

ILIULIUK FAMILY AND HEALTH SERVICES

Hazard Communication Program

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SECTION ONE: STAFF & GENERAL INFORMATION OVERVIEW

I. INTRODUCTION

This written Hazard Communication Program was developed for *Iliuliuk Family & Health Services, Inc.* (IFHS), in accordance with OSHA standards and guidelines. It is the right and the responsibility of every employee to work in a safe environment. Each employee will be given a copy of this plan and the necessary training for his or her job classification to maintain these standards. Employees will sign and date a verification of training form and an acknowledgement of receipt form for this handbook after they have completed this program's training session. (See Verification and Acknowledgement forms attached.)

II. PURPOSE

The purpose of this program is to ensure that all affected employees are provided with adequate information regarding all potentially hazardous materials and tasks within our facility. This program includes the appropriate means to prevent any incidents through use of proper handling techniques, Personal Protective Equipment (PPE), and current trainings. These measures are in compliance with the Occupational Safety and Health Administration (OSHA) Standard, Title 29 Code of the Federal Regulations 1910.1200.

III. RESPONSIBILITY

IFHS is responsible for maintaining these standards and safety measures. When hired, each employee will be trained, and then updated and informed of new hazardous materials, including the proper PPE and any special handling requirements.

The Employee of IFHS is responsible to learn and follow safe working practices, to protect themselves and fellow employees, to attend all necessary trainings, be alert to any potentially hazardous situation (see Attachment #1), and alert their immediate supervisor so that prompt action may be taken to resolve the hazard.

IV. NON-ROUTINE TASKS

Normally, no employee at IFHS is expected to perform non-routine tasks. In the event that this should happen, each employee performing a non-routine task will be given an immediate briefing on all hazardous chemicals and procedures involving that task to ensure their safety. The immediate supervisor will be responsible for ensuring that the employee(s) are performing the non-routine task in a safe and protective manner.

V. CONTRACTED LABOR

Contractors will be informed by the Executive Director or Safety Officer of IFHS of all chemical and physical hazards that they may encounter and how to avoid exposure to these hazards. Contractors will also be informed as to what steps should be taken if they are exposed to any chemicals and personal protective equipment needed, if any. Contracted labor, when appropriate, are to provide IFHS with a copy of their own written *Hazard Communications Program* and proof of employee training prior to final agreement of contracted services.

VI. EMPLOYEE TRAINING

Upon completion of either of the following trainings, each employee will be asked to sign a form stating that she or he understood and will comply with the safety policies and procedures established by IFHS.

New Employee Training

The Hazardous Communication Plan, along with the Hazard Communication Standards, will be incorporated into the initial orientation training. During this orientation period the new employee will be given a tour of the facility and introduced to safety equipment and their locations. Emergency procedures and protocols will also be explained at this time. Each person is required to have read and signed the acknowledgement for this plan within ten days of employment. During training, IFHS will cover what the *hazardous communication* plan is, its purpose and where the plan can be located in each department.

The training will also include:

1. Hazardous materials within their work area.
2. How to reduce or prevent exposure to hazardous materials through proper work practices and procedures, and proper use of personal protective equipment (PPE).
3. MSDS (Material Safety Data Sheets) locations, how to use and interpret them.
4. How to identify hazardous materials, their physical and health characteristics and their risks.
5. What to do in case of a chemical spill, inhalation, ingestion, or contact with skin.
6. Instructed in the hazardous labeling of chemicals and how to interpret them.

Established Employee Training

All staff will be briefed and updated during staff meetings on new hazardous materials and/or procedures. A review of the Hazardous Communication Plan and its policies and procedures will be held annually. This gives time for all employees to address questions and concerns they may have regarding safety issues within our facility. The annual meeting is mandatory for all employees to attend. In the event an employee is absent, the employee is responsible to make arrangements with the safety officer to receive a briefing and any materials that were reviewed.

SECTION TWO: MATERIAL SAFETY DATA SHEETS

I. DESCRIPTION OF MATERIAL SAFETY DATA SHEET (MSDS)

The Material Safety Data Sheet (MSDS) is a detailed information bulletin prepared by the manufacturer or importer of a chemical that describes the physical and chemical properties, physical and health hazards, routes of exposure, precautions for safe handling and use, emergency and first-aid procedures, and control measures.

