

**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 possible exposure to a bloodborne pathogen as a result of a needle stick or sharps injury; this is part of a workers' compensation claim. 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 workplace 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, \_\_\_\_\_

\_\_\_\_\_  
Supervisor Notified (print name of supervisor)                      Date of Notification

\_\_\_\_\_  
OSHA Safety Officer Notified (print name of officer)                      Date of Notification

**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: 7:30 am-8:00 pm  
Saturday: 8:00 am-4:00 pm  
Sunday: 10:00 am-4:00 pm