

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: Linda Conti

425.385.4128 - phone 425.385.4135 - fax

lconti@everettsd.org - email

or

Katy Bursch

425.385.4116 - phone 425.385.4135 - fax

kbursch@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 Concentra must occur <u>as soon as possible after exposure;</u> 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 a<u>t least</u> ten seconds.
- 2. Notify the building secretary, health room assistant or nurse immediately. File an incident and claim at: www.pswct.org
- 3. Call Benefits in Human Resources at 425.385.4115 or send an email to benefits@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 Concentra, 3726 Broadway, Suite 101, Everett, 425.259.0300, will be set-up immediately. The health care provider at Conentra will determine if treatment is necessary. This evaluation will be at no cost to the employee.
- 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 Concentra 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)	<u> </u>
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 Concentra for a medical evalu	nation?
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 huilding/department administra	tor must immediately notify the parent/guardian of the incident.
if the source was a clinic, the building, department administra	to must <u>immediately</u> notify the parent/guardian of the incident.
Date of notification	
The parent/guardian \boldsymbol{must} be $\underline{requested}$ to have the child test	ted 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 only be shared with the medical clinic for treatment of	re the child tested, the results are confidential and can of the employee.
Signature	Date
(Ruilding/Donartment Administrator)	

Return completed/signed original to Human Resources Department



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

Date: _____

EXPOSURE NOTICE

Student's Name:

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:
Hapatitis B antigen
Hepatitis C antibody
Human Immudodeficienty 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. <i>Actual test results will be released only to you</i> . To make arrangements for testing, please contact Concentra at 425.259.0300.
If you choose to use a medical office or clinic for testing other than Concentra please use the authorization to release information for enclosed. Should you have any questions or concerns regarding this process please contact Benefits in Human Resources at 425.385.4115.

Thank you for your assistance.



AUTHORIZATION TO RELEASE INFORMATION TO: CONCENTRA

I,		Date of Birth:	
Hereby authorize			
To release information cont	ained in the medical records of		
		Name of patient	
To: Concentra, 3726 Broad	way, Suite 101, Everett, WA 982	201	
•		cohol dependence, psychiatric illness or sexua you specifically prohibit its release.	ılly
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	s made:		
under the federal and state otherwise provided for in the except for action already taken without prior revocation, will a I DO NOT consent to the release. Sexually Transmitted Disease.	ne release of the above-mentioned confidentiality regulations and caregulations. I understand that I had, and that such revocation must be automatically expire 90 days from the ase of the following record informations are HIV Testing Results Substitute Substitute ING (Patient or person giving consented)	bstance abuse – Alcohol or Drug Mental It if not patient)	are protected assent unless at any time, uthorization,
	Relationship to patient, 1	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 <u>redisclosure without additional patient consent</u> (unless required by law) <u>is prohibited.</u>

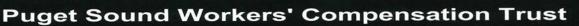
Send records to: Concentra

3726 Broadway, Suite 101

Everett, WA 98201

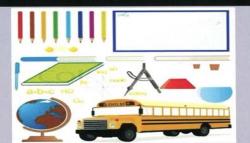
L&I Claims are now filed online! Please Remember to E-Sign your form. If you have any questions or require assistance with the online process please connect with:

Benefits 425-385-4115 or benefits@everettsd.org



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.



<u>Treatment of On-the-Job Injuries in WA State</u> 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 <u>2011 workers' comp reforms</u> 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 Benefits 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

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Employer Contact: Linda Conti and Katy Bursch - Benefits Technicians

425.385.4115 or lconti@everettsd.org; kbursch@everettsd.org

PURPOSE OF VISIT: Bloodborne Pathogen Exposure

Concentra

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.