



**Joint Industry Board of The Electrical Industry**

**JIB Services LLC – JIB Medical P.C.**

# **Occupational Health & Safety Manual**

## **Statement of Purpose**

The purpose and scope of the Employee Occupational Health and Safety Manual is to provide an overview of employee responsibilities and health and safety services, programs, policies, procedures, compliance, and training.

The manual brings together information that will assist and guide employees and supervisors to carry out their responsibilities in a safe and healthy environment. All personnel are required to become familiar with the information contained in this manual and operate accordingly.

The contents of this handbook do not replace or supersede requirements specified within Joint Industry Board Employee- Human Resources Handbook.

This is not an exhaustive source document but rather an approach to workplace health and safety for JIB Medical P.C. It must be emphasized that this is an in-house manual. The procedures and requirements are based on the facility and the resources available. They represent, nonetheless, a code of standard safe work practices.

All materials in this manual have been developed and maintained under the supervision of JIB Medical management and Joint Industry Board management, pursuant to regulations and guidelines promulgated by the Occupational Safety and Health Administration (OSHA) and the New York State Department of Labor (DOL) Industrial Code.

## **Mission Statement – Management Commitment**

The Joint Industry Board of the Electrical Industry Management and JIB Services LLC - JIB Medical P.C. management are committed to providing professional leadership in the development, implementation, establishment, and operation of comprehensive workplace health and safety programs to prevent injuries and illnesses in the workforce.

We are dedicated to preserving the health and safety of all employees by promoting a culture of safety and by demonstrating professional excellence.

## **Enforcement**

All Employees, Managers, and Supervisors are responsible and accountable for following the guidelines outlined in this health and safety manual. All personnel are expected to work in such a manner to prevent injury to themselves, co-workers, and others in the workplace. In accordance with this manual, as well as the employee handbook, and applicable collective bargaining agreement, JIB Medical management reserves the right to impose disciplinary action, up to and including termination of employment, against employees who willfully violate the workplace safety policies and provisions set forth in this manual.

### **Non-Discrimination and Anti-Retaliation Against Reporting Health & Safety Violation**

The Occupational Safety and Health Administration (“OSHA”) – Whistleblower Protection Program enforces the provisions of more than 20 federal laws protecting employees from retaliation for, among other things, raising or reporting concerns about hazards or violations of various workplace safety and health, aviation safety, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, and securities laws. Employees who believe that they have experienced retaliation in violation of one of these laws may file a complaint with OSHA.

This policy protects employees who report environmental, health, or safety problems to internal departments. It lists procedures that must be followed if an employee believes his or her action may result in an unsafe practice, exposure to unhealthy conditions, or harms the environment by violating the Health and Safety Policy.

An employee shall not be discharged, suspended, or otherwise discriminated against for failure or refusal to engage in unsafe practices or improper acts that adversely affect health, safety, or the environment.

An employee shall not be discharged, suspended, or otherwise discriminated against for reporting safety, health, or environmental issues to the employee’s management or departments having jurisdiction over the issue.

## New York State Industrial Code Rule 59

JIB Medical has developed the following policies and plans to comply with required elements of Industrial Code Rule 59.

#	Element	Applicable Policy
<b>1</b>	Policies, procedures and practices which protect employees from occupational safety and workplace health hazards.	Safety and Health Plan Exposure Control Plan Hazard Communication Plan
<b>2</b>	Policies, procedures and practices of the workplace safety and loss prevention program and actions taken to achieve these goals.	Safety and Health Plan Exposure Control Plan Hazard Communication Plan
<b>3</b>	Policies, procedures and practices which ensure senior management ensures they are active in approving the safety program.	Management's Commitment and Involvement Statement
<b>4</b>	Policies, procedures and practices which facilitate employees to be involved in the creation and operation of the workplace safety and prevention program.	Safety Committee Policy Solicitation of Non-Managerial Input Evaluation of Safer Devices
<b>5</b>	Assign responsibilities for all aspects of the workplace safety and loss prevention program to managers, supervisors and employees.	Safety and Health Plan Exposure Control Plan Hazard Communication Plan
<b>6</b>	Train managers, supervisors and employees to recognize potential hazards.	Employee Training (ECP and HazCom)
<b>7</b>	Procedure which allows employees to notify management of hazardous conditions, or violations of safety policies.	General Safety Rules
<b>8</b>	Implement a system to investigate accidents which identifies the root cause(s) and a means to prevent the accident from recurring.	Incident Reporting Policies (Employee, Patient/Visitor)
<b>9</b>	Implement a system to review injuries and illness trends over time to identify and eliminate common causes.	Safety Committee Policy
<b>10</b>	Implement a system to conduct ongoing, periodic in-house safety inspections.	Safety Committee Policy
<b>11</b>	Create written plans and procedures to ensure employee safety during emergency situations.	Emergency Action Plan, Workplace Violence Policy
<b>12</b>	Implement procedures for enforcing safe work practices	Safety and Health Plan Exposure Control Plan Hazard Communication Plan



## Exposure Control Plan

### JIB Services, LLC / JIB Medical, PC

#### **Bloodborne Pathogens**

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens.

There is much that can be done to minimize or prevent our exposure potential. One of the first steps in prevention is maintaining an Exposure Control Plan (ECP). This ECP has been written to comply with requirements contained in federal OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, JIB Medical has implemented this Exposure Control Plan with the following components:

- 1) Employees Exposure Determination
- 2) Use of engineering controls and work practice controls
- 3) Hepatitis B Vaccination
- 4) Post-Exposure Procedures
- 5) Waste Management Plan

The Bloodborne Pathogens Standard applies to all workers who may have occupational exposures to blood or other potentially infectious materials (OPIM). Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

#### **Employee Exposure Determination**

The following is a list of job classifications at JIB Medical in which **all** employees have occupational exposure to bloodborne pathogens:

<b>Job Titles</b>	
Primary Care Physician	Gynecologist
Nurse	Podiatrist
Medical Assistant	Optometrist
Acupuncturist	

## **Workplace Hazard Assessment**

The following tasks are associated with a risk of exposure to bloodborne pathogens or other potentially infectious materials:

<b>Task</b>	<b>Exposure Risk</b>	<b>PPE</b>
Collecting/handling lab specimens and blood	Bloodborne pathogens	Gloves
Sterilizing instruments	Bloodborne pathogens/ OPIM	Gloves Gowns Eye shield
Vaccinations	Bloodborne pathogens	Gloves
All invasive procedures	Bloodborne pathogens/ OPIM	Gloves Gowns (as necessary)
Optometrist procedures in which the patient's eyes are visibly contaminated with blood	Bloodborne pathogen	Gloves Gowns - only if splashing is a concern Masks - only if the patient is known or suspected to have a pathogen that is transmittable by airborne means
Finger Stick Glucose Test	Bloodborne pathogen	Gloves

Based on our Employee Exposure Determination list and Workplace Hazard Assessment, we have developed specific precautions, controls and work practices to ensure that every employee covered by the Bloodborne Pathogens Standard has a clear understanding of how to control exposure.

- 1) Engineering Controls – safer needle devices, use of Sharps containers, red bags for contaminated materials (blood-soaked gauzes, bandages, gloves; patient drapes, etc.)
- 2) Work Practice Controls - work practice controls refer to behaviors or good work habits that will be used to reduce the chance of exposure to bloodborne pathogens.
  - Universal/Standard Precautions - treating all human blood and certain human body fluids as if they were known to be infectious.
    - Use of personal protective equipment
    - Hand hygiene
    - Spill clean-up procedures
    - Proper equipment cleaning
    - No eating, drinking, applying cosmetics or contact lenses in a clinical or treatment area where blood or other potentially infectious materials can be present
    - No food, drink, kitchen/eating utensils, or personal items shall be kept in refrigerators, freezers, shelves, cabinets, on countertops, benchtops or any areas where blood or other potentially infectious materials are, or can be, present.
    - Practicing cough etiquette

The following pages have been tailored to our facility to provide employees with specific guidance regarding methods to limit exposure. In addition to the precautions and controls practiced here, other specific occupational controls have been outlined.

### **Employee Access to the ECP**

All employees receive a copy of JIB Medical's Workplace Safety Manual, including this ECP, upon hire. This plan is saved on the JIB Medical shared drive for easy access by employees anytime during the course of their employment.

## **Standard Precautions**

### **Personal Protective Equipment**

Personal protective equipment (PPE) as defined by the Occupational Safety and Health Administration, or OSHA, refers to protective clothing, goggles, garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by PPE include physical, electrical, heat, chemicals, radiation, biohazards, and airborne particulate matter.

OSHA regulations require use of PPE in healthcare settings to protect healthcare personnel from exposure to airborne infections and bloodborne pathogens:

- Latex-free Gloves – protects hands
- Gowns/Aprons – protects skin and/or clothing
- Masks – protects mouth/nose
- Respirators – protects respiratory tract from airborne matter
- Goggles – protect eyes; should fit snuggly over and around eyes. Personal glasses are not a substitute for goggles.
- Face Shields – protects face, mouth, nose, and eyes. It should fully cover your nose and mouth to prevent fluid penetration.

JIB Medical provides its employees with appropriate PPE, and ensures that reusable PPE is properly cleaned, laundered, repaired and stored after use.

PPE will be used as recommended by the CDC for standard infection prevention and control.

