



HUNTINGTON UNION FREE SCHOOL DISTRICT

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**EXPOSURE CONTROL PLAN**

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**2011-2012**

**BLOODBORNE PATHOGENS**

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# Bloodborne Pathogens - Exposure Control

*The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) requires that employers develop an Exposure Control Plan which documents those employees with work tasks that result in occupational exposure to blood. The Plan will describe how the employer protects employees from acquiring a bloodborne disease.*

The Huntington School District ☞ **Health & Safety Officer will work with appropriate personnel to enact all provisions of the Exposure Control Plan** and ensure that the program is successfully followed. An employee's likelihood of having an accidental exposure to blood and being unprotected is then greatly reduced.

## Introduction

This Exposure Control Plan (ECP) has been developed by The Huntington School District in order to identify, educate, and protect employees that may have occupational exposure to bloodborne pathogens. The plan is also a direct response to the OSHA Regulation 29 CFR 1910.1030, Bloodborne Pathogens. As such, the New York State Labor Department's ☞ ***Employer Guide and Model Exposure Control Plan*** has been used extensively to assure compliance with the law. Adherence to appropriate work practices and utilization of protective equipment within the school environment will help to reduce the potential for transmission of bloodborne pathogens including but not limited to the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). General infection control principles and hygiene measures will routinely be followed, such as the practice of universal precautions.

The concept of ☞ **universal precautions** will be an integral part of staff training in general infection control procedures. ☞ **Whenever staff are exposed to blood or bodily fluids visibly contaminated with blood, the assumption will always be made that these fluids are infectious (contaminated with HIV or HBV for example)** and therefore be dealt with in the appropriate manner. This will include the use of protective equipment (gloves, etc.), and approved sanitization and disposal procedures. It should be noted that exposure to other bodily fluids (feces, vomitus, urine) have not been documented as sources of transmission for HIV and HBV, however, their potential for transmitting other disease-causing organisms will always be considered.

The Huntington School District ECP will include at a minimum the following elements:

1. A statement of school district policy.
2. Designation of employee titles responsible for implementation of various plan elements.
3. Determination of employee exposure.
4. Implementation of various methods of exposure control, including:
  - ◆ Universal Precautions
  - ◆ Engineering Controls and Work Practices
  - ◆ Personal Protective Equipment
  - ◆ Training
  - ◆ Hepatitis B Vaccination
  - ◆ Post-Exposure Evaluation and Follow-Up
  - ◆ Housekeeping
  - ◆ Labeling
5. Recordkeeping

This Exposure Control Plan and overall infection control program will help reduce the risk of occupational exposure to bloodborne pathogens (HIV, HBV) and other infectious agents thus providing a safe environment for both students and staff.

## Policy

The Huntington School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The Exposure Control Plan is a key document to assist The Huntington School District in implementing and ensuring compliance with the standard, thereby protecting our employees. The Exposure Control Plan includes:

- Employee exposure determination
- The procedures for evaluating the circumstances surrounding an exposure incident, and
- The schedule and method for implementing the specific sections of the standard, including:
  - ⇒ Methods of compliance
  - ⇒ Hepatitis B vaccination and post-exposure follow-up
  - ⇒ Training and communication of hazards to employees
  - ⇒ Recordkeeping

## Program Administration

- The Huntington School District ☞ **Health & Safety Officer is responsible for the implementation of the Exposure Control Plan.** The Health & Safety Officer will maintain and update the written plan annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this Exposure Control Plan.
- The ☞ **Director of Facilities will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.**
- The ☞ **School Nurse will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.**
- The Huntington School District ☞ **Health & Safety Officer will be responsible for coordinating and documenting training and making the written Exposure Control Plan available** to employees and New York State Department of Labor (Public Employee Safety and Health Unit, PESH) representatives.
- The Huntington School District ☞ **Health & Safety Officer will maintain and provide all necessary personal protective equipment (PPE), engineering controls (sharp containers, etc.), labels and red bags as required by the standard** and will ensure that adequate supplies of this equipment are available.