MSDS's provide all IFHS employees with specific information concerning the hazardous chemicals used in this facility and the safety measures to protect themselves. OSHA has defined a "*hazardous chemical*" to be *any chemical which is a "physical hazard" or "health hazard"*.

A "*physical hazard*" can be a:

- Combustible liquid substance
- Compressed gas substance

- Explosive substance
- Flammable:
 - Aerosol substance
 - Gas substance
 - Liquid substance
 - Solid substance
- Organic Peroxide substance
- Oxidizer substance
- Pyrophoric substance
- Unstable (reactive) substance, or a Water reactive substance

A “*health hazard*” can be a:

- Carcinogenic substance
- Toxic substance or Highly Toxic Agent
- Reproductive Toxin substance
- Irritant substance
- Corrosive substance (to tissue)
- Sensitizer substance
- Hepatoxin substance (liver)
- Nephrotoxin substance (kidney)
- Neurotoxin substance (nervous system)
- Agent that acts on the Hematopoietic (blood) system or an
- Agent that damages the lungs, skin, eyes or mucous membrane

II. SECTIONS OF AN MSDS AND THEIR SIGNIFICANCE

OSHA specifies the information to be included on an MSDS, but does not prescribe the precise format for an MSDS. The MSDS must be in English and must include at least the following information:

1. Chemical Identity

- The chemical and common name(s) must be provided for single chemical substances
- An identity on the MSDS must be cross-referenced to the identity found on the label.

2. Hazardous Ingredients

- For a hazardous chemical mixture that has been tested as a whole to determine its hazards, the chemical and common names of the ingredients that are associated with the hazards, and the common name of the mixture must be listed.
- If the chemical is a mixture that has not been tested as a whole, the chemical and common names of all ingredients determined to be health hazards and comprising 1 percent or greater of the composition must be listed.
- Chemical and common names of carcinogens must be listed if they are present in the mixture at levels of 0.1 percent or greater.
- All components of a mixture that have been determined to present a physical hazard must be listed.

- Chemical and common names of all ingredients determined to be health hazards and comprising less than 1 percent (0.1 percent for carcinogens) of the mixture must also be listed if they can still exceed an established Permissible Exposure Limit (PEL) or Threshold Limit Value (TLV) or present a health risk to exposed employees in these concentrations.

3. Physical and Chemical Characteristics

- The physical and chemical characteristics of the hazardous substances must be listed.
- These include items such as boiling and freezing point, density, vapor pressure, specific gravity, solubility, volatility and the products general appearance and odor.
- These characteristics provide important information for designing safe and healthful work practices.

4. Fire and Explosion Hazard Data

- The compound's potential for fire and explosion must be described.
- Also, the fire hazards of the chemical and the conditions under which it could ignite or explode must be identified.
- Recommended extinguishing agents and fire-fighting methods must be described.

5. Reactivity Data

- This section presents information about other chemicals and substances with which the chemical is incompatible, or with which it reacts.
- Information on any hazardous decomposition products, such as carbon monoxide, must be included.

6. Health Hazards

- The acute and chronic health hazards of the chemical, together with signs and symptoms of exposure, must be listed.
- In addition, any medical conditions that are aggravated by exposure to the compound must be included.
- The specific types of chemical health hazards defined in the standard include carcinogens, corrosives, toxins, irritants, sensitizers, mutagens, teratogens, and effects on target organs, (i.e. liver, kidney, nervous system, blood, lungs, mucous membranes, reproductive system, skin, eyes, etc.)
- The route of entry section describes the primary pathway by which the chemical enters the body. There are four principal routes of entry: inhalation, skin, ingestion and injection.
- This section of the MSDS supplies the OSHA PEL, the ACGIH TLV and other exposure levels used or recommended by the chemical manufacturer.
- If the compound is listed as a carcinogen (cancer-causing agent) by OSHA, the National Toxicology Program (NTP), or the International Agency for Research on Cancer (IARC), this information must be indicated on the MSDS.

7. Precautions for Safe Handling and Use

- The standard requires the preparer to describe the precautions for safe handling and use. These include recommended industrial hygiene practices, precautions to

be taken during repair and maintenance of equipment, and procedures for cleaning up spill and leak.

- Some manufacturers also use this section to include useful information not specially required by the standard, such as EPA waste disposal methods and state and local requirements.