### **PPE Procedures**

- Don before contact with the patient, generally before entering the room.
- Use carefully – do not spread contamination
- Remove and discard carefully, either at the doorway or immediately outside patient room; remove mask outside room.
- Immediately perform hand hygiene.

### **Sequence for Donning PPE**

1. Gown first

2. Mask or respirator
3. Goggles or face shield
4. Gloves

### **Selection of a Gown or Apron**

Appropriate protective clothing, such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations as needed. The type and characteristics will depend upon the task and degree of exposure anticipated.

- If contamination of the arms can be anticipated, a gown should be selected. Gowns should fully cover the torso, fit comfortably over the body, and have long sleeves that fit snuggly at the wrist.
- JIB Medical uses gowns with a fluid barrier to provide protection from fluid penetration.
- Sterile gowns are only necessary for performing invasive procedures, such as inserting a central line.

### **Gloves**

- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
- Limit opportunities for “touch contamination” - protect yourself, others, and the environment
  - Do not touch your face or adjust PPE with contaminated gloves
  - Do not touch environmental surfaces except as necessary during patient care
- Disposable (single use) gloves shall not be washed or decontaminated for reuse.
- Change gloves:
  - During use if torn and when heavily soiled (even during use on the same patient)
  - After use on each patient
- Discard gloves in appropriate receptacle

### **Hand Hygiene**

Hand hygiene has been cited frequently as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of the Standard Precautions. The term “hand hygiene” includes both hand washing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water.

### **Hand Hygiene Procedures**

- Wash your hands with soap and water for at least 20 seconds immediately after removing PPE. If hands become visibly contaminated during PPE removal, wash your hands before continuing to remove PPE.
- If there has been no occupational exposure to or contact with blood or OPIM, the use of alcohol-based hand cleansers would be appropriate.

- Wash hands with soap and water or use an alcohol-based hand rub when handwashing facilities are not immediately available
- Ensure that hand hygiene facilities are available at the point needed, e.g., sink or alcohol-based hand rubs.
- Hands are to be washed before and after personal breaks for lunch, bathroom and other purposes.
- Staff providing direct patient care are discouraged from wearing artificial nails that are too long (based on supervisor's discretion).

### **Airborne Infectious Diseases**

The JIB NY Hero Act Airborne Infectious Disease Exposure Prevention Plan was established to protect employees against exposure and disease during an airborne infectious disease outbreak. This plan is available to all staff on the Joint Industry Board's intranet.

JIB Medical's Business Reopening Safety Plan was established in response to the COVID-19 outbreak to protect patients and employees as JIB Medical reopened its doors to members. This plan is available to authorized individuals upon request.

### **Safe Needle Practices**

#### **Handling Needles/Sharps:**

- Do not bend, recap, or remove contaminated needles or other sharps
- Use only safety needles
- PPE must be worn when handling contaminated sharps

#### **Containerization:**

- Have needle containers readily available in areas needles are kept and used
- Discard contaminated sharps immediately
- Only use closable, puncture resistant sharps red containers
- Adhere to bi-monthly sharps pick up by Stericycle
- Do not overfill sharps containers

### **Post- Exposure Procedures**

- Should an exposure incident occur, the exposed employee must immediately wash the wound and surrounding skin with soap and water, flush the eyes or mucus membrane, etc.
- The employee must contact their direct supervisor to report the occurrence. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can help to prevent the infection from spreading to others.
- JIB Medical is contracted with New York-Presbyterian Queens Hospital for post-exposure services.

- Supervisory staff will coordinate with New York-Presbyterian Queens Hospital for post-exposure evaluation and follow up, if appropriate.
- JIB Medical will provide the evaluating physician with:
  1. A copy of OSHA's Bloodborne Pathogens Standards
  2. The completed Exposure Incident Report (including a description of the routes of exposure, circumstances of the incident, employee's job duties related to the exposure incident)
  3. Results of the source individual's blood testing, if available
  4. All medical records relevant to the appropriate treatment of the employee including vaccination status or a Hepatitis B Vaccination Declination Form (if applicable)
  5. HIPAA Patient Authorization Form
- If the source individual consents to be tested for hepatitis B, hepatitis C, and HIV or his/her immune status is already on file with JIB Medical, the results will be made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee will be provided with a written opinion from the evaluating physician at NY-Presbyterian Queens within 15 days following completion of the evaluation.
- An employee who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, NY-Presbyterian Queens will ensure that the employee's blood sample is preserved for at least 90 days in case the worker changes their mind about HIV testing.
- There will be no cost to the employee for post-exposure evaluation, treatment or immunization.

#### **Other Required Documentation**

The employee's supervisor must complete a Worker's Compensation Report for the exposure incident, and submit the original to the JIB Human Resources Department and a copy to the JIB Medical Safety Coordinator.

#### **Record Retention**

JIB Medical will maintain medical records for employees with occupational exposure for the duration of their employment, plus 30 years. These records include:

- 1) The employee Exposure Incident Form
- 2) The Hepatitis B Vaccination Declination Form OR a copy of the employee's vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- 3) Healthcare Professional's Written Opinion

- 4) Identity of source patient, source patient's blood test results, source patient's consent form
- 5) A copy of the information provided to the outside healthcare professional
- 6) Completed Worker's Compensation Form
- 7) HIPAA Patient Authorization Form



## Exposure Control Plan Employee Training

JIB Services, LLC / JIB Medical, PC

**Purpose:** Employee training is critical to the success of JIB Medical's Exposure Control Plan.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases, and on the segregation and storage of biohazardous waste.

The training program covers, at a minimum, the following elements:

- A copy and explanation of the Bloodborne Pathogens Standard
- An explanation of the Exposure Control Plan and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials (OPIM), including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. (Trainees will be informed that the vaccine is free of charge.)
- An explanation of the procedures to follow in the event of an exposure incident, appropriate actions to be taken, and the reporting method
- Information on post-exposure evaluation and follow-up that will be offered following an exposure incident
- An explanation of the required signs, labels and/or color coding required that are used at this facility



## Waste Management Plan

**JIB Services, LLC / JIB Medical, PC**

### Purpose

This Waste Management Plan is intended to serve as a tool for properly managing waste at JIB Medical.

### Identification of Waste

It is the responsibility of JIB Medical to identify opportunities for recycling or reducing wastes such as paper, plastics, cardboard, glass, batteries, etc.

The following chart identifies wastes that are generated throughout JIB Medical:

- 1) Regulated Medical Waste (RMW) - SHARPS and red bags
- 2) Pharmaceutical Waste – vials containing residual testosterone, vitamin B12, vaccines
- 3) Radioactive Waste – none
- 4) Hazardous Waste
- 5) Recycled Materials – cans and plastic bottles
  - Municipal Solid Waste (MSW) – also known as trash/garbage (everyday items including product packaging, food scraps, newspapers, etc.).
    - MSW and recyclable materials from JIB Medical are combined into one bin by the JIB Maintenance Department. This waste is collected by private sanitation services (Royal Waste Services, Inc.) and separated at an offsite location.
- 6) E-Waste – discarded electrical or electronic devices.
  - E-waste from JIB Medical is collected by the JIB Information Technology Department, which first purges the device of any PHI, if necessary. The device is then discarded in the trash with the building's MSW and recyclable materials, and sorted for appropriate processing by our private sanitation service.

### Regulated Medical Waste

RMW - Regulated medical waste is material generated in research, production and testing of biologicals or health care such as infectious animal waste, human pathological waste, human blood and blood products, needles and syringes (sharps), cultures and stocks (microbiological materials), other biohazard waste.

OSHA defines RMW in its bloodborne pathogens standard as follows:

- Liquid or semi-liquid blood or other potentially infected materials (OPIM), this includes blood in blood tubes, blood or OPIM in suction canisters

- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, this includes blood-soaked gauze.
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, this includes blood-soaked gauze that has dried and the blood could flake off, as well as bloody gloves or other items that have not absorbed the blood.
- Contaminated sharps, including needles and syringes with needles attached.
- Pathological and microbiological wastes containing blood or OPIM.

Regulated medical waste must be properly treated to destroy disease-causing organisms prior to disposal. New York State's Environmental Conservation Law (ECL) requires that generators of RMW implement procedures for the storage, containment, treatment and disposal of this waste.

Medical waste becomes regulated when it contains enough blood or other potentially infectious materials (OPIM\*) to potentially spread bloodborne pathogens. Therefore, if there is not enough contamination with blood OPIM, it is not a regulated medical waste.

#### **Procedures for Safe Handling of RMW**

- 1) RMW must be separated from other waste as soon as practicable at the point of generation prior to storage.
- 2) Sharps container must not be filled beyond the fill line indicated on the container.
- 3) Sharps containers must be removed from the patient care or use areas to a room or area designated for RMW storage when the container has reached the fill line indicated on the container, or sooner if the container generates odors or other evidence of putrefaction.
- 4) RMW, except sharps, may be held in patient care areas for a period not to exceed 24 hours and at a laboratory or other generation area for a period not to exceed 72 hours, at which time the RMW shall be moved to the RMW storage area.
- 5) RMW cannot be transferred from one container to another in a manner that compromises the health and safety of the persons handling the RMW.
- 6) The containers must be properly closed when moved to other locations.
- 7) RMW must not be compacted or compressed.
- 8) Red bags, storing RMW, must not be filled in a manner that results in the breakage of the container.

#### **Transfer of RMW for Off-Site Treatment**

- JIB Medical's RMW is picked up every two weeks and transported by Stericycle for treatment at their offsite facility. Stericycle is a DEC permitted transporter of regulated medical waste.
- A hard copy of a medical waste tracking form must accompany each load of RMW leaving JIB Medical. The instructions on the tracking form must be followed.

