

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

Bloodborne Pathogen Post-Exposure Form

This individual has been sent for evaluation of a possible exposure of a bloodborne pathogen exposure as a result of a needle stick or sharps injury; this is part of a workers compensation claims. All inquiries can be made to:

Carolina Family Health Centers, Inc.

Attention: Human Resources

303 Green Street East

Wilson, NC 27893

Date: _____

Employee Name: _____ **Date of Birth:** _____

Job Title: _____ **Department:** _____

Date of Incident: _____ **Time of Incident:** _____

Location: ☐FHCHC ☐HFHC ☐WCHC ☐CFDC ☐Outreach event ☐Other

Route of Exposure: ☐Percutaneous ☐Mucous Membrane
☐Non-intact skin exposure ☐Bite that broke the skin

Procedure being performed: _____

Instrument being used: _____

Describe the incident:

Was a safety device used? ☐Yes ☐No

If so, was it activated? ☐Yes ☐No

When did the injury occur relative to the activation of the protective mechanism?

☐Before ☐During ☐After ☐Not engaged

If a safety device was not used, could a safety device have prevented the injury?

☐Yes ☐No

Were other controls used at the time of exposure (e.g. personal protective equipment)?

☐ Yes ☐ No

Could any of the following controls have prevented the injury, engineering, administrative or work place controls? Please describe: _____

Source individual:

☐ Unable to determine the source individual

☐ Source individual was contacted and lab results pending

☐ Source individual is: ☐ HIV positive ☐ HIV negative
☐ Hepatitis C positive ☐ Hepatitis C negative
☐ Hepatitis B positive ☐ Hepatitis B negative

If the source is HIV positive, is there any history of drug resistance?

☐ No ☐ Unknown ☐ Yes, please explain, _____

Employee's Signature

Date

OSHA Safety Coordinator or Supervisor's Name (printed)

OSHA Safety Coordinator or Supervisor's Name

Date

Attach a copy of this form to the Incident Report and forward it to the Director of Human Resources within 12-hours of the incident. The original copy goes with the employee to urgent care.

WILSON IMMEDIATE CARE
1725 S. Tarboro St.
Wilson, NC
Telephone # 252-237-2891
Fax # 252-237-0115

Hours of Operation
Monday-Friday: 7:00am-8:00pm
Saturday: 8:00am-4:00pm
Sunday: 10:00am-4:00pm