8. Control Measures

- The standard requires the preparer of the MSDS to list any generally applicable control measures. These include engineering controls, safe handling procedures, and personal protective equipment.
- Information is often included on the use of goggles, gloves, body suits, respirators and face shields.

III. MSDS LOCATION AND EMPLOYEE RESPONSIBILITY

There is a medical MSDS and a dental MSDS located at the main nurses' station that contains all the MSDSs for that area of the clinic. A Hazardous Communications Plan will be maintained with each MSDS manual. Employees will be informed as to the location of every MSDS manual and are expected to refer to these books for the proper protective equipment and procedures when handling any chemical. The MSDS manuals will remain available at all times to all employees.

MSDS Book Locations

1. NURSES' STATION
2. X-RAY OFFICE – (area specific only)
3. LABORATORY – (area specific only)
4. DENTAL OPERATORY – (area specific only)

The supply person(s) will request all Material Safety Data Sheets to accompany each new chemical and acquire them if they are not immediately available. The original will be given to the Safety Officer to be reviewed and distributed to the appropriate departments' MSDS manuals. Each department is responsible for maintaining and updating their MSDS manual. In the event that a chemical is discontinued or no longer in use at this facility, the department supervisor should notify the Safety Officer of these and any other changes in chemical status.

IV. EMPLOYER RESPONSIBILITY

IFHS must maintain a complete and accurate MSDS for each hazardous chemical that is used in this facility, make it available to employees during their work shift when they are in their work areas, ensure that each employee has the basic knowledge to find the information on the MSDS, and be able to properly utilize that information. This is according to OSHA requirements and much of this information has been copied from the HAZARD COMMUNICATION Guidelines for Compliance, provided by the State of Alaska Department of Labor, 1998 & 2000.

SECTION THREE: LABELING OF HAZARDOUS CHEMICALS

All containers of hazardous chemicals will be labeled either by the manufacturer or if secondary containers are used, by IFHS, even if only used for temporary purposes. All secondary containers for hazardous chemicals will be labeled using the **Health Rating Index (see below)** designed by the NFPA (National Fire Protection Association). *Also the name of the product, the manufacturer, the manufacturer phone number, and the date/time the secondary bottle was created.*

The colors represented on the chart are as follows:

- BLUE is for Health Hazards
- RED is for Flammability Hazards
- YELLOW is for Reactivity Hazards
- WHITE will designate Personal Protective Equipment necessary and are grouped by letter. (see below).

Each colored section of the chart that represents a hazard will use a numerical coding to indicate the *Level* of the hazard. Thus, the more severe the hazard, the higher the number will be. A minimal hazard is represented by a zero.

All chemicals received and stored at IFHS will be checked for the proper labeling by the designated person who receives the chemicals in each department. Any unmarked secondary container shall be brought immediately to the Safety Officer or the nearest supervisor for proper identification and/or waste disposal.

<u>HAZARD RATING INDEX</u>	<u>PROTECTIVE EQUIPMENT GUIDE</u>
<u>Health Hazard – (BLUE)</u> 4 – Extreme: Highly toxic – May be fatal on short term exposure. Special protective equipment required. 3 – Serious: Toxic – Avoid inhalation or skin contact. 2 – Moderate: Moderately toxic – May be harmful if inhaled or absorbed. 1 – Slight: Slightly toxic – May cause slight irritation. 0 – Minimal: All chemicals have some degree of toxicity.	A. Safety Glasses B. Glasses and Gloves C. Glasses, Gloves, and Apron D. Face Shield, Gloves, and Apron E. Glasses, Gloves, and Mask F. Glasses, Gloves, Apron, and Mask G. Glasses, Gloves, and Respirator H. Goggles, Gloves, Apron, and Respirator I. Goggles, Gloves, and Respirator J. Goggles, Gloves, Apron, and Respirator K. Air Line Hood or Mask, Gloves, Full Suit, and Boots X. ASK YOUR SUPERVISOR!
<u>Flammability Hazard – (RED)</u> 4 – Extreme: Extremely flammable gas or liquids flash point below 73 degrees F. 3 – Serious: Flammable, flash point 73 degrees to 100 degrees F. 2 – Moderate: Combustible – Requires moderate heating to ignite. Flash point 100 to 200 degrees F. 1 – Slight: Slightly combustible, requires strong heating to ignite. 0 – Minimal: Will not burn under normal conditions.	
<u>Reactivity Hazard – (YELLOW)</u> 4 – Extreme: Explosive at room temperature. 3 – Serious: May explode if shocked, heated under confinement, or mixed with water. 2 – Moderate: Unstable, may react with water. 1 – Slight: May react if heated or mixed with water 0 – Minimal: Normally stable, does not react with water.	