- Prior to transport of RMW off-site for treatment, the primary containers, except sharps containers, must be placed in a secondary container, and must be marked prominently with the universal biohazard symbol or the word “Biohazard”; and, if applicable, with an affixed label indicating that the contents require special handling (e.g., incinerate only, etc.). Stericycle provides JIB Medical with cardboard boxes with the required labels, which serve as secondary containers for red bags.

### **Storage Areas for RMW**

Containers of RMW are stored in a secured room. The room is ventilated, and the door is labeled with a biohazard symbol. RMW is stored in this area for a maximum period of two weeks.

### **Contingency Plan**

Spill kits have been made available to all staff with potential exposure to biohazardous waste. It contains all the clean-up materials and personal protective equipment needed to respond quickly and easily to a waste spill.

### **Training**

It is essential to JIB Medical that our staff are knowledgeable about our waste management plan. Physicians, Nurses and Medical Assistants receive training on the safe handling and transport of RMW within the facility from the point of generation to the point of storage. This training is administered by Stericycle. Staff that sign off on RMW tracking forms receive DOT training every 3 years as required by OSHA. In addition, staff will be trained on proper handling of new waste streams that are identified.

### **Recordkeeping Requirements**

The following records must be available for inspection and copying by the Department of Environmental Conservation:

- 1) Copies of RMW tracking forms - These reports are made available to JIB Medical through the Manifest and Shipping Paper Archive feature on Stericycle.com.
- 2) RMW annual reports - RMW Weight Reports can be retrieved from [myStericycle.com](http://myStericycle.com).



## Decontamination

**JIB Services, LLC / JIB Medical, PC**

### Purpose

JIB Medical requires that work surfaces be cleaned daily with an appropriate disinfectant, and when a surface comes in contact with blood or other potentially infectious materials.

### Definition

Decontamination - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transmitting infection, and the surface or item is made safe for handling, use, or disposal.

### Policy

- Instruments must be cleaned using the steam sterilizer (see Steam Sterilizer and Testing Policy).
- Medical staff must decontaminate working surfaces after the surface has been contaminated with blood or other potentially infectious materials.
- Housekeeping staff will decontaminate working surfaces in the medical exam rooms at the end of each workday.
- All protective coverings such as table paper for exam tables must be changed with every patient.

### Germicidal Wipes for Decontamination

- May be used on: hard, non-porous surfaces, including but not limited to exam tables, outside surfaces of equipment, toilet seats, tables, chairs, and door knobs.
- This product is not to be used as a terminal sterilant/high level disinfectant on any surface or instrument that:
  1. is introduced directly into the human body, or
  2. contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to pre-clean or decontaminate critical or semi-critical medical devices prior to sterilization or high-level disinfection.
- **To Disinfect** (non-food contact surfaces): Use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. **Treated surface must remain visibly wet for a FULL TEN (10)**

**MINUTES. Use additional wipe(s) if needed to assure continuous 10 minutes of contact time.**  
**Let air dry.**

**Special Instruction for Cleaning and Decontamination Against HIV-1 HBV of Surfaces/Objects Soiled with Blood/Body Fluids**

- Personal Protection: Specific barrier protection items to be used when handling items soiled with blood or body fluids are disposable gloves, gowns, masks, and eye coverings.
- Cleaning Procedure: Blood and other body fluids must be thoroughly cleaned from surfaces and objects before application of the disinfectant.
- **Contact Time: Leave surface wet for 30 seconds and 10 minutes for HIV-1 and HBV, respectively. Use the 10 minute contact time to mitigate other viruses, bacteria and fungi listed on the label.**

*\*Refer to the Sani-Cloth safety data sheet for more information, including first-aid measures that should be taken if this product comes into contact with your skin, clothing, or eyes.*



## Hepatitis B Policy

**JIB Services, LLC / JIB Medical, PC**

### **Purpose**

To provide employees, who have reasonably anticipated contact with blood or other potentially infectious materials (OPIM) during performance of their jobs, the option to receive the hepatitis B virus vaccination series, a titer to test for immunity or the option to decline vaccination.

### **Definition**

Hepatitis B Virus (HBV) - a pathogenic microorganism that can cause potentially life-threatening disease in humans. HBV infection is transmitted through exposure to blood and OPIM.

According to OSHA, workers infected with HBV are at increased risk for liver diseases that can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

### **Policy**

JIB Medical will provide training on the hepatitis B virus, the vaccine, and effective safety measures that should be taken for protection, including the proper use of personal protective equipment.

JIB Medical offers the vaccination series to employees who may have occupational exposure. The hepatitis B vaccination will be administered by JIB Medical. The vaccination series is available at no cost within 10 days of employment to all employees who have reasonably anticipated contact with blood and OPIM. To ensure immunity, it is important for employees to complete the entire vaccination series.

Employees may choose to decline the vaccination series, commonly for the following reasons:

- 1) The employee has proof that he/she previously received the series or has proof of immunity,
- 2) Antibody testing reveals that the employee is immune, or
- 3) The vaccine is contraindicated for medical reasons

JIB Medical offers a blood titer test to determine an employee's immunity to hepatitis B by testing for the presence of hepatitis B surface antibody (anti-HBs). This test is optional. Employees may also choose to receive a pre-vaccination screening evaluation from an outside licensed healthcare professional to determine if the employee is already immune. Employee participation in such screening is also voluntary and not a prerequisite for receiving the hepatitis B vaccination.

**Declining the Vaccination**

If an employee declines the vaccine, the employee must sign a Declination Form. If the employee refuses to sign the Declination Form, only then is he/she required to provide their immunization records, if applicable.

This documentation will be kept on file at JIB Medical.

If declined, the vaccination can be requested at a later date at no cost.



## Specimen Collection and Processing

**JIB Services, LLC / JIB Medical, PC**

**Purpose:** These procedures were developed for the safe collection, handling, storage and processing of specimens collected at JIB Medical.

### **Venipuncture Procedure:**

1. A phlebotomist must have a professional, courteous, and understanding manner in all contact with all patients.
2. The first step to the collection is to positively identify the patient by two forms of identification; ask the patient to state their full name and their birth date. Check these against the requisition (paper or electronic).
3. Check the requisition form for requested tests, other patient information and any special draw requirements. Gather the tubes and supplies that you will need for the draw.
4. Position the patient sitting in a chair or lying on an exam table.
5. Wash your hands.
6. Select a suitable site for venipuncture. Place the tourniquet 3 to 4 inches above the selected puncture site on the patient. Do not put the tourniquet on too tightly or leave it on the patient longer than 1 minute.
7. Next, put on non-latex gloves, and palpate for a vein.
8. When a vein is selected, cleanse the area in a circular motion, beginning at the site and working outward. Allow the area to air dry. After the area is cleansed, it should not be touched or palpated again. If you find it necessary to reevaluate the site by palpation, the area needs to be re-cleaned before the venipuncture is performed.
9. Ask the patient to make a fist; avoid “pumping the fist.” Grasp the patient’s arm firmly using your thumb to draw the skin taut and anchor the vein. Swiftly insert the needle through the skin into the lumen of the vein. The needle should form a 15-30 degree angle with the arm surface. Avoid excess probing. When the last tube is filling, remove the tourniquet.
10. Remove the needle from the patient’s arm using a swift backward motion (while re-covering the needle with the attached shield).

11. Place gauze immediately on the puncture site. Apply and hold adequate pressure to avoid formation of a hematoma. After holding pressure for 1-2 minutes, tape a fresh piece of gauze or Band-Aid over the puncture site.
12. Dispose of contaminated materials/supplies in designated containers.

### **Techniques to Prevent Hemolysis**

- Mix all tubes with anticoagulant additives gently (vigorous shaking can cause hemolysis) 5-10 times.
- Avoid drawing blood from a hematoma; select another draw site.
- If using a needle and syringe, avoid drawing the plunger back too forcefully.
- Make sure the venipuncture site is dry before proceeding with draw.
- Avoid a probing, traumatic venipuncture.
- Avoid prolonged tourniquet application (no more than 2 minutes; less than 1 minute is optimal).
- Avoid massaging, squeezing, or probing a site.
- Avoid excessive fist clenching.
- If blood flow into tube slows, adjust needle position to remain in the center of the lumen.

### **Blood Sample Handling and Processing**

**Pre-centrifugation Handling** - The first critical step in the lab testing process, after obtaining the sample, is the preparation of the blood samples.

Specimen integrity can be maintained by following some basic handling processes:

- Fill tubes to the stated draw volume to ensure the proper blood-to-additive ratio. Allow the tubes to fill until the vacuum is exhausted and blood flow ceases.
- Vacutainer tubes should be stored at 4-25°C (39-77°F).
- Tubes should not be used beyond the designated expiration date.
- Mix all gel barrier and additive tubes by gentle inversion 5 to 10 times immediately after the draw. This assists in the clotting process. This also assures homogenous mixing of the additives with the blood in all types of additive tubes.
- Serum separator tubes should stand for a full 30 minutes in a vertical position prior to centrifugation. Short clotting times can result in fibrin formation, which may interfere with complete gel barrier formation.

