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

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.companycareonline.com

5000 N. 26th Street,
Suite 200
Lincoln, NE 68521
402.475.6656
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.
   ________________________________
   Yes No

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.):  
   ________________________________