## Employee Exposure Determination

The following is a list of all job classifications and specific tasks within The Huntington School District that have been determined to result in occupational exposure to blood:

<i>Department</i>	<i>Job Title</i>	<i>Exposure Task</i>
Athletics	<ul style="list-style-type: none"> <li>• P.E. Teacher</li> <li>• Coaches</li> <li>• Aides</li> </ul>	May be required to render first-aid or have contact with at-risk individuals.
Custodial & Maintenance	<ul style="list-style-type: none"> <li>• Custodians</li> <li>• Cleaners</li> </ul>	May be required to clean up blood spill or remove infectious waste.
Health Office	<ul style="list-style-type: none"> <li>• Nurse</li> <li>• Health Aides</li> </ul>	Required to respond to medical emergencies and render medical care.

Employees defined by this assessment will all receive training (see pages 7-8) and then be offered the opportunity to be vaccinated against the Hepatitis B virus, free of charge. Those refusing to be vaccinated will be documented; however, it is understood that they may change their mind at any time and still be vaccinated free of charge.

## Implementation and Control

- **Universal Precautions**

⇒ All school district employees will utilize the concept of universal precautions. Universal precautions is an infection control method which requires employees to **assume that all human blood and specified body fluids are infectious for HIV, HBV and other bloodborne pathogens** and must be treated accordingly.

- **Exposure Control Plan (ECP)**

⇒ Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session and will also be reviewed during their annual refresher training. **All employees will have an opportunity to review this Plan at any time during their work shifts by contacting the Health & Safety Officer**, who will also be able to provide a copy if requested. A copy of the Plan will be made available free of charge and within 15 days of the request.

⇒ The Health & Safety Officer will also be responsible for reviewing and updating the ECP annually, or sooner if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

- **Engineering Controls**

⇒ Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls The Huntington School District will use and where they will be used are listed below:

- ◇ Sharps Containers - Nurse's Office
- ◇ Hand Washing Facilities - Nurse's Office
- ◇ Labeling and Red Bags
- ◇ Protective Gloves and PPE as required

- **Personal Protective Equipment (PPE)**

⇒ Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. ☞ **Training will be provided by the department supervisor issuing the PPE** in the use of the appropriate PPE for employees' specific job classifications and tasks/procedures they will perform.

⇒ Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

⇒ Appropriate PPE is required for the following tasks; the specific equipment to be used is listed after the task:

<i><u>Task</u></i>	<i><u>Equipment</u></i>
Medical emergency response	Gloves, gowns, face protection
Clean-up of blood spill	Gloves, gowns, face protection

⇒ As a general rule, all employees using PPE must observe the following precautions:

- ◇ Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- ◇ Remove protective equipment before leaving the work area and after a garment becomes contaminated.

- ◇ Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded. This will usually be the nurse's office.
- ◇ Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- ◇ Following any contact of body areas with blood or any other infectious material, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- ◇ Utility gloves may be decontaminated for re-use if their integrity is not compromised. Decontamination will utilize an appropriate agent to sanitize (such as bleach). Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- ◇ ☞ **Never wash or decontaminate disposable gloves** for reuse or before disposal.
- ◇ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- ◇ If a garment is penetrated by blood and other potentially infectious materials, the garment must be removed immediately or as soon as feasible.
- ◇ ☞ **Repair and/or replacement of PPE will be at no cost to employees.**

- **Training**

⇒ ☞ **All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training as coordinated by the Health & Safety Officer.** Refresher training will be conducted annually. Training will cover at a minimum the following elements:

- ◇ A copy and explanation of the standard.
- ◇ Epidemiology and symptoms of bloodborne pathogens.
- ◇ Modes of transmission.
- ◇ Our Exposure Control Plan and how to obtain a copy.
- ◇ Methods to recognize exposure tasks and other activities that may involve exposure to blood.

- ◇ Use and limitations of engineering controls, work practices, and PPE.
- ◇ PPE - types, use, location, removal, handling, decontamination, and disposal.
- ◇ PPE - the basis for selection.
- ◇ Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration.
- ◇ Emergency procedures for blood and other potentially infectious materials.
- ◇ Exposure incident procedures.
- ◇ Post-exposure evaluation and follow-up.
- ◇ Signs and labels.
- ◇ Questions and answer session.

⇒ An ☞ **employee education and training record will be maintained and kept on file by the Health & Safety Officer (see Appendix, page 14).**

- **Hepatitis B Vaccination**

⇒ The ☞ **Health & Safety Officer in conjunction with the School Nurse and other appropriate personnel will provide information** on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration, and availability. The ⌚ **Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment** to employees who have occupational exposure to blood or other potentially infectious materials unless:

- ◇ the employee has previously received the series
- ◇ antibody testing reveals that the employee is immune
- ◇ medical reasons prevent taking the vaccination; or
- ◇ the employee chooses not to participate.

