



## **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  
425.385.4135 - fax  
lconti@everettsd.org  
**or**  
Lynn Tipping  
425.385.4116  
425.385.4135 - fax  
ltipping@everettsd.org



## 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 **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. File an incident and claim at: [www.pswct.org](http://www.pswct.org)
3. Call Benefits in Human Resources at 425.385.4115 or send an email to [benefits@everettsd.org](mailto: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)

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 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 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 contained in the medical records of \_\_\_\_\_  
Name of patient

To: Concentra, 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:
- |   |  |
|---|--|
| <input type="checkbox"/> Discharge Summary    | <input type="checkbox"/> Laboratory Tests  |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Operative Report     | <input type="checkbox"/> EKG's             |
| <input type="checkbox"/> Pathology Reports    | <input type="checkbox"/> Other             |
| <input type="checkbox"/> 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 redislosure without additional patient consent (unless required by law) is prohibited.

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](mailto:benefits@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](http://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](http://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.**



### 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](http://www.FindADoc.Lni.wa.gov), an online directory that is updated daily.

Workers can find more information at [www.NetworkInfo.Lni.wa.gov](http://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](mailto:benefits@everettsd.org).***



**VISIT AUTHORIZATION**  
PRESENT THIS FORM UPON ARRIVAL

**Employee Name:** \_\_\_\_\_

**Employer Contact:** Linda Conti and Katy Bursch - Benefits Technicians  
425.385.4115 or [lconti@everettsd.org](mailto:lconti@everettsd.org); [kbursch@everettsd.org](mailto: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 (38<sup>th</sup> 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 37<sup>th</sup> and 38<sup>th</sup> Streets, turn right into Everett Gateway Center.
- Clinic is in the back left corner – Suite 101.