### **Blood Sample Centrifugation**

- In general, for a horizontal, swing-bucket centrifuge, the recommended spin time is 10 minutes. For a fixed-angle centrifuge, the recommended spin time is 15 minutes.
- Tubes should remain closed at all times during the centrifugation process.
- Place the closed tubes in the centrifuge as a “balanced load” noting the following:
  - Opposing tube holders must be identical and contain the same cushion or none at all.
  - Opposing tube holders must be empty or loaded with equally weighted samples (tubes of the same size and equal in fill).

### **Centrifuge Safety**

- Interference with an activated centrifuge by an impatient employee can result in bodily injury in the form of direct trauma or aerosolization of hazardous droplets.
- Centrifuges must never be operated without a cover in place.
- Uncovered specimen tubes must not be centrifuged.
- Centrifuges must never be slowed down or stopped by grasping part(s) of the device with your hand or by applying another object against the rotating equipment.
- Be sure the centrifuge is appropriately balanced before activating. If an abnormal noise, vibration, or sound is noted while the centrifuge is in operation, immediately stop the unit (turn off the switch) and check for a possible load imbalance.
- Clean the centrifuge daily with a disinfectant and paper towel. Broken tubes or liquid spills must be cleaned immediately.

*Patients will receive instructions from the Medical Assistant or Registered Nurse for clean catch collection of urine as follows:*

### **CLEAN-CATCH PROCEDURES FOR FEMALE PATIENTS**

The urine cup must be labeled with the patient's full name and date of birth (use pre-printed label).

Instruct the patient to:

- Wash hands thoroughly.
- Separate the folds of skin around the urinary opening. Wipe the area around the opening thoroughly with the antiseptic towelettes provided, wiping from front to back.

- Void a small amount of urine into the toilet; then collect a midstream sample of urine in the cup, ensuring it is at least 1/3 full. Take care not to touch the inside lip of the container or the underside of lid.
- Secure the lid on the urine cup.
- Bring the cup to the reception area where a staff member will accept the specimen.

#### **CLEAN-CATCH PROCEDURES FOR MALE PATIENTS**

The urine cup must be labeled with the patient's full name and date of birth (use pre-printed label).

Instruct the patient to:

- Wash hands thoroughly.
- Pull back the foreskin and holding it back, wipe the end of the penis thoroughly with the antiseptic towelettes provided, beginning at the urethral opening and working away from it.
- Void a small amount of urine into the toilet; then collect a midstream sample of urine in the cup, ensuring it is at least 1/3 full. Take care not to touch the inside lip of the container or the underside of lid.
- Secure the lid on the urine cup.
- Bring the cup to the reception area where a staff member will accept the specimen.

#### **24-HOUR URINE COLLECTION**

Instruct the patient as follows:

- Excrete all the urine into the toilet and record the time.
- Collect all urine in the provided container from that moment until the same time the following day. At the end of this time, void one last time and add this sample to the container.
- Store the urine in the refrigerator until you are ready to return it to the office.

#### **Labeling the Sample**

All specimens must be received by the laboratory with a legible label containing at least two (2) unique identifiers.

The specimen must be labeled with the:

- Patient's full name and

- Date of birth
- Unique requisition identifier/label

**A. SPECIMENS BROUGHT IN FROM THE OUTSIDE (stool, 24hr urine collection, Zika testing)**

- Follow instructions for LABELING the SAMPLE and store in lab refrigerator ready for transportation to lab.

**B. SPECIMENS COLLECTED BY THE PHYSICIANS (Gyn, Urethral swabs)**

- Follow instructions for LABELING the SAMPLE and store in lab refrigerator ready for transportation to lab.

**SPUTUM SPECIMEN COLLECTION**

- Gargle with water immediately prior to obtaining a sputum specimen to reduce the number of oral bacteria.
- Hold the rim of the specimen container under the lower lip to catch all of the expectorated or coughed sputum.
- Cough deeply and expectorate sputum (not saliva) into the specimen container.
- Close the lid securely and see instructions for labeling the specimen.

**THROAT CULTURE**

- Using a tongue blade to hold the tongue down, (anterior 1/3 of tongue only), take the specimen directly from the back of the throat, being careful not to touch the teeth, cheeks, gums, or tongue when inserting or removing the swab.
- The throat should be swabbed, not gently touched, in order to remove organisms adhering to the membrane. Sample any purulent, ulcerated, or inflamed areas. White patches in the tonsillar area are especially productive for streptococcal isolation.
- After collection, place the swab into the transport medium, label as per policy, and place in biohazard specimen bag

**\*All lab specimens are processed and picked up by Northwell three times per day.**

**\*PLEASE REFER TO NORTHWELL TEST CATALOG FOR ALL SPECIMEN REQUIREMENTS**



## Steam Sterilizer ( M11 Autoclave) Sterilization Process WEEKLY Biological Indicator Testing

JIB Services, LLC / JIB Medical, PC

(Usual sterilization days- Tues PM & FRI AM)      **\*\*Always wear gloves and protective eye wear when handling instruments/pouches/BIs before and after sterilization \*\***

### PRIOR to every sterilization process:

- Label all pouches containing the instruments to be sterilized - label with DATE (to be sterilized) and SPECIALTY (GYN, Pod, etc) prior to sterilization.
- Every load should have a CHEMICAL INDICATOR strip placed in one of the pouches – Strip should then turn dark and enter SAFE area at the end of the sterilization process.
- Start sterilizer (M11 Autoclave) as per manufacturer directions

(There is also a chemical indicator on all of the pouches which also turns dark/black at the end of sterilization process)

### WEEKLY BI TEST \*to be done EVERY FRIDAY (Can be included in the LOAD being processed)

- 1) Place TEST BI in any pouch with an instrument (or by itself in a pouch) in the most challenging area close to the door prior to sterilization
  - \*Label chemical BI with date and time, initials, and "T" for test (the date will be the LOAD No)
- 2) AFTER Sterilization:
  - Always check chemical indicator to make sure in SAFE zone
  - Remove Test BI (WAIT at least 10 minutes before crushing in incubator)
  - Activate the Test BI (which was sterilized) and Control BI (which is unsterilized) by crushing in Built-in Vial crusher
  - Plug in Incubator. Place crushed Test BI and crushed Control BI (Labeled with "C" for control and the date and time) in incubator for 24 hours. (The Control BI verifies that the Test BI and incubator are working properly)
- 3) INTERPRETING RESULTS after 24 hours- The test BI should remain purple (no color change) and the Control BI should turn yellow- **This ensures the Autoclave is sterilizing properly.**
- 4) DOCUMENT in BI Record Book (Report any unusual results to Supervisor immediately)

(Negative BI's can be thrown in garbage, Positive BI's should be sterilized before disposal).



## Hazard Prevention and Communication Plan

**JIB Services, LLC / JIB Medical, PC**

### **Purpose**

JIB Medical has established a Hazard Communication Program to inform JIB Medical employees of the chemical hazards they are potentially exposed to and how they can properly protect themselves.

### **Definition**

**Hazardous Chemicals** - OSHA defines a hazardous chemical as any chemical that is classified as a physical hazard or a health hazard, a simple asphyxiator, combustible dust, pyrophoric gas, or a hazard not otherwise classified.

**Physical Hazards** - The most common types are fire, explosion, and chemical reactivity.

**Flammables** - Ignite easily and burn rapidly. Liquid flammables have a flashpoint (temperature at which they will burn) under 100 degrees Fahrenheit.

**Combustibles** (similar to flammables, but they do not ignite as easily) - Liquid combustibles have a flash point above 100 degrees Fahrenheit.

**Pyrophoric** (spontaneous combustion) - Materials that can burst into flames on their own at temperatures below 130 degrees Fahrenheit.

**Explosive Materials** - Release a tremendous amount of energy in the form of heat, light and expanding pressure within a very short period of time.

**Water Reactives** - React with water and may explode, or may release a gas that is flammable.

**Unstable Reactives** - Chemicals that can react or can become self-reactive when subjected to shock, pressure or temperature.

### **Background**

OSHA's Hazard Communication Standard was revised in 2012 to align with the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The GHS is an international approach to hazard communication, which:

1. provides harmonized classification criteria for health, physical, and environmental hazards of chemicals
2. standardizes label elements that are assigned to hazard classes and categories, and

3. provides the appropriate signal words, pictograms, and hazard and precautionary statements to convey hazards to users.

**The Hazard Communication Standard requires:**

- Establishment of a Hazardous Chemical Inventory Master List – This is a list of all hazardous chemical products at JIB Medical. This list can be found in the SDS (Safety Data Sheets) Binder and on the JIB Medical shared folder.
- Maintenance of Safety Data Sheets - These are pages that provide details on the chemical components of a product, the physical and health hazards, recommended personal protective equipment (PPE), emergency first aid procedures, spill response, etc. JIB Medical maintains an SDS for every hazardous chemical product listed in our inventory.
- Primary Container Labeling – Manufacturers are required to provide labels on all chemical products. Those labels must contain the identity of the hazardous chemical(s), appropriate hazard warnings (both physical and health hazards), and the name and address of the manufacturer or other responsible party.
- Secondary Container Labeling – If a chemical is transferred from its original container into a secondary container, a workplace label must be applied to the secondary container. Similarly, if the original container's label is missing or defaced, it must also be replaced with a workplace label as well. Workplace labels must contain at least the product identifier of the hazardous chemical(s) and the appropriate hazard warnings (both physical and health hazards).
  - If hazardous chemicals are transferred from a labeled container to a portable container intended only for your own immediate use (single-use only), no labels are required on the portable container provided it is not used for more than one shift and is not left unattended.
- Required Training - Employee training is provided so that all employees know how to determine what chemicals they are potentially exposed to and what precautions need to be taken.
- Written Program – JIB Medical's Hazard Communication Program must be in writing, and this document is our office/facility's written Hazard Communication Program.

