

**CORRECTIONAL
DENTAL
ASSOCIATES**

**DOCUMENTATION
RECORDS**

CORRECTIONAL DENTAL ASSOCIATES

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 & MSMC 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' 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:

CORRECTIONAL DENTAL ASSOCIATES

EMPLOYEE CONSENT FORM 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

Date _____

Print Name

Date _____

Employer Name _____

Address _____

City _____ State _____ Zip code _____

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SOURCE INDIVIDUAL CONSENT FORM 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

Date _____

Witnessed by:

Print Name

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. | _____ | _____ |

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EMPLOYEE TRAINING CONTRACT

I, _____, verify that as of today, _____,
Print Name

I have received training on safety in the workplace. Training information was provided on:

- The purpose and requirements of the OSHA regulations
- New Jersey Department of Corrections Security Procedures
- The Bloodborne Disease Pathogens Standard
- Regulated Medical Waste
- The Hazard Communication Standard
- The list of hazardous chemicals used in the workplace and the location of where MSDS forms can be found for these chemicals
- The use of a MSDS and labels and how to use this information
- How to properly handle equipment and materials
- Procedures for reviewing and updating a MSDS
- The proper use and selection of personal protective equipment
- Fire and electrical safety
- Safety precautions and first aid procedures

Opportunity was provided during training to assess my understanding of the above, and for me to ask questions. I have read the above terms of the contract and understand its intent.

Date

Employee Signature

Safety Communication Coordinator's Signature (SCC)

PRINT NAME

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EMPLOYEE ACCIDENT REPORT

Injured or Ill Employee

Case or File no.

Facility

Address

Employee

Sex: ___ Male ___ Female

Date of Birth

Social Security Number

Employee Phone

Home

Work

Employee Address

Employee Contact Person

Phone

Home

Work

Witness

Phone

Home

Work

Occupation (enter regular job title)

Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred.
If accident occurred outside employer's premises at an identifiable address, give that address.

Place of accident or injury

What was the employee doing when injured? (Be specific using equipment, disposing needle, etc.)

How did the accident occur?

Occupational injury or Occupational Illness

Describe the injury or illness in detail and indicate the part of body affected.

Name the object or substance which directly injured the employee.

Date of injury or initial diagnosis of occupational illness.

Other

Name and address of physician

If hospitalized, name and address of hospital

Date of report

Prepared by

Official position