SECTION FOUR: MANAGEMENT OF CHEMICAL AND BIOHAZARDOUS MATERIAL

I. CHEMICAL SPILL CLEAN-UP PROCEDURE

Handling of Chemical Spills - SAFETY FIRST!!

1. **Assist people first.** All personnel should be removed and remain away from the spill except for the person(s) needed for the actual clean up. Secure the area so that others do not unintentionally enter the area until everything has been cleaned and the spill is removed.
2. **Notify your supervisor**, safety officer, and/or the Executive Director.
3. **Consult the Material Safety Data Sheet** for potential danger and follow the guidelines for spill cleanup. (General instructions for using a commercially prepared chemical spill clean-up kit are included in this manual.)
4. **PPE** – Always wear adequate protection to prevent contact with the spilled substance. **Wear mask, nitrile gloves, splash goggles and disposable apron at a minimum.** PPE for chemical spills are located in the spill kits.
5. **The chemical spill clean-up kits** are located in the ER underneath the sink at the nurses' station. If possible, send one person to retrieve the kit(s), while another person stays to guard the spill from further exposure to others. If there is danger to your health by staying in the area, *or you are not sure*, everyone should be removed from the area until proper protective equipment can be obtained.

ALWAYS PROTECT YOURSELF AND OTHERS FIRST!!!!

II. SPILL KITS

At IFHS we have two spill kits. One for generalized clean up of most hazardous liquids, including **acids, caustics, solvents, formaldehyde, fuels, body fluids, lyes and poisons**. This is called **UNI-SAFE**. The other for, Mercury spills only, called **Hg Absorb Merc Kit**: for Mercury found in our thermometers and blood pressure gauges in the ER. Both will be stored in the ER under the sink at the nurses' station.

UNI-SAFE – a Universal Gel Sorbent that has a high-absorbency acrylic polymer that solidifies spills while reducing chemical fuming and eliminating dangerous reactions.

STEP I: First wear appropriate Personal Protective Equipment: Mask, Goggles, Nitrile gloves, and disposable apron (which are found in the spill kit).

STEP II: Remove sources of ignition if spilled material is a flammable substance.

STEP III: Encircle the spill with the agent and dike the perimeter. Avoid splashing and continue to apply evenly over the spill.

STEP IV: Using the anti-static scrapper and scooper (located in the spill kit) mix the agent from the outside edge of the perimeter towards the middle to reduce further contamination of the area.

STEP V: Once the spill has been contained, use the scraper to sweep the agent with absorbed chemical into the scooper and deposit waste in a clearly marked biohazard bag.

STEP VI: Label bag clearly; record spill type, treatment used, and recommended disposal method (see pg. 9).

Hg ABSORB MERC KIT – This kit is uniquely for Mercury spills only.

STEP I: Put on PPE; safety glasses or goggles, nitrile gloves, mask, and lab coat.

STEP II: Unscrew jar and lift lid with attached sponge. Moisten sponge with small amount of water (about 2ml) on the surface of the sponge.

CAUTION!!! *Too much water may reduce the ability of the sponge to pick up mercury.* Spread the water evenly with a gloved finger.

STEP III: After about 1 minute, slowly move the sponge over the surface to be cleaned.

STEP IV: When all the mercury is amalgamated to the sponge, screw the sponge attached lid back onto the jar.

STEP V: Use the designated container for disposing of mercury waste and place in the designated cardboard box for shipping.

STEP VI: Please be sure to notify your supervisor, safety officer and/or Executive Director of contained contents for shipping.

III. BIOHAZARDOUS SPILL CLEANUP PROCEDURE

Should a biohazardous material spill (i.e.: test tube of blood), and the area of the spill is relatively small, you may use a freshly mixed solution of 10% bleach and water.

Remember to use UNIVERSAL PRECAUTIONS, wear all PPE needed, gloves and lab coat or apron.