**Product Labeling**

Your most immediate source for information about hazardous chemicals in the work area can be found on product labels. This information includes:

1. A product identifier, or name,
2. A signal word such as “danger” or “warning” used to emphasize hazards,
3. A hazard statement using standard phrases for particular hazard classes and categories,

4. Pictograms, or symbols, that convey health and physical information assigned to a Globally Harmonized System hazard class and category. Pictograms are discussed in detail further below.
5. Precautionary statements that state measures to minimize or prevent adverse effects.

You should use an SDS whenever you need additional information about a hazardous chemical that is not included on the product label.

## HCS Pictograms and Hazards

The Hazard Communication Standard requires pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity (harmful)</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>

<b>Flame Over Circle</b> 	<b>Environment (Non-Mandatory)</b> 	<b>Skull and Crossbones</b> 
▪ Oxidizer	▪ Aquatic Toxicity	▪ Acute Toxicity (fatal or toxic)

### **Eye Wash Stations**

Eye wash stations are available in the following department bathrooms: radiology, ultrasound, gynecology, pediatrics, and medical assistant labs. These eye wash stations are OSHA compliant, and should be used when a person is exposed to injurious corrosive materials or potentially infectious materials.

### **Employee Training**

Employee training on hazard communication covers:

- Summary of the Hazard Communication Standard
- Globally Harmonized System
- Classifying chemicals
- Manufacturer and workplace labeling
- Pictograms
- Safety Data Sheets
- Physical and Health Hazards
- The measures employees can take to protect themselves from those hazards, including personal protective equipment to be used
- The details of the Hazard Communication Program developed by JIB Medical

All employees who work with or are potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard, safe use of those chemicals, and the appropriate PPE that should be used when working with the chemicals associated with their job responsibilities.

All training is documented. A record of training is maintained at JIB Medical and can be made available upon request.

Users with access to Stericycle's Online Training Center can access the online Hazard Communication Awareness Training, where they can also generate documentation of training for recordkeeping purposes.

### **How Employees Can Protect Themselves from Hazardous Chemicals**

The primary means workers may use to protect themselves from hazardous chemicals in the workplace are:

Engineering controls - using PPE and equipment such as goggles, gloves, masks, etc. that serve as a barrier between the worker and the chemical

Work Practices - performing procedures and tasks as specified in Safety Data Sheets and by JIB Medical

Elimination - discontinuing the use of hazardous chemicals when possible

Substitution - using a less hazardous chemical when possible

### **Workplace Hazard Assessment**

The first step in determining how workers may protect themselves is determining exactly what hazards are present, or are likely to be present, in the workplace by performing a workplace hazard assessment.

The following tasks are associated with a hazard:

Task	Hazard	Required PPE
Sterilizing instruments	Bloodborne pathogens and contamination of chemical products	Gloves, gowns
Disinfecting work surfaces	Chemical products	Gloves
Blood draws	Bloodborne pathogens, bodily fluids	Gloves
Immunizations	Bloodborne pathogens, bodily fluids	Gloves
Medical Exam		

\*Follow manufacturers' instructions for proper use of disinfecting (or detergent) products — such as recommended use-dilution, material compatibility, storage, shelf-life, and safe use and disposal.

Upon introduction of a new chemical to the facility, the relevant Safety Data Sheet will be added to the facility's inventory, and affected staff will be educated on safety precautions.

### **Contractors**

JIB Medical wants to ensure that the safety and health of our employees are not compromised when outside contractors bring hazardous materials into our workplace. At the same time, we are committed to providing a safe and healthful working environment to outside contractors who might encounter

hazardous materials while working on our premises. Outside contractors will be made aware of any such hazards that are present in their work area. JIB Medical will communicate the labeling system that is in use, the protective measures required, and the safe handling procedures. In addition, we will notify these individuals of the location and availability of relevant SDS files.

Each contractor bringing hazardous materials into JIB Medical must provide us with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these materials.

For any questions relating to this plan, please contact JIB Medical's Hazard Communication Program Administrator, Michael Delio.



## Eye Wash Station Policy

### JIB Services, LLC / JIB Medical, PC/ JIB Annex

JIB Medical and JIB Annex has eye wash stations available in areas where staff are exposed to injurious chemical, infectious or any type of hazardous material. The eye wash stations are located in gynecology and the medical assistant lab bathrooms of JIB Medical and the basement of JIB Annex. All eye wash stations are OSHA compliant.

#### Instructions for Use

In the event of an eye exposure:

#### Affected person:

- 1) Call for help from those nearby.
- 2) Immediately proceed to eye wash station.
- 3) Turn on eye wash and keep flushing for 15 minutes or as instructed otherwise.
- 4) Seek medical attention for every eye injury. Eye washes are first aid only.

#### Witness/Aid

- 1) Help injured person get to eye wash
- 2) Keep track of time. MINIMUM 15 minutes of flushing or until emergency responders arrive.
- 3) Put on gloves and help injured party keep their eyes open and head down.
- 4) Instruct them to:
  - a. "Keep flushing you have \_\_\_ more minutes to go"
  - b. "Hold your eyelids open" while the water flows over the eyeballs.
  - c. "Roll your eyes all around" so the water touches all of the surfaces and gets under the lids.
  - d. "Wash both eyes" even if you think you only contaminated one.
  - e. "Remove contact lenses" during the flushing.
  - f. "Don't rub your eyes" or try to dislodge objects from your eye.

#### Weekly Check

Eye wash stations are inspected weekly. Results are recorded on the Eye Wash Inspection Checklist and Log Document, maintained by the respective department.

Check the following:

- Run eye wash until water is clear and colorless. (This is important to inhibit bacterial growth.)
- Area around the eye wash station is clear of obstruction, debris or tripping hazards

- Activating arm operates smoothly and remains open when released
- Water flows continuously, with each nozzle expelling water in roughly equal amounts and equal height
- Nearby electrical outlets are capped
- Temperature is controlled at tepid level

Report any problems to the Facilities Department and the Compliance Manager.



## Safety Data Sheets

JIB Services, LLC / JIB Medical, PC

### Purpose

To ensure relevant Safety Data Sheets (SDSs) are available to all JIB Medical staff at all times.

### Definition

Safety Data Sheets - 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.

### Policy

Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets on safety data sheets (SDSs).

### SDS Format

The Hazard Communication Standard requires the chemical manufacturer or importer to provide a safety data sheet for their product, which includes the following sixteen sections at minimum:

- 1) **Section 1, Identification** - includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
- 2) **Section 2, Hazard(s) Identification** - includes all hazards regarding the chemical; required label elements.
- 3) **Section 3, Composition/information on Ingredients** - includes information on chemical ingredients; trade-secret claims.
- 4) **Section 4, First-Aid Measures** - includes important symptoms/effects, acute, delayed; required treatment.
- 5) **Section 5, Fire-Fighting Measures** - lists suitable extinguishing techniques, equipment; chemical hazards from fire.
- 6) **Section 6, Accidental Release Measures** - lists emergency procedures; protective equipment; proper methods of containment and cleanup.

- 7) **Section 7, Handling and Storage** - lists precautions for safe handling and storage, including incompatibilities.
- 8) **Section 8, Exposure Controls/Personal Protection** - lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; Personal Protective Equipment (PPE).
- 9) **Section 9, Physical and Chemical Properties** - lists the chemical's characteristics.
- 10) **Section 10, Stability and Reactivity** - lists chemical stability and possibility of hazardous reactions.
- 11) **Section 11, Toxicological Information** - includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
- 12) **Section 12, Ecological Information**
- 13) **Section 13, Disposal Considerations**
- 14) **Section 14, Transport Information**
- 15) **Section 15, Regulatory Information**
- 16) **Section 16, Other Information** - includes the date of preparation or last revision.

#### **Staff Access**

The SDS for all products used by JIB Medical is available for immediate reference by all JIB Medical staff members through the following sources:

- 1) Staff can access the SDS for any product through Stericycle's e-binder.
- 2) An electronic copy is available in the JIB Medical shared folder
- 3) The SDSs are alphabetically organized in a binder stored at the main Nursing station.
  - This hard copy has been made available to serve as a back-up in the event the electronic copies are inaccessible during a time of need.

#### **Hazardous Chemical Inventory Master List**

JIB Medical's master list of hazardous chemicals identifies all the hazardous chemicals used in our work process. When a new chemical product is introduced to the facility, the master inventory list will be updated.

The SDS for products no longer used by JIB Medical will remain on file for 30 years following discontinuation.



## General Safety Rules

### JIB Services, LLC / JIB Medical, PC

#### Purpose

Safety rules have been developed to protect JIB Medical employees in their daily work. Employees must follow these rules and review them regularly.

