AN EMPLOYEE HAS A BLOODBORNE PATHOGEN EXPOSURE!!!
WHERE DO I TAKE THEM FOR EXPOSURE CARE??

1. Complete the Exposure Questionnaire, if possible
2. Report to one of the following locations

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
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| Monday – Friday 7:00am – 5:00pm | Company Care  
5000 N. 26th, Suite 200  
Lincoln, NE 68521  
402-475-6656 |
| After 5:00 pm and on Weekends | Saint Elizabeth Emergency Room  
555 S. 70th  
Lincoln, NE  
402-219-7142 |

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at http://ehs.unl.edu/)
AN EMPLOYEE HAS BEEN HURT AT WORK! WHERE DO I TAKE THEM FOR INJURY CARE?

MONDAY THRU FRIDAY
7:00 AM - 5:00 PM

Company Care
Autumn Ridge Medical Center
27th and Kensington
2nd light North of Superior
402.475.6656

WHO DO I CALL AFTER 5:00 PM OR ON WEEKENDS?

To speak directly to a Company Care provider regarding your work-related injury after 5:00 pm or on the weekends, call 402.326.0168

The Physician Network
(Created 11/00; Reviewed 6/07)
BLOODBORNE PATHOGEN EXPOSURE QUESTIONNAIRE

This Information is Helpful to Medical Professionals Providing Treatment

Do Not Delay Transport Medical Provider to Obtain Information

Source Questions

1. Source of bloodborne pathogen? If not known skip to Exposed Questions.

2. Is the source another person? If no, skip to question 3.
   a. Is he/she accompanying you today?
   b. Will he/she be reporting to Company Care?
   c. If not, do you want Company Care to contact Source?

   Name of Source: __________________________
   Phone #: __________________________

3. If the source is not a person, did you bring a sample with you?

Exposed Questions

1. Date and time of exposure: __________________________

2. How did the exposure occur? __________________________

3. List location of mucous membrane exposure; intact vs. broken skin; approx. surface area of body exposed: __________________________

4. Volume of blood/fluid/cell culture exposed to: __________________________
   Was the sample viable? __________________________

5. If needlestick, list type and gauge of needle if known, depth of penetration or list type of object or instrument: __________________________

6. List PPE in use at time of exposure: __________________________

7. Duration of contact: __________________________

8. Vaccination status of the exposed individual: __________________________

(Created 11/00; Reviewed 6/07)