⇒ All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an ☞ **employee chooses to decline Hepatitis B vaccination, then the employee must sign a statement to this effect (see Appendix, page 15).**

⇒ Employees who decline may request and obtain the vaccination at a later date at no cost. ☞ **Documentation of refusal of the Hepatitis B vaccination will be kept in the employees personnel file** with the employee's other medical records.

- **Post Exposure Evaluation**

⇒ Should an exposure incident occur contact the immediate supervisor and School Nurse immediately. ☞ **Each exposure must be documented by the employee on an “Exposure Incident Report Form.” The School Nurse will add any additional information (see Appendix, pages 16-17).**

⇒ An immediately available ☞ **confidential medical evaluation and follow-up will be conducted by medical personnel as deemed appropriate by The Huntington School District and as dictated by the specific incident (this may be a school physician, emergency room, individual’s personal physician, etc.).** The following elements will be performed:

- ◇ Document the routes of exposure and how exposure occurred.
- ◇ Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by State or local law.
- ◇ Obtain consent (if possible) and test source individual’s blood as soon as possible to determine HIV and HBV infectivity and document the source’s blood test results **(see Appendix, pages 18 and 19).**
- ◇ If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- ◇ Provide the exposed employee with the source individual’s test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- ◇ After obtaining consent, collect exposed employees’ blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
- ◇ If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

⇒ The School Physician, School Nurse, and Health & Safety Officer will review the circumstances of the exposure incident to determine if procedures, protocols, and/or training need to be revised.

- **Health Care Professionals and Written Opinions**

⇒ The School Nurse will ensure that health care professionals responsible for employee’s HB vaccination and post-exposure evaluation and follow-up be ☞ **given a copy of the OSHA Bloodborne Pathogens Standard.** The School Nurse will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- ◇ A description of the employee's job duties relevant to the exposure incident.
  - ◇ Routes of exposure.
  - ◇ Circumstances of exposure.
  - ◇ If possible, results of the source individual's blood test.
  - ◇ Relevant employee medical records, including vaccination status.
- ⇒ The Huntington School District will provide the employee with a copy of the evaluating ☺ **healthcare professional's written opinion within 15 days after completion of the evaluation.**
- ⇒ For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.
- ⇒ The written opinion for post-exposure evaluation and follow-up (see **Appendix, page 20**) will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.
- ⇒ ☹ **All other diagnoses must remain confidential and not be included in the written report to The Huntington School District.**

- **Housekeeping**

- ⇒ The Director of Facilities has developed and implemented a written schedule for cleaning and decontaminating work surfaces as follows:
- ◇ Decontaminate surfaces with an appropriate disinfectant after any spill of blood or other infectious materials and as necessary.
  - ◇ Inspect and decontaminate regularly, reusable receptacles, pails, etc. that have a likelihood for becoming contaminated.
  - ◇ Always use mechanical means to pick up broken glass (never use hands).
  - ◇ Place regulated waste in closable and labeled or color-coded containers that are impervious.
  - ◇ Place all sharps in closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof containers. Never empty or re-use sharps containers.
  - ◇ Regulated waste and sharps containers will be disposed of routinely.

- ◇ Discard all regulated waste according to Federal, State, and local regulations. This includes liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed.

⇒ ☞ **The following disinfectants may be used:**

- ◇ Sodium hypochlorite with at least 100 ppm available chlorine. A ☞ **solution of 1:10** is required to be effective against hepatitis B - this will be the standard to follow for any blood/body-fluid spill.
- ◇ Ethyl or isopropyl alcohol (70%).
- ◇ Phenolic germicidal detergent (1% aqueous solution) (i.e., Lysol).
- ◇ Quaternary ammonia germicidal detergent (2% aqueous solution) (i.e., Triquat, Mytar, Sage).
- ◇ Iodor germicidal detergent with 500 ppm available iodine. (i.e., Wescodyne).

- **Regulated Medical Waste**

⇒ The Huntington School District generates very small amounts of medical waste annually (often none at all). However, in the event that such an occasion arises, The Huntington School District has contracted with a licensed medical waste hauler.

- ◇ Licensed Hauler's Name \_\_\_\_\_
- ◇ Identification Number \_\_\_\_\_

- **Labeling**

⇒ The Huntington School District will utilize the following labeling systems:

- ◇ Red bags to signify regulated medical waste.
- ◇ Orange-red warning labels affixed to red sharps containers.

