Evaluation Declination - PER085a).	_____	_____

	DATE	INITIAL
8. Received MOH&M's written medical evaluation for exposed employee and ensure employee is aware of medical treatment recommendations. Notify Supervisor if follow up required, to allow time for appointment	_____	_____
Plan should include at least the following:		
A. Assessment of risk reviewed, the individual and MOH&M together should decide if the individual should be referred to an infectious disease specialist.	_____	_____
B. If the source person has a reactive Hep B surface antigen, then the employee should be given Hep B Immune Globulin within seven days of exposure unless he/she has previously completed the Hep B series or has a positive HbsAb titer.	_____	_____
C. If the employee has not had a tetanus booster within 10 years a Td injection should be given.	_____	_____
<b><i>(Forward all documentation received at this point to the County's Medical Director/Health Department for review.)</i></b> _____		
D. Arrangements made for three month post-exposure testing. The employee should have an HIV lab test, and Hepatitis B and C tests. Notify Supervisor if time off needed. (If employee tests negative and Source was negative, no further follow-up testing required.)	_____	_____
<b><i>(Forward all documentation received after appointment to the County's Medical Director/Health Department for review.)</i></b> _____		
E. If either the Source was positive or employee tests positive at onset or follow-up, schedule a six month post-exposure testing. Notify Supervisor if time off needed. The employee should have:	_____	_____
1. HIV study	_____	_____
2. Test for Hepatitis B and C antibody.	_____	_____
<b><i>(Forward all documentation received after appointment to the County's Medical Director/Health Department for review.)</i></b> _____		
9. Copy of written MOH&M medical evaluations sent to employee (County H.R. to seek copies of evaluations from employee, or at a minimum verbal outcome.)	_____	_____
10. If employee declines at any stage further intervention and assistance, have them sign Declination, Form PER085a, and <i>forward a copy to the Medical Director/Health Department.</i>	_____	_____
11. If employee tests positive at any time, refer the individual to Infectious Disease Specialist for treatment.	_____	_____
<b><i>County Medical Director/Health Department, or designee, should complete the following steps:</i></b>		
12. Employee made aware to the extent requested of applicable laws and regulations regarding consent of source individual to be tested and disclosure of identity and infectious status of source individual. Copies of appropriate statutes to be maintained and updated in the Personal Health division of the Health Department.	_____	_____
13. Forward copies of any documents to Human Resources that may be required pertaining to the Worker's Compensation incident.	_____	_____