



BLOODBORNE PATHOGEN EXPOSURE PACKET

Contains:

- 1. Exposure Procedures**
- 2. Incident Report Form**
Complete even if employee does not seek medical attention. Fax to Human Resources at 425-385-4135
- 3. Exposure Letter/Authorization for Release of Information**
Send to parent/guardian day of exposure
- 4. Visit Authorization**
Employee to take to clinic

Human Resources Contact:

Arlene Vollema-Rich

425-385-4115 - phone

425-385-4135 - fax

avollema-rich@everettsd.org – email

or Deanne Pilkenton

425-385-4103 – phone

425-385-4135 – fax

dpilkenton@everettsd.org - email



Bloodborne Pathogen Exposure Procedures

Once an employee has direct contact with blood or other body fluids (including saliva); such as from a needle stick, cut, bite or eyesplash, post-exposure treatment may be necessary. Referral to U.S. HealthWorks must occur **as soon as possible after exposure**; within 2 hours for HIV and 24 hours for Hepatitis B infection for provision of immediate protection.

What You Must Do If Exposed

1. Immediately wash the exposed area with soap and water for at least ten seconds.
2. Notify the building secretary, health room assistant or nurse immediately. They will fill out an **Exposure Incident Report Form**.
3. Call Arlene Vollema-Rich in Human Resources at 425-385-4115 or send an email to avollema-rich@everettsd.org with a report of the incident. The **Exposure Incident Report Form** must be faxed to the Human Resource Department at 425-385-4135 and the completed original must be sent to Human Resources via district mail. A confidential medical evaluation and follow-up with U.S. HealthWorks, 3726 Broadway, Suite 101, Everett, 425-259-0300, will be set-up immediately. The health care provider at U.S. HealthWorks will determine if treatment is necessary. This evaluation will be at no cost to the employee. If Arlene is unavailable please call Deanne Pilkenton in Human Resources at 425-385-4103 or send an email to dpilkenton@everettsd.org.
4. If the incident involves another individual (exposure source) as a result of an incident such as biting or an accident involving blood, the exposure source will then be asked to go to U.S. HealthWorks for testing at the same time the employee is sent for a medical evaluation. If the source of blood or other body fluid exposure is a child, it will be necessary to request for the parent/guardian to have the child tested.
5. An exposure is considered an on-the-job injury. Complete an **Employee Accident/Incident Report Form** and **file an L&I claim online as per the instructions included in this booklet**.
6. The Human Resources Department must maintain required records for at least the duration of employment plus 30 years.



Human Resources Department
Exposure Incident Report Form

Employee's Name _____ Employee ID #: _____
(Please Print)

Employee's Work Location: _____

Please describe the employee's job duties _____

Exposure incident date and time _____

Please describe in detail what happened _____

Did the employee agree to go to U.S. HealthWorks for a medical evaluation?

YES _____ NO _____

Who was the source of the blood or other body fluid (**please print name, address and phone number**)

If the source was a child, the building/department administrator **must immediately** notify the parent/guardian of the incident.

Date of notification _____

The parent/guardian **must** be requested to have the child tested for Hepatitis B and Human Immunodeficiency Virus.

Did the parent/guardian consent to have the child tested? YES _____ NO _____

Date the **Authorization for Release of Information** and **Exposure Letter** were sent _____

Please note: If the parent/guardian consented to have the child tested, the results are confidential and can only be shared with the medical clinic for treatment of the employee.

Signature _____ Date _____
(Building/Department Administrator)

Return completed/signed original to Human Resources Department



Please return completed/signed original to
Human Resources
PO Box 2098
Everett, WA 98213

EXPOSURE NOTICE

Student's Name: _____

Date: _____

It is possible that another person has been exposed to the above-named student's blood and/or other bodily fluids. Several viruses can be transmitted by such exposure including the following:

- Hepatitis B antigen
- Hepatitis C antibody
- Human Immunodeficiency Virus (HIV) antibody

There is potentially an increased risk to the exposed person for any of the viruses listed above. While it is not required, we ask that the student named above be tested.

The results are handled with strict confidentiality and used by the physician to determine treatment, if necessary, of the exposed individual. Information obtained by the testing of the student will not be communicated with any employee of the district. *Actual test results will be released only to you.* To make arrangements for testing, please contact U.S. HealthWorks at 425-259-0300.

If you choose to use a medical office or clinic for testing other than U.S. HealthWorks please use the authorization to release information for enclosed. Should you have any questions or concerns regarding this process please contact Arlene Vollema-Rich in Human Resources at 425-385-4115 or Deanne Pilkenton in Human Resources at 425.385.4103.

Thank you for your assistance.



**AUTHORIZATION TO RELEASE
INFORMATION TO
U.S. HEALTHWORKS MEDICAL GROUP**

I, _____ Date of Birth: _____

Hereby authorize _____

To release information contained in the medical records of _____

Name of patient

To: U.S. HealthWorks Medical Group, 3726 Broadway, Suite 101, Everett, WA 98201

This information may include records of treatment for drug or alcohol dependence, psychiatric illness or sexually transmitted diseases including AIDS and testing for AIDS unless you specifically prohibit its release.