⇒ The Director of Facilities will ensure that all regulated medical waste is appropriately labeled. School Custodians and Cleaners will be responsible for notifying the Director of Facilities if the labeling system is not followed.

- **Medical Records**

⇒ Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20. The School Nurse is responsible for maintenance of the required medical records which are kept in the employee's personnel file.

⇒ In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- ◇ The name and social security number of the employee.
- ◇ A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- ◇ A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
- ◇ A copy of all healthcare professionals' written opinions as required by the standard.

⇒ All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

⇒ Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

⇒ Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

- **Training Records**

⇒ Bloodborne pathogens training records will be maintained by the Health & Safety Officer. The training record will include:

- ◇ The dates of the training session.
- ◇ The contents or a summary of the training sessions.
- ◇ The names and qualifications of persons conducting the training.
- ◇ The names and job titles of all persons attending the training sessions.

⇒ Training records will be maintained for a minimum of 3 years from the date on which the training occurred.

⇒ Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.





**HEPATITIS B VACCINATION  
DECLINATION FORM**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) requires employees who refuse the opportunity to be vaccinated to complete this declination form.

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<b>Print Name</b>	<b>Social Security #</b>
<b>Date</b>	<b>Signature</b>

**EXPOSURE INCIDENT REPORT**  
**(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)**

*Please Print*

EMPLOYEE'S NAME \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ JOB TITLE \_\_\_\_\_

EMPLOYEE VACCINATION STATUS \_\_\_\_\_

DATE OF EXPOSURE \_\_\_\_\_ TIME OF EXPOSURE \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY) - BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED - BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST \_\_\_\_\_

DID THE PERSONAL PROTECTION EQUIPMENT FAIL? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN HOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)?  
BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC: \_\_\_\_\_

\_\_\_\_\_

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED. \_\_\_\_\_

\_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_

DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.) PENETRATE YOUR BODY?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT WAS THE OBJECT? \_\_\_\_\_

WHERE DID IT PENETRATE YOUR BODY? \_\_\_\_\_

WAS ANY FLUID INJECTED INTO YOUR BODY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT FLUID? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DID YOU RECEIVE MEDICAL ATTENTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

WHEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

IDENTIFICATION OF SOURCE INDIVIDUAL(S) \_\_\_\_\_

NAME(S) \_\_\_\_\_

DID YOU TREAT THE PATIENT DIRECTLY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC: \_\_\_\_\_

\_\_\_\_\_

OTHER PERTINENT INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear **(Healthcare Provider)**:

Recently, a school district employee was involved in an incident that may have resulted in exposure to a Bloodborne Pathogen from another (source) individual.

I am asking you to perform an evaluation of the source individual. Given the circumstances surrounding this event, please determine whether our exposed school district employee is at risk for infection and/or requires medical follow-up.

Attached is a “**Documentation and Identification of Source Individual**” form which was initiated by the exposed worker. Please complete the **source individual section** and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,



Person completing report: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.**

*HIV-related information cannot be released without the written consent of the source individual.*

**CONFIDENTIAL**

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee's Name \_\_\_\_\_

Job Title \_\_\_\_\_

Occurrence Date \_\_\_\_\_

Reported Date \_\_\_\_\_

Occurrence Time \_\_\_\_\_

**SOURCE INDIVIDUAL FOLLOW-UP:**

Request made to \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**EMPLOYEE FOLLOW-UP:**

Employee's Health File Reviewed By \_\_\_\_\_

Date \_\_\_\_\_

Information given on source individual's blood test results: Yes \_\_\_\_\_  
Obtained

Not \_\_\_\_\_

**Referred to Healthcare Professional with Required Information:**

Name of healthcare professional \_\_\_\_\_

By Whom \_\_\_\_\_

Date \_\_\_\_\_

**Blood Sampling/Testing Offered:**

By Whom \_\_\_\_\_

Date \_\_\_\_\_

**Vaccination Offered/Recommended:**

By Whom \_\_\_\_\_

Date \_\_\_\_\_

**Counseling Offered:**

By Whom \_\_\_\_\_

Date \_\_\_\_\_

**Employee Advised of Need for Further Evaluation of Medical Condition:**

By Whom \_\_\_\_\_

\_\_\_\_\_