1. First assess the spill. Make sure there is no broken glass or sharps. If so, use ISOLYSER LTS FIRST (see below), then use a broom and dustpan or a scooper/scraper from the spill kits to remove this hazard and dispose of in a biohazardous container that can contain sharps.
2. Then spray the spill area with the 10% Bleach solution and allow the spill to soak for a minute or so.
3. **MAKE SURE THERE IS NO GLASS!!!** Carefully wipe up the spill with paper towels and dispose of them in the biohazardous waste bags.
4. Repeat spraying the area with the bleach solution and clean up until all the traces of the spill are removed. **REPEAT** one final time to ensure area is thoroughly disinfected.

At IFHS we also use the ISOLYSER LTS Liquid Treatment System. This is a powder that primarily contains and absorbs large blood spills and other body fluids/contaminates and is used **ONLY** as an “engineering control.” You **MUST** utilize one of the Biohazard Spill cleaning solutions below and their procedures to thoroughly disinfectant the area of contamination.

1. Protect yourself with the appropriate PPE.
2. Sprinkle or pour the LTS powder uniformly over fluid until completely solidified.

3. Remove solidified substance with plastic scoop and scraper.
4. Dispose of in an appropriate biohazardous waste bag and take out the bag immediately to the biohazardous waste container boxes in the ambulance bay.
5. Follow with one of the solutions below for decontamination.

A non-acid commercially available spray is used at IFHS for final decontamination of biohazardous soiled surfaces. The spray is used as a Tuberculocide, Virucide, Disinfectant, Bactericide, and Fungicide.

1. Protect yourself with the appropriate PPE.
2. Assess the spill and surrounding area for any sharps or broken glass.
3. Remove glass/sharp objects with a broom and dustpan or the plastic scoop/scraper included in the spill kits.
4. Removal of any blood or body fluids needs to be done first with ISOLYSER LTS (see above).
5. Spray the area evenly at approximately 6-8 inches away from the contaminated surface area.
6. Allow the product to penetrate the surface area soiled and remain wet for 10 minutes.
7. Clean up with a clean cloth, mop or sponge.

Please Notify Supervisor/Safety Officer whenever there has been a spill. Any large or hazardous chemical spill will need to be reported to the Office of Environmental Health.

IV. GENERAL DISPOSAL INSTRUCTIONS

1. All container lids will be sealed/taped and closed for disposal purposes.
2. Chemicals will be labeled and put in a carton labeled For Chemical Disposal Only.
3. Since these chemicals are not to be stored long term, arrangements should be made for shipping any hazardous chemical to a waste landfill that can properly dispose of them. We use the following company:

Magone Marine Service Inc.
991 Ballyhoo Rd.
Dutch Harbor, Alaska 99692
907-581-1400
Ask for Dan Magone

Please contact them with any questions or concerns about shipping/transportation

4. Document and fill out the CHEMICAL DISPOSAL INVENTORY form (attached copy, Attachment #2).
5. The Safety Officer will keep on file these copies of Disposal forms for our records.
6. Any non-hazardous waste may be disposed of using normal waste practices.

SECTION FIVE: CHEMICAL EXPOSURE INCIDENTS

I. INTRODUCTION

In the event that any person in the clinic should be splashed with a hazardous chemical:

1. Flush the affected area immediately with water. The water source should be appropriate for the affected area, i.e., eyewash station for eyes, sink for hands, and emergency shower for more massive exposure. (See use of each below.)
2. Refer to the Material Safety Data Sheets (MSDS) for other emergency procedures and first aid. The manufacturer's emergency phone numbers are listed on the MSDS.
3. Seek medical attention as soon as possible.
4. Document and report all incidents of chemical exposure to broken skin or mucous membranes to the employee's supervisor immediately. Supervisors will report the incident to:
 - a. Safety Officer who will assess the need for any corrective action and document the incident in the OSHA log.
 - b. Executive Director who will see that Worker's Compensation is filed.
 - c. Use the appropriate incident reporting procedures. (See Attachment #3; and Attachment #4, if applicable.)

II. EMERGENCY RESPONSE TO CHEMICAL EXPOSURE

Use of Emergency Shower: (Located in the ER)

- a. If someone is exposed to large amounts of a hazardous chemical over a large area of their body, they should be escorted as quickly as possible to the emergency shower.
- b. Place the injured party directly under the spray nozzle of the shower and flood the areas affected with water.
- c. Continue to rinse under the shower for a minimum of 15 minutes and call for assistance as soon as possible to help treat the injuries incurred.