#### Employee Responsibilities:

- Obey all posted safety and danger signs.
- Use the handrails when ascending and descending the stairs. Do not run on the stairs.
- Keep the floors clear to avoid slip and falls. Do not kick items out of your pathway; instead, pick the item up, store it away, or throw the item in the trash, if appropriate.
- If a mat does not lie flat on the floor, straighten the mat to avoid staff from tripping over it.
- Use a ladder to reach items that are not easily within reach. Do not stand on furniture. Never use a ladder or step stool on a slippery floor.
- Notify maintenance staff if you observe a slippery floor so that a caution sign can be put in place.
- Be aware of your chair's placement before sitting. Rolling chairs can slip out from under you if your weight is not centered over it upon sitting.
- Use the handle when closing file cabinets. Open only one drawer at a time. Store heavier files at the bottom of the cabinet.
- Be Aware Of Your Surroundings - Know the particular hazards of your job or workplace. Once you have learned these risks, you are able to keep clear of potential hazardous areas, and potential hazardous situations.
- Maintain Correct Posture to Protect Your Back - When working at a desk, keep your shoulders in line with your hips to avoid back problems.
- Work-related injuries may occur because a worker is tired and not alert to their surroundings. Taking regular breaks helps you stay fresh on the job.

- Keep Emergency Exits Easily Accessible - In case of an emergency, you'll need quick, easy access to the exits. Do not block or obstruct access to stairwells, exits, and emergency equipment such as fire extinguishers and fire alarms.
- Wearing the correct safety equipment may greatly reduce the risk of workplace injury and illness. (See Exposure Control Plan for additional instructions on use of personal protective equipment.)
- Employees should not perform any work functions that are deemed unsafe.

### **No Retaliation**

If you observe an unsafe condition/practice or believe an action you take may result in an unsafe practice, exposure to unhealthy conditions, or harms the environment by violating the Occupational Health and Safety Policy, you must report the matter to your immediate supervisor, the JIB Medical Safety Director or the Compliance Manager. Retaliation against employees who make such reports is strictly prohibited.

An employee shall not be discharged, suspended, or otherwise discriminated against for failure or refusal to engage in unsafe practices or improper acts that adversely affect health, safety, or the environment.

An employee shall not be discharged, suspended, or otherwise discriminated against for reporting safety, health, or environmental issues to the employee's management or departments having jurisdiction over the issue.

### **Body Mechanics**

Proper Body Mechanics is a term used to describe ways we can move. Proper lifting techniques and body mechanics are essential to safety and health.

#### *When Lifting Items:*

- Test the weight of a load by pushing against it.
- If a load is perceived as too heavy, ask a coworker for help or use an assistive device such as a rolling cart.
- Never lift anything if your hands are greasy or wet.

### **Job-Specific Safety Rules**

Upon hire, employees receive training regarding safety rules which apply to their duties. Please see the Exposure Control Plan for job specific safety rules to protect against exposure to bloodborne pathogens and other potentially infectious materials.



## Employee Incident Reporting

JIB Services, LLC / JIB Medical, PC

### Purpose

Incident investigation procedures were established to serve as a guide for JIB Medical management to identify safety hazards in the facility, determine the root cause of an incident, and to implement corrective actions to prevent future incidents.

### Definition

Incident - A work-related event in which an injury or ill-health (regardless of severity) occurred.

Root Causes - The underlying reasons why unsafe conditions exist, such as a procedure or safety rule not being followed.

Close Call - An incident that could have caused injury or illness, but did not.

### Policy

- Refer to the Joint Industry Board's Medical Emergency Policy for guidance on steps to take in the event of a medical emergency.
- The Director of JIB Medical should be notified of ALL incidents without unreasonable delay, but within 24 hours of the occurrence, excluding non-work days.
- Complete the **Workers' Compensation Accident/ Illness Report Form** for incidents involving an employee:
  - Follow the instructions on the form's cover page.
  - Do **NOT** complete this form for close-call occurrences.
  - Submit the completed forms to the JIB Human Resources Department.
  - Submit a copy to the JIB Medical Safety Coordinator.

For employees who do not have a record in eClinicalWorks, a **Nurse STAT Report** will be completed to document treatment services. This document is for JIB Medical's record, and will not be released outside of the department, unless it is requested, and JIB Medical privacy staff has approved the release.

### **Safety Coordinator's Assessment**

The JIB Medical Safety Coordinator will conduct a Safety Assessment, when appropriate, following receipt of the completed Workers' Compensation Accident/Illness Report Form. The purpose of this assessment is to identify the root cause of the incident and to implement the corrective actions necessary to prevent future incidents.

\*Please see the Exposure Control Plan for guidance on how to proceed in the event of a bloodborne pathogen exposure incident.



## Patient/Visitor Incident Reporting

**JIB Services, LLC / JIB Medical, PC**

In the event that a patient or visitor (including vendors, consultants, an employee's friend, spouse, etc.), is involved in a safety-related incident/accident/medical emergency at JIB Medical, the following procedure must be adhered to:

1. Refer to the Joint Industry Board's Medical Emergency Policy for guidance on steps to take in the event of a medical emergency.
2. For individuals who do not have a record in eClinicalWorks, a **Nurse STAT Report** will be completed to document treatment services if JIB Medical's Nurse STAT responds. This document is for JIB Medical's record, and will not be released outside of the department, unless it is requested and JIB Medical privacy staff has approved the release.
3. The Supervisor in the area in which the incident occurred will investigate the incident and complete a **JIB Medical Non-Employee Incident Form**. (REQUIRED)
  - Eyewitnesses, if any, may be interviewed as part of the investigation, and are expected to fully cooperate with the investigator's questions and request.
  - Employees may be asked to participate in conducting the investigation, as each person contributes a range of knowledge and understanding to an investigation.
4. Submit a copy of the JIB Medical Non-Employee Incident Form to the department's Safety Coordinator. This form will be submitted to the JIB Human Resources and Legal Department, as needed.
5. The Safety Coordinator will complete a Safety Assessment, when appropriate, to recommend corrective actions, which will be implemented without unreasonable delay.



## Workplace Violence Prevention

### JIB Services, LLC / JIB Medical, PC

#### **Policy**

Violence on the premises of the Joint Industry Board will not be tolerated, condoned or allowed.

Please refer to the following:

- Workplace Violence Prevention policy in JIB's Employee Handbook.
- JIB's Active Shooter Protocol.
- YouTube RUN, HIDE, FIGHT video - <https://www.youtube.com/watch?v=5VcSwejU2D0>

#### **JIB Medical Safeguards**

The following safeguards were established for the protection of employees:

- A Security STAT button is available on phones in the facility for emergencies.
- A call button located in physician consulting and exam rooms that allow for communication with the Nurses Station.
- All JIB employees are required to wear identification badges in plain view while on JIB property.
- Employees are required to show ID cards to the JIB Security Officer when prompted to access the building or a secure area.
- Visitors must check in at JIB Medical's front reception desk.
- A closed circuit video camera records the entrance to JIB Medical 24/7.
- Curved mirrors are mounted in some corridors of JIB Medical to allow for a wide-angle view of converging corridors.
- Staff members providing direct patient care are advised to not wear lanyards or hanging neck jewelry to avoid strangulation and/or accidental grabbing by a patient if the patient begins to fall.

#### **Recordkeeping**

- Employee injuries resulting from abuse/assaults are logged on the OSHA FORM 300, which is maintained by the JIB Human Resources Department.
- Reports of employee incidents that are recordable pursuant to OSHA, will be maintained by the Human Resources Department and by JIB Medical.



## Annual Review Policy

### JIB Services, LLC / JIB Medical, PC

One of the most important aspects of the Workplace Safety Manual is that it is constantly evolving. It is not intended to be a static document. The following measures are taken to ensure JIB Medical maintains updated policies and practices:

- 1) Annual Review - By conducting an annual review of our Workplace Safety Manual, JIB Medical identifies the need for any updates to policies, procedures and work practices.
- 2) Non-Managerial Input - JIB Medical seeks input from non-managerial employees responsible for direct patient care, who are potentially exposed to injuries from contaminated sharps, regarding selection of effective engineering and work practice controls, and in the review and update of the Exposure Control Plan. The Solicitation of Input of Non-Managerial Employees Forms are maintained at JIB Medical and can be made available upon request.
- 3) Evaluation of Safer Devices - Advances in safer, more efficient medical devices is periodically researched by JIB Medical management. Evaluations of these devices are completed by non-managerial employees. The evaluations are maintained at JIB Medical and can be made available upon request.

#### Device evaluation

In conjunction with staff input, other factors might be considered in the final selection of safer medical devices:

- Functional reliability of safety feature
- Suitability for a range of uses across patient populations and procedures
- Intuitiveness/ease of use
- Active versus passive operation
- Single or two-handed use
- Positioning of hands behind sharp
- Extent of change in technique required
- Indication of activation
- Undefeatable safety feature
- Packaging
- Coverage of the sharp
- Interference with procedure
- Patient safety
- Medical integrity
- Right or left-handed use
- Breadth of product line
- Studies in the literature on efficacy



## Emergency Action Plan Policy

**JIB Services, LLC/ JIB Medical, PC**

**Purpose:** Knowing what to do before, during and after emergencies is essential in order to reduce panic, confusion, and possible injuries.

The Joint Industry Board has adopted an Emergency Action Plan (EAP). JIB Medical employees are responsible for complying with the procedures in this plan.

### **Employee Responsibilities**

All JIB Medical employees must:

- Comply with the directions of the EAP Director, Michael Delio or his designee, during any emergency situation.
- Familiarize themselves with the evacuation procedures outlined in the EAP.
- Identify themselves and request assistance in the event of an in-building relocation, partial evacuation or evacuation.
- Request an exemption from the EAP Director if participation in the EAP fire drills would cause injury or severe hardship.
- If you require assistance in evacuating the building due to a permanent or temporary disability, you must inform the EAP Director beforehand in order for the EAP Director to act accordingly in the event of an emergency. If your condition is temporary, please notify the EAP Director when you no longer require assistance.

