INJURY & BLOODBORNE PATHOGENS PACKET

Nursing Department

De Anza College

[](https://www.bing.com/images/search?q=de+anza+college+logo&id=12723B9ADFF396C40088BBF1624880D599799F4D&FORM=IQFRBA)

To be carried by all students and instructors

at each clinical facility daily.

June 2020

FOOTHILL- DE ANZA COMMUNITY COLLEGE DISTRICT

RECORD OF HEPATITIS IMMUNIZATION AND TITER FOR STUDENTS AND INSTRUCTORS

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Date | Instructor Signature |
| Hep # 1 |  |  |
| Hep #2 |  |  |
| Hep # 3 |  |  |
| Titer |  |  |

FOOTHILL- DE ANZA COMMUNITY COLLEGE DISTRICT

NEEDLESTICK, INJURY AND/ OR OTHER POTENTIALLY INFECTIOUS MATERIALS EXPOSURE PROCEDURE

DE ANZA COLLEGE- STUDENT OR FACULTY

Nursing students are covered as “employees” by the Foothill-De Anza Community College District’s (District) Worker’s Compensation Insurance during your off-campus clinical experience.

**Follow these steps carefully for any needlestick, injury and/ or blood and/or other potentially infectious materials (OPIM) exposure:**

* Immediately wash the wound or exposed area off with soap and water or flush mucous membranes with water
* Write down the source person’s name, address, telephone number and date of birth plus the health care provider’s name and telephone number.
* Notify your clinical instructor, supervisor and / or program director of the injury and/or blood and /or OPIM exposure along with the De Anza College Health Services (408-864-8732). **The clinical facility’s protocol will be followed for contacting the source person and/ or obtaining any of the source person’s pertinent information.**

**Follow these steps carefully for any communicable disease exposure:**

* Write down information about the exposure: date/time/duration; procedures or nursing care performed with the patient; PPE in place at the time; and other witnesses/ people present

Take this packet along with your HBV vaccination record and immediately seek medical attention from one of the facilities below. Make sure that you are seen by or speak to a health care provider **within 2** **hours of the exposure**.

**A. Seek medical attention at appropriate facility immediately:**

For *work-related injuries*, you should be seen immediately.

1. If you are in the hospital setting:

-go to the Emergency Room at that facility

2. If you are not in a hospital setting:

-go to the *nearest* hospital Emergency Room

3. AFTER being seen at the Emergency Room, FOLLOW-UP appointments/ care/treatments should be done at a Kaiser Occupation Health Center (see below).

For *non-life threatening injuries*, you will still need to be seen, but you will need to complete the Workers Comp paperwork *first* and have it available in order to schedule the appointment.

**B. Complete the required paperwork: (ASAP)**

**Go to:** [http://hr.fhda.edu/benefits/­­­\_workers-comp.html](http://hr.fhda.edu/benefits/_workers-comp.html)

1. STUDENT: to complete 3 items under the section – “To Be Completed by the Injured Worker” If assistance is needed, they may call Benefits Office at the District (1-650-949-6224).
2. STUDENT email the 3 items to [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu)
3. INSTRUCTOR: Complete “Supervisor’s Claim and Safety Report” – except the signature. (It needs to be signed by the Dean.) Email the form to the Dean, copying the Director.
4. INSTRUCTOR: Print (from the same web address) the WC Treatment Authorization Form – it’s already “signed” by Christine Vo (you can sign as the employer). Complete the form, sign, and email to your student. Instruct the student to take the form to their appointment (virtual or real).

**C. Schedule your appointment with Kaiser Occupational Health Center**

Students need to call Kaiser-on-the-job and make an appointment at the closest clinic.

Refer to the link above and find the link that says “**WC Clinic Information**” for clinic information: address/ phone number.

