

**CORRECTIONAL
DENTAL
ASSOCIATES**

**NEEDLE STICK
OCCUPATIONAL
EXPOSURE
DOCUMENTATION**

REVISED 11/1/2014

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EXPOSURE INCIDENT DOCUMENTATION FORM A

1. Describe route of exposure and circumstances surrounding exposure incident.
2. Source individual (person to whose blood the employee was exposed).
The source individual's blood must be tested unless they refuse to provide consent for the collection of blood.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Complete the following information

	Yes	No
A. Was the consent form, signed by the source individual?		
Date of signature _____	___	___
B. Did they refuse to sign the consent form?	___	___
C. Was the source individual's blood tested?*		
Date _____	___	___
D. Were the results of this blood test made available to the exposed employee	___	___
E. Was the employee advised of applicable laws and regulations regarding the confidentiality of the source individual's infectious state?	___	___

* If the source individual is known to be infected with HIV and/or HBV, they need not be tested.

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EXPOSURE INCIDENT DOCUMENTATION FORM B

Name of exposed employee _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

1. Has the consent form been signed by the employee for the collection of their blood? Yes No NA
Date _____ _____

If the employee consents to baseline blood collection, but does not give permission for HIV serological testing, the blood must be preserved for at least 90 days. If, during that 90 day period, the employee consents to such testing, it will be provided.

2. Has the employee's blood been tested to determine HBV and HIV serological status? _____
3. Was any post-exposure prophylaxis indicated according to test results? _____
4. Was post exposure prophylaxis, if recommended, performed? _____
5. Was counseling, if indicated, provided? _____
6. Have reported illnesses been evaluated by an appropriate healthcare professional? _____
7. Has all the information that must be provided to the evaluating healthcare professional been forwarded to them? _____

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EXPOSURE INCIDENT DOCUMENTATION FORM C

The following information must be provided to the healthcare professional evaluating a CDA employee after an exposure incident:

- . A copy of the Bloodborne Disease Pathogens Standard;
- . A description of the exposed employee's duties as they relate to the exposure incident;
- . Documentation of the routes of exposure and circumstances under which exposure occurred;
- . Results of the source individuals's blood testing, if available;
- . All employee medical records relevant to treatment of the employee including vaccination status.

Healthcare professional providing evaluation

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Additional comments:

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EMPLOYEE CONSENT FOR THE COLLECTION OF BLOOD

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other bloodborne diseases, is hereby given.

Signature

Witnessed by:

Source Individual

Print Name

Print Name

Date _____

Date _____

Employer Name _____

Address _____

City _____ State _____ Zip code _____

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SOURCE INDIVIDUAL CONSENT FOR THE COLLECTION OF BLOOD

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV), as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner, and will be made available only to the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Signature

Witnessed by:

Source Individual

Print Name

Print Name

Date _____

Date _____

Facility where exposure occurred _____

Address _____

City _____ State _____ Zip code _____

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EMPLOYEE MEDICAL RECORD

Employee Name _____
Social Security Number _____
Address _____
City _____ State _____ Zip _____
Phone _____

Contained in this record is the following:

1. Hepatitis B vaccination status
Vaccinated _____ Not Vaccinated _____
Date(s) of vaccination _____

- | | Check the appropriate box | |
|---|---------------------------|---------|
| | YES | NO |
| 2. Vaccination declination form, with signature, for employee who refuses the vaccine | _____ | _____ |
| 3. A copy of the written opinion from the healthcare professional who administered the vaccine. | _____ | _____ |
| 4. Did the written opinion state that the employee did not require the vaccine? | _____ | _____ |
| 5. Was the reason it was not indicated due to: A.) medical contraindications or that, B.) the healthcare professional's opinion was that the employee had no occupational exposure? | A _____ | B _____ |
| 6. Medical records pertinent to question 4 above. | _____ | _____ |
| 7. Copy of results of any post-exposure examination, testing, or follow-up procedures, if indicated. | _____ | _____ |
| 8. Employer's copy of the healthcare professional's written opinion for any exposure incident that occurs. | _____ | _____ |
| 9. A copy of all information provided to the health care professional evaluating the employee after an exposure incident. | _____ | _____ |