Information to be disclosed:

☐ Discharge Summary	☐ Laboratory Tests
☐ History and Physical	☐ Radiology Reports
☐ Operative Report	☐ EKG's
☐ Pathology Reports	☐ Other
☐ Consultations	

Specify date(s) of treatment: _____

Purpose for which disclosure is made: _____

_____ is hereby released from all legal responsibility or liability for the release of the above-mentioned information. I understand that my records are protected under the federal and state confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I have the right to withdraw this authorization at any time, except for action already taken, and that such revocation must be in writing. Further I understand that this authorization, without prior revocation, will automatically expire 90 days from the date of my signature.

I **DO NOT** consent to the release of the following record information: (check appropriate box)

☐ Sexually Transmitted Disease ☐ HIV Testing Results ☐ Substance abuse – Alcohol or Drug ☐ Mental Health

DO NOT SIGN BEFORE READING (Patient or person giving consent if not patient)

Date: _____ Signature: _____

Relationship to patient, reason if signed by other than patient

Witness: _____

CAUTION: Legal counsel advises that the release of information authorized herein may result in the waiver of the patient of certain legal rights, including the protection of the physician/patient privilege, and rights under the federal alcohol and drug laws related to treatment and Washington laws relating to mental illness, or about tests for treatment of sexually transmitted disease, such as HIV 9AIDS). If you have any questions above waiving these rights, you are advised to consult your attorney.

NOTICE TO PERSONS/ORGANIZATIONS WHO RECEIVE MEDICAL INFORMATION: REDISCLOSURE PROHIBITED: It is an expectation that you will recognize that the information disclosed to you is private information and that redisclosure without additional patient consent (unless required by law) is prohibited.

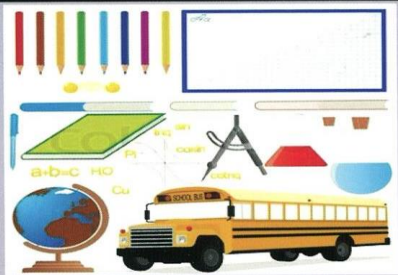
Send records to: U.S. HealthWorks Medical Group
3726 Broadway, Suite 101
Everett, WA 98201

L&I Claims are now filed online! Please Remember to E-Sign your form. If you have any questions or require assistance with the online process please connect with:
Arlene Vollema-Rich 425-385-4115 avollema-rich@everettsd.org

Puget Sound Workers' Compensation Trust

425-917-7667 for additional questions

Visit our website to file your on the job injury claim.



www.pswct.org

Puget Sound WCT
www.pswct.org
425-917-7667

I've been injured and need to see the doctor. What do I do next...

Instructions:

Notify your school district of your injury. Visit our website, www.pswct.org, to begin the process of filing your on the job injury claim. This online form should only be completed when your injury needs medical attention. Once the online form has been completed, your district will receive a copy. Upon completion of the online portion, you will be provided paperwork to take to the doctor. A Claims Manager will be in contact with you.



**PUGET SOUND
WORKERS'
COMPENSATION
TRUST**

Treatment of On-the-Job Injuries in WA State **Important Announcement -- New Law Effective January 1, 2013**

Starting January 1, 2013, employees seeking medical attention for an on-the-job injury must seek care from physicians participating in the new Medical Provider Network.

The medical provider network is part of the historic 2011 workers' comp reforms designed to improve outcomes for injured workers and cut costs.

Anyone can check to see if their doctor is in the medical provider network by visiting www.FindADoc.Lni.wa.gov , an online directory that is updated daily.

Workers can find more information at www.NetworkInfo.Lni.wa.gov

Have questions? Please call: Puget Sound Workers Compensation Trust 253-778-7667

Hints for completing the claim process online:

- Once you access the claim process you have a total of three hours to complete it. Be sure to have all the information necessary prior to beginning so you don't get "logged out". If you do not complete the process within the three hours you will have to start over.
- DO NOT click on the red "X" on the upper left of your screen – this will close the screen and you will not have actually filed a claim. Also, if you do click on the red "X" you will have to start the process over as the system does not save the information until the claim is actually submitted.
- Be sure to actually sign the claim form and provide your email address. Employees are encouraged to use their district email, especially if they do not have a private email account.
- This process can be completed from any computer. Employees who do not have access to a computer or printer at home can use a district computer and printer.
- Employees who need assistance with the process can call Arlene Vollema-Rich at 425-385-4115. Computers area available in Human Resources for employees who need assistance with completing the process online.

It is extremely important that employees submit a copy of the completed Activity Prescription Form (or whatever paperwork the medical provider gives you) to Human Resources immediately after receiving treatment. *This document can be faxed to the benefits office at 425-385-4135 or scanned and emailed to benefits@everettsd.org.*



VISIT AUTHORIZATION
PRESENT THIS FORM UPON ARRIVAL

Employee Name: _____

Employer Contact: Arlene Vollema-Rich, Benefits Technician
425-385-4115 or avollema-rich@everettsd.org

PURPOSE OF VISIT: **Bloodborne Pathogen Exposure**

U.S. HealthWorks

3726 Broadway, Suite 101
Everett, WA 98201
425-259-0300

From North of Everett

- Take Exit 192 (Broadway)
- Go north on Broadway
- After the first light (38th Street, turn left into Everett Gateway Center
- Clinic is in the back left corner – Suite 101

From South of Everett

- Take Exit 194 (to East Highway 2 / Everett Avenue / City Center)
- Stay in the right on the exit ramp
- Turn right on Everett Avenue and go .6 miles to Broadway
- Turn left on Broadway, heading south
- Go approximately 1 mile on Broadway
- Between 37th and 38th Streets, turn right into Everett Gateway Center
- Clinic is in the back left corner – Suite 101