Use of Eye Wash Stations: (Located in the ER and Lab)

- a. Pull the yellow knob at the end of the faucet to activate the eyewash fountain.
- b. Place the face of the injured party directly above the eye wash station, trying to situate the eyes between the waterspouts. Completely flood the eye area.
- c. Encourage the injured party to keep their eyes open and continue to flush for a minimum of 15 minutes.
- d. Consult a medical practitioner as soon as possible.

**IF NECESSARY TO CONSULT WITH POISON CONTROL –
CALL 1-800-222-1222.**

III. POST EMERGENCY TREATMENT

After the affected employee has received emergency medical attention as is necessary to reduce long term injury, the affected person shall receive a medical evaluation as is indicated at no cost to him or herself.

1. If the severity of the exposure requires the attention of a medical provider immediately, the incident report shall be done once the emergency exposure control (i.e.: Eyewash, Shower) is completed.
2. The employee prior to the follow-up medical evaluation should complete a chemical exposure incident report. This will assist the medical provider with details of the exposure.
3. Copies of the incident report will be distributed to the Safety Officer and the Executive Director.
4. The medical provider shall provide a written report of the evaluation for the Executive Director, forwarded to the Safety Officer, describing:
 - a. The results of the examination including any treatment or associated tests provided.
 - b. Any recommendations for follow-up care.
 - c. Any conditions found at the time of examination that would place the employee/affected person at increased risk to chemical exposure.
5. The reports (incident and medical reports) shall be maintained in the employee's personnel file for 30 years after the employee's retirement.

**ILIULIUK FAMILY AND HEALTH SERVICES
HAZARD COMMUNICATION
ACKNOWLEDGEMENT FORM**

I, _____, have read the Iliuliuk Family and Health Services **HAZARD COMMUNICATION PROGRAM** and I have been instructed on the hazards that pertain to my job. I understand that I may be exposed to various hazards during my employment. I will follow all safety procedures as explained to me to avoid these hazards. I also understand that by not using the safety precautions afforded to me, I may inflict serious health consequences to myself and to others. Failure to use the safety procedures may result in disciplinary action and even termination. Furthermore, it is my responsibility to report any hazards found immediately to my supervisor, Safety Officer, or the Executive Director.

Signature

Date

Witness

Date

ATTACHMENT #1

HAZARD FOUND FORM

Hazard Found: _____

Hazard Location: _____

What are possible practical solutions to correct this hazard?

Date: _____

Name (optional): _____

For Office Use Only:

Date Reviewed: _____

Incident Number: _____

ATTACHMENT #3

CHEMICAL EXPOSURE INCIDENT REPORT

Date of Incident: _____

Employee Name: _____

Witness(es) to the Event: _____

Chemical(s) exposed to during the incident _____

Description of Incident _____

Describe any symptoms or conditions that the employee is currently experiencing as a result of the above exposure.

What immediate medical attention was given?

Does the employee need to seek further medical attention? Yes____ No____

(If the employee refuses to seek further medical care, please have he or she complete the Declination of Further Medical Evaluation Form.)

If the employee refuses to seek further medical attention, is the employee aware that the medical evaluation is at no cost to him or herself? Yes____ No____

Employee Signature

Date

Witness or Supervisor Signature

Date

Executive Director's Signature

Date

ATTACHMENT #4

INCIDENT REPORT

Date of Incident: _____

Employee Name: _____

Witness(es) to the Event: _____

Description of Incident _____

Describe any symptoms or conditions that the employee is currently experiencing as a result of the above exposure.

What immediate medical attention was given?

Does the employee need to seek further medical attention? Yes____ No____

(If the employee refuses to seek further medical care, please have he or she complete the Declination of Further Medical Evaluation Form.)

If the employee refuses to seek further medical attention, is the employee aware that the medical evaluation is at no cost to him or herself? Yes____ No____

Employee Signature Date

Witness or Supervisor Signature Date

Executive Director's Signature Date

ATTACHMENT #5

DECLINATION OF FURTHER MEDICAL EVALUATION

I, _____, as an employee of the Iliuliuk Family and Health Services, Inc., understand that as a result of this incident, I may be evaluated by a medical provider at no charge to myself. At this time, I refuse further medical evaluation and treatment. I understand that by declining at this time, I may increase my potential for long term disability. I still choose no further medical treatment.

Employee Signature

Date

Witness or Supervisor Signature

Date

Executive Director's Signature

Date