



Employee Exposure Incident Protocol

If you have been exposed, wash needlesticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water or saline. Report the incident to your supervisor. Report to the nearest contracted urgent care listed below. The contracted urgent care has been verified to provide rapid HIV testing. The contracted urgent care will have our workman's comp insurance information to take care of any necessary tests and costs. You may contact the source patient and request they also report to the urgent care to be tested. If the source patient declines going to urgent care, the patient's medical history may be taken. Ask the source patient if they have ever been exposed to HIV, Hepatitis B, or Hepatitis C. The patient's medical history will be taken with this form to urgent care. The employee needs to complete this form and return to the doctor who was on duty during their exposure or work related injury within 3 days. The claim number created by the worker's comp insurance carrier is valid for all initial and follow up treatment.

My employer has offered to provide post-exposure medical evaluation and follow-up for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident. My employer has also provided training to me regarding exposure control for bloodborne pathogens and the risk of disease transmission in the dental office. Given this information, I:

- Accept this offer for post-exposure medical evaluation and follow-up
- Decline this offer, of my own free will and volition and despite my employer's offer, have elected not to have a medical evaluation

Employee date of hire (EagleSoft → Practice Management → Lists → Provider/Staff → Date of Hire): _____

Employee Social Security Number: _____

Employee date of birth: _____

Source patient: _____

Source patient significant medical history: _____

Source patient refused testing (Circle One): Yes No

Address where injury occurred: _____

Date and time of injury: _____

Area on body involved and details of injury: _____

Name of medical facility where treatment occurred: _____

Phone number of medical facility where treatment occurred: _____

Address of medical facility where treatment occurred: _____

Medical treatment completed: _____

Follow up needed and dates? _____

Any employee restrictions? _____

Urgent Care:

Any near by Concentra Urgent Care	Denver Health (Only use if after hours) Hours: 24/7 777 Bannock St. Denver, CO 80204 303-436-6000
-----------------------------------	--

Worker's Comp Insurance Company:

Hanover Insurance Company Via Berkley Risk Agent: Heather Cantrall 7807 E Peakview Ave Ste 350 Centennial, CO 80111 Phone: 303-357-2606 Email: hcantrall@berkleyrisk.com Call this number to report: 1-800-628-0250	Insured Name: O and A Dental and Braces Brighton PLLC Workmans Comp Policy: H102392 https://registration.hanover.com/CustomerWeb/login.htm Username: Password:
---	---

After being seen at urgent care, the employee will call the Workers Comp Insurance company and give the incident information to the representative. The representative will complete the claim form at that time and will then provide the employee a claim number. The employee will then call Concentra and provide the claim number for them to receive payment for the claim.

Was urgent care called and provided the claim number (Circle One)? Yes No Claim Number: _____

Employee signature and date: _____

Attending doctor signature and date: _____