Kaiser Occupational Health Center (Kaiser-On-the-Job®)

10050 N. Wolf Rd, Suite SW1-190

(Corner of wolf Rd/ Stevens Creek Blvd)

Cupertino, CA 95014

Phone: 408-236-6160 or 1-888-565-9675 (to schedule an appointment)

Hours: Monday- Friday, 8:30 am - 5:00 pm

\*Holidays closed, limited hours during the weeks of Christmas and New Years

(*ANY* Kaiser Occupational Health Center is acceptable for care).

**D. Report back to instructor after the Kaiser appointment**

Students need to keep their instructor informed as to their health outcomes.

Students/ faculty need to monitor their emails for any communication from the FHDA District regarding the reportable issue.

What to expect following a needlestick, injury or infectious materials exposure:

The healthcare provider may give you an immunoglobulin injection for HBV. The healthcare provider will give you confidential counseling about the results of your base-line blood tests and the source individual’s blood test(s), and tell you if any further test(s) or treatment(s) are needed. The test results and evaluation of HIV status are confidential and will be kept by the healthcare provider and not given to the District.

The healthcare provider will prepare a written opinion for the District and the District will give you a copy within 15 days of the completion of the evaluation. The healthcare provider’s written opinion will be limited to:

* A statement that the employee has been informed of the results of the evaluation.
* A statement that the employee has been told about any medical conditions resulting from the exposure which required further evaluation or treatment. All other information about your tests and diagnosis and condition will not be revealed in the healthcare provider’s written report.

All of your medical records are **confidential**. The District, according to state and federal law, will keep your records in your own separate medical file for 30 years after the last day that you attended college.

You are provided all of the above tests, procedures and evaluation at no cost.

Should you have any questions, please contact the Foothill-De Anza Community College District Worker’s Compensation representative: Christine Vo

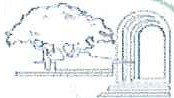
Human Resources

12345 El Monte Road

Los Altos Hills, CA 94022

Phone: 1-650-940-6226

[VoChristine@fhda.edu](mailto:VoChristine@fhda.edu)

FOOTHILL -DE ANZA

Community College District

May 23, 2017

TO WHOM IT MAY CONCERN,

**Office of Human Resources and Equal Opportunity**

12345 El Monte Road, Los Altos Hills, CA 94022

This is to certify that the Foothill-De Anza Community College District is permissibly self -insured for Worker's Compensation under that State of California Department of Industrial Relations Certificate of Consent to Self Insure, Number P-0452.

The District's Workman's compensation program covers benefits for industrial-related injuries for all student interns enrolled in the District-sponsored Nursing Internship Program. The Internship program is a partnership program between De Anza Community College, under the Foothill-De Anza Community College District, and the respective medical facility. To that end, industrial injuries arise out from both classroom setting and/or program-sponsored employer's work site are covered under the District Worker’s Compensation program.

Specifically, the District provides treatment for its employees following an occupational exposure to blood and/or other potential infectious materials (OPIM). This packet includes the following:

* Copy of the Cal-OSHA 5193 (Bloodborne Pathogen Standard)
* Employee's job descriptions, and
* Employee's Hepatitis B vaccination series

Kaiser On-t he-Job ® Center at Cupertino is the District pre-designated medical clinic for all occupational injuries. All medical records should be sent to:

Kaiser ON-THE-JOB Occupational Health Center 10050 N. Wolfe Road

Suite SWl - 190 Cupertino, CA 95014

Phone: (408) 236 - 6160

All billings relating to the exposed employee's medical treatment, laboratory test(s) and the source individual's laboratory testing should be sent to the Third Party Administrator for payment:

Sedgwick CMS Company P. 0. Box 14535

Lexington, KY 40512-4535

Phone: 877-809-9478

Fax: 859-280-4950

Should you have further questions, please do not hesitate to contact my office at (650) 949- 6226 or via email: [VoChristine@fhda.edu.](mailto:VoChristine@fhda.edu)

Sincerely,



Christine P. Vo Benefits Manager