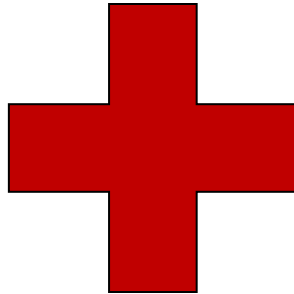


BBP EXPOSURE CARE KIT

UNL Bloodborne Pathogen/Exposure Control Plan

Form EHS-BBP-03

(Revised 5/20)



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

1. Complete the Exposure Questionnaire (pg. 3), if possible
2. Report to one of the following locations

Monday – Friday 7:00am – 5:00pm

CHI Health Company Care

5000 N. 26th, Suite 200
Lincoln, NE 68521
402-475-6656

After 5:00 pm and on Weekends

CHI Health St Elizabeth Emergency Room

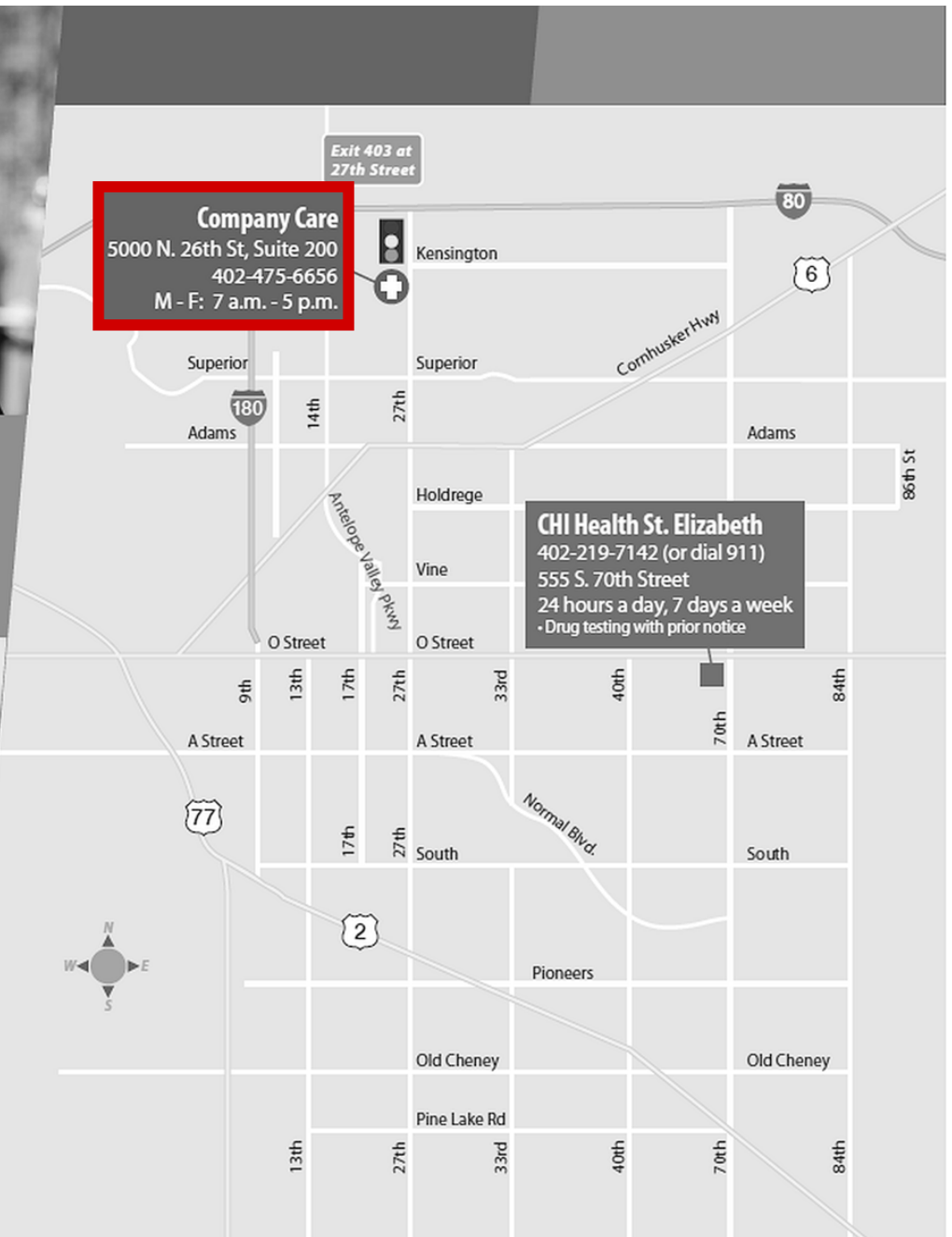
555 S. 70th
Lincoln, NE
402-219-7142



Company Care



5000 N. 26th Street,
Suite 200
Lincoln, NE 68521
402.475.6656



Located at the second light north of Superior
(Enter through the Main Entrance of the Autumn Ridge Medical Center)

Company Care

402.475.6656
Monday - Friday 7:00 am - 5:00 pm
www.companscareonline.com



BLOODBORNE PATHOGEN EXPOSURE QUESTIONNAIRE

This Information is Helpful to Medical Professionals Providing Treatment

Do Not Delay Transport Medical Provider to Obtain Information

Source Material/Person Questions

1. Source of bloodborne pathogen?
If not known skip to Exposure Incident Details. _____
2. Is the source another person? *If no, skip to question 3.*

Yes	No
-----	----

 - a. Is he/she accompanying you today?

Yes	No
-----	----
 - b. Will he/she be reporting to Company Care?

Yes	No
-----	----
 - c. If not, do you want Company Care to contact Source?

Yes	No
-----	----

Name of Source: _____

Phone #: _____
3. If the source is not a person, did you bring a sample of the material with you?

Yes	No
-----	----

 - a. Describe the source material: _____

Exposure Incident Details

1. Date and time of exposure: _____
 2. How did the exposure occur? _____
-
- List location of mucous membrane exposure; intact vs. broken skin; approx. surface area of body exposed, etc.:

-
3. Volume of blood/fluid/cell culture employee was exposed to: _____
 4. Was the sample viable? Yes No
 5. If needlestick, list type and gauge of needle if known, and depth of penetration or list type of object or instrument: _____
 6. List PPE in use at time of exposure: _____
 7. Duration of contact to source person or material: _____
 8. Vaccination status of the exposed individual: _____
 9. Describe first aid rendered to the exposed individual (*flushed eyes for 15 minutes, washed skin, applied topical antibiotic, etc.*)