### **Emergency Action Plan**

JIB Medical makes every reasonable effort to comply with Title 3 RCNY 6-02, which requires the establishment of procedures for the orderly evacuation of persons for explosions, biological, chemical or hazardous material incidents or releases, natural disasters or other emergency, or the threat thereof. These procedures are detailed in JIB's EAP.

The EAP also includes directions on:

- sheltering in place
- in-building relocation

- partial evacuation
- full evacuation of the building
- various emergency scenarios

For questions regarding JIB's Emergency Action Plan, please contact:

- Human Resources, Mary Hu, at (718) 591- 2000, ext: 1429 **OR**
- Director of JIB Medical, Michael Delio , at (718) 591- 2000, ext: 1115

### **Fire Emergency**

- Employees who see any potential source of a fire (protruding electrical connections, loose floor tiles, frayed electrical wiring, torn carpeting, etc.) should immediately call building security.
- What to do if a fire is discovered:
  - Pull the fire alarm near the closest stairwell
  - Call the Fire Department by dialing 911

### **What To Do During a Fire Alarm**

- Remain calm. Listen for instructions over the emergency communications system.
- Close the doors, but do not lock them. Take only essential belongings. Keep hands free.
- Follow instructions of the Fire Warden. Employees may be asked to inspect the area, or help others.
- Use the stairwells. Do not use the elevators. Elevators are programmed to return to the lobby to await firefighters.
- Feel doors for heat before opening them. Do not open any that are hot.

### **Fire Safety Practices**

JIB Medical has implemented the following measures to practice fire safety:

- JIB Medical participates in routine fire drills.
- JIB Medical has assigned Deputy Fire Safety/ EAP Wardens and Searchers. These staff assist in removing all persons from JIB Medical during fire drills and in the event of an actual fire. Searchers conduct a walk through of the second floor to ensure all persons are aware of the evacuation, and to provide assistance to disabled individuals.

# Appendix



## Evaluation Form for Safety Needle/Syringe Devices

Product Name/ID: \_\_\_\_\_

### Evaluation Issues

1. The device functioned satisfactorily for its intended purpose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
2. The device is suitable for most standard syringe functions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
3. The product is available in the sizes needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
4. The product is simple to operate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
5. The use of this product requires no training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
6. The safety feature activated with a one-handed technique	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
7. The safety feature worked reliably	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
8. Both hands remain protected during engagement of safety feature	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
9. The safety feature does not interfere with normal use of this product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
10. The product is equally satisfactory for different or diverse patient populations (adults, children, heavy, thin, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
11. The safety feature could not be bypassed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
12. The safety feature works well with a wide variety of hand sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable
13. The device is no more difficult to process after use than non-safety devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Not Applicable

### **Further Input**

14. Did you experience any injuries with the test device?  Yes  No

15. About how many times did you use the test device before you were comfortable using it? \_\_\_\_\_

16. Did you have any problems with this device?  Yes  No (if yes, please explain)

---

---

17. Which device would you rather use? (Please check one)

The product we normally use  This test product  Other: \_\_\_\_\_

18. Comments:

---

---

Employee Printed Name/Title: \_\_\_\_\_

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



## Employee Solicitation of Input of Non-Managerial

### JIB Services, LLC / JIB Medical, PC

It is the policy of JIB Medical that our non-managerial employees who provide direct patient care and are potentially exposed to injuries from contaminated sharps shall be involved in providing input to make JIB Medical a safe and healthful workplace.

In the space below, please provide your comments and suggestions regarding safer medical devices and JIB Medical's work practice controls, including but not limited to the following:

- Eye wash stations
- Personal protective equipment
- Proper equipment cleaning
- Safer needle practices
- Spill kits for biohazardous waste spill
- General workplace safety

Employee Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## Occupational Sharps Injury Log

## JIB Medical, P.C.

Name of Employee: \_\_\_\_\_ Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

<b>Location of Injury (Check all that apply)</b>	<b>Sharp Involved (If known)</b>	<b>Did the sharp being used have engineered injury protection(s)?</b>
<input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Face or Head <input type="checkbox"/> Torso <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other: _____ _____ _____	Type: _____ Brand: _____ Model: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
	<b>Body Fluid Involved:</b> _____ _____ _____	<b>Was the protective mechanism activated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<b>When did the injury occur?</b> <input type="checkbox"/> Before activation <input type="checkbox"/> Don't Know <input type="checkbox"/> During activation <input type="checkbox"/> After activation

Note: This is not an official OSHA form but is based on sharps injury documentation requirements found in OSHA's Bloodborne Pathogens Standard. These new requirements are in addition to OSHA's employee injury and incident reporting requirements (OSHA 300 and 301 forms).

Completed by (print name):

Signature:



## Patient Authorization for Uses and Disclosure of Protected Health Information

**JIB Services, LLC / JIB Medical, PC**

*Instructions: This form must be completed by a patient when a request for protected health information is initiated by a person other than the patient or the patient's personal representative.*

PATIENT'S DATE OF BIRTH: \_\_\_\_\_

1. I, \_\_\_\_\_, AUTHORIZE JIB MEDICAL, P.C. TO RELEASE THE FOLLOWING INFORMATION:

Medical Records from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_  
 Entire Medical Record:  
 Other: Medical records supporting exposure incident protocol

The copies should include (indicate by initialing):

\_\_\_\_\_ Alcohol/Drug Treatment \_\_\_\_\_ HIV Information  
\_\_\_\_\_ Mental Health Information \_\_\_\_\_ None of the Above

2. PRINT THE NAME OF THE ENTITY OR PERSON TO RECEIVE THE INFORMATION:

New York Presbyterian Queens

3. CONTACT INFORMATION FOR ENTITY OR PERSON AUTHORIZED TO RECEIVE THE INFORMATION:

Name: New York Presbyterian Queens Phone #: (718) 670 - 1426  
Address: 56-45 Main Street Fax #: (718) 670 - 2781  
Flushing, NY 11355

4. PURPOSE FOR RELEASE OF INFORMATION:

Exposure incident treatment

5. DATE OR EVENT ON WHICH THIS AUTHORIZATION WILL EXPIRE: Upon termination of treatment services with NYPQ

I understand that the protected health information disclosed as a result of this Authorization may no longer be protected by the federal privacy standards, and may accordingly be re-disclosed by the recipient without obtaining my Authorization.

I understand that I am under no obligation to sign this Authorization, and that JIB Medical may not condition my treatment, payment, enrollment in any plan, or eligibility for benefits on my decision to sign this form.

I understand that I have the right to revoke this Authorization by completing the revocation section at the bottom of this page. I further understand that withdrawal of this Authorization will not be effective until received by JIB Medical and will be prospective only.

I understand that JIB Medical, P.C. may charge for copies of my PHI.

This Authorization is valid from the date it is signed to the indicated expiration date or event.

I have had the opportunity to review and understand the content of this Authorization Form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

---

Signature

---

Date

If signed by someone other than the patient, name of person signing form: \_\_\_\_\_

State Relationship to Patient /Authority to Sign on Behalf of Patient: \_\_\_\_\_

#### **REVOCATION SECTION**

I hereby revoke this authorization:

---

Signature

---

Date

#### **Office Use Only**

Date Completed Revocation Section was received by JIB Medical : \_\_\_\_\_

*\*All revocations must be submitted to a supervisor.*



## Instructions for the Evaluating Healthcare Professional

**JIB Services, LLC / JIB Medical, PC**

**This employee has suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the Standard's provision for post-exposure evaluation and follow up, the employee presents for evaluation.**

Included to assist you in properly complying with the requirements for this evaluation are:

- A copy of the Bloodborne Pathogens Standard
- All employee's medical records relevant to this employee's appropriate treatment, including vaccination status or a Hepatitis B Vaccination Declination Form (if applicable)
- The Exposure Incident Report documenting:
  - 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 individual's blood testing, if available
- HIPAA Patient Authorization Form

JIB Medical will also provide a copy of the materials listed above to the exposed employee.

### **Exposed Employee shall receive:**

- A confidential medical evaluation and follow-up (The follow-up must also include evaluation of reported illnesses that may be related to the exposure.)
- Results of the medical evaluation
- Collection and testing of blood for HBV, HIV, and other clinically appropriate serological status
- Results of source employee testing
- Post-exposure prophylaxis (PEP) when medically indicated, as recommended by the U.S. Public Health Service
- PEP counseling
- Evaluation of reported illnesses
- Healthcare Professional's Written Opinion within 15 days of evaluation

### **Blood Preservation**

An employee who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the evaluating healthcare professional must ensure that the employee's blood sample is preserved for at least 90 days in case the employee changes his or her mind about HIV testing.

### **The Healthcare Professionals' Written Opinion**

JIB Medical has provided NYPQ with a written opinion form. To protect the confidentiality of the employee's health information, the form contains questions regarding only the following:

- whether the Hepatitis B vaccination is indicated for the employee
- whether the employee has received the Hepatitis B vaccination
- confirmation that the employee has been informed of the results of the evaluation
- confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment

**A copy of the Healthcare Professional's Written Opinion must be provided to JIB Medical, as well.**

**Please note: All other findings and diagnoses relating to treatment will remain confidential between the employee and NYPQ, and will not be included in the written report to JIB Medical.**

### **Billing**

The employee shall incur NO cost for post-prophylaxis services. Please forward all bills to the applicable Workers' Compensation insurance carrier.



## Healthcare Professional's Written Opinion

**JIB Services, LLC / JIB Medical, PC**

Exposed Employee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**To the Evaluating Healthcare Professional:** After you have determined whether there are contraindications to vaccination of this employee with hepatitis B vaccine, please state in the space below only if vaccine was indicated and if vaccine was initiated. Following completion of this form, please provide the original to the employee and a copy to JIB Medical.

1. \_\_\_\_\_ Vaccine was indicated.
2. \_\_\_\_\_ Vaccine was provided.

After your evaluation of this employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

1. \_\_\_\_\_ The employee has been informed of the results of this evaluation.
2. \_\_\_\_\_ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation and treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Date of Incident: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Date of Follow Up: \_\_\_\_\_

### Healthcare Professional

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Medical Facility Name, Address*



## HEPATITIS B VACCINE DECLINATION FORM

**JIB Services, LLC / JIB MEDICAL P.C.**

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 hereby decline the 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 notwithstanding this declination.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Source Individual's Consent Form

**JIB Services, LLC / JIB Medical, PC**

Source Individual's Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a JIB Medical employee has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

I hereby consent to (initial below):

HIV Testing \_\_\_\_\_

HBV Testing \_\_\_\_\_

HCV Testing \_\_\_\_\_

Source Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Personal Representative's Printed Name: \_\_\_\_\_

Personal Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

JOINT INDUSTRY BOARD EMPLOYEES AND  
JIB SERVICES LLC EMPLOYEES ONLY

Workers' Compensation Claims Process  
Occupational Injury/Illness

---

STEP 1                   Report accident/incident within 24 hours

JIB employees must report the accident/incident to the JIB Department Supervisor/Director on duty within 24 hours from the date of occurrence.

STEP2                   Complete JIB Employee Incident Report - see attached

JIB Supervisor/Director must provide the employee with the Worker's Compensation incident form immediately.

Employee must complete Part A

Supervisor/Director must complete Part B

Completed form must be returned to JIB Human Resources within 48 hours

STEP3                   JIB HR Department

JIB Human Resources will complete and submit the C-2F and Additional Info for WRM form to Wright Risk Management along with the JIB Accident/Incident report electronically via email.

STEP4                   Wright Risk Management - Third Party Administrator ("TPA")

JIB worker's compensation TPA is Wright Risk Management. They are responsible for processing the claim and also contacting the injured worker. Wright Risk Management will contact JIB HR for any and all information related to claims.

Wright Risk Management will mail claim information packet to the injured worker which will include but not limited to injured employee rights, medical coverage and treatment. Injured worker must communicate directly with Wright Risk Management with regard to medical care, medical payment, bills, claim status, and authorization for treatment.

NOTE:

JIB employees must adhere to time and attendance policy per JIB Handbook. Report all time loss related to worker's compensation using our internal time slips to avoid overpayment, duplication of payment, recoupment etc.

---

DATE

I, \_\_\_\_\_ was given a worker's

Compensation accident/incident form and necessary information to fill out for an  
occupational injury/illness sustained on \_\_\_\_\_ during  
working hours.

The worker's compensation accident/incident form was given to me by JIB  
Human Resources Department on \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**JOINT INDUSTRY BOARD**  
**AND**  
**JIB SERVICES LLC**

**WORKERS' COMPENSATION ACCIDENT/ILLNESS REPORT FORM**  
(For reporting work-related injuries/ illnesses)

The injured worker and supervisor must complete and file this report with the Joint Board Human Resources Department, **WITHIN 24 HOURS** of an on-the-job injury .

<b>PART A: INJURED WORKER'S STATEMENT OF ACCIDENT/ILLNESS</b>						
Employee Name (Last Name, First Name):		SSN:				
Home address:		Cell Phone:				
Home phone:		Date of Birth:	Work phone:			
Job Title/Position:		Department Name: JIB				
Date of occurrence: <input type="text"/> Time of accident: <input type="text"/> Address Where Accident Occurred: <input type="text"/> <input type="text"/> <input type="text"/>						
How did injury occur? (please give details which led up the injury or illness):			What time did you start work? <input type="text"/> AM/PM			
			What is your work schedule? Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/>			
What were you doing when injured?			Body part(s) injured:			

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Part B: SUPERVISOR'S/DIRECTOR'S STATEMENT</b>					
Nature of Injury and Body Part Affected:		Was the injured worker with anyone at the time of injury? Yes /No			
Did injured worker receive medical treatment? YES /NO If yes, When: <input type="text"/>		Name and address of hospital or physician, If available:		Date & Time when employer first knew of injury: <input type="text"/> / <input type="text"/> - <input type="text"/> AM/PM	
Object, equipment, or machinery causing injury:					
Was there contact with any other person's blood or body fluid: Yes / No If yes, name and address of source person:					
How could a similar occurrence be avoided in the future:		Did weather conditions contribute to occurrence: Yes /No If yes, what were the weather conditions:			
Describe any unsafe practice/condition:					
Name and phone number of witnesses (if any):			Page 1		

Did injured worker lose time from work: Yes/No	If yes, first day out due to disability: _____
Has the injured worker returned to work:	If yes, date returned :
Supervisor's /Director's Name:	Signature:
Phone ext.:	Date Completed:

IF THE INJURED WORKER RETURNS TO WORK OR BECOMES DISABLED AFTER THIS FORM HAS BEEN FILED, IT IS Imperative THAT YOU CONTACT JIB HUMAN RESOURCES.

\*\*ALL TIME LOSS RELATED TO WORKER'S COMPENSATION MUST BE CLEARLY MARKED ON THE TIME SLIP.

Original to: **JIB HUMAN RESOURCES**

**JIB HR USE ONLY**

**NOTICE TO PAYROLL** \_\_\_\_\_

**SAFETY REVIEW** \_\_\_\_\_

**Joint Industry Board of the Electrical Industry**

**Worker's Compensation Leave Without Pay Status**

It is the policy of the Joint Industry Board to remove an employee from active pay status to leave without pay status while on worker's compensation leave. In the event an employee is issued a check for regular wages and benefits for the worker's compensation covered period, the Joint Industry Board will automatically charge available leave credit, i.e., Personal Time and/or vacation for said period which can be up to two weeks or more.

Employees without any leave credit and subsequently receive regular wages and benefits must reimburse the Joint Industry Board through future payroll deduction upon return to work from worker's compensation leave. If the employment ends for any reason, prior to having reimbursed the Joint Industry Board in full, the outstanding balance will become immediately due and withheld from any funds owed to the employee from the Joint Industry Board or will pursue garnishment or other civil procedures.

Duplication of regular wages and worker's compensation benefits for the same period is not authorized.

It is the responsibility of the employee to keep track of the days out related to worker's compensation, and to notify JIB Human Resources and the worker's compensation benefits examiner of any use of paid vacation or personal time as a result of the work-related injury.

If you are absent for partial days due to workers' compensation incident, you will be charged personal time and/or vacation accruals to cover these absences.

---

# WRIGHT™

Risk Management

900 Stewart Ave. • Suite 600 • Garden City, New York 11530

Phone • 516.227.2300

Fax • 516.794.5254

## Joint Industry Board of the Electrical Industry Workers' Compensation Claim Information

Dear injured worker:

Workers' Compensation claims involving JIB employees are administered by Wright Risk Management.

All work related injuries must be reported to your supervisor immediately. You are not required to pay for any treatments, co-payments deductibles or make any partial payments for treatment due to a work-related injury.

Please present this information to all providers and medical facilities that treat you for a work-related injury to ensure that all bills are properly submitted for payment under our Workers' Compensation program.

Employer:	<b>Joint Industry Board of the Electrical Industry 158-11 Harry Van Arsdale Jr. Avenue Flushing, New York 11365</b>
Carrier:	<b>Electrical Employers Self Insurance Safety Plan (EESISP) c/o Wright Risk Management 900 Stewart Avenue Suite 600 Garden City, NY 11530 Phone: 516-227-2300 Fax: 516-794-5254</b>
Carrier Code:	<b>W398002</b>

### Wright Risk Claims Service Team

Name	Title	Phone #	Email
Sean Slaven	Claims Manager	516-750-9404	<a href="mailto:sslaven@wrightinsurance.com">sslaven@wrightinsurance.com</a>
Jamie Vaeth	Lost Time Claims	516-750-3962	<a href="mailto:jvaeth@wrightinsurance.com">jvaeth@wrightinsurance.com</a>
Susan Wilson	Medical Only Claims	516-750-2383	<a href="mailto:swilson@wrightinsurance.com">swilson@wrightinsurance.com</a>



## Exposure Incident Report

**JIB Services, LLC / JIB Medical, PC**

*Instructions: This report should be immediately completed by JIB Medical and provided to the treating physician at New York Presbyterian Hospital. A copy must also be provided to the exposed employee.*

Exposed Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date/Time of Exposure: \_\_\_\_\_ Location of Exposure: \_\_\_\_\_

1) How did the exposure occur? (Identify the routes of exposures)

2) What potentially infectious materials were involved in the incident?

3) What are the exposed employee's duties as they relate to the exposure incident?

4) Identify the source individual (if available):

Check appropriate responses below:

Yes    No    N/A   Source patient has legally consented to have his/her blood tested for HIV and HBV infectivity.

Yes    No    N/A   The legally required consent cannot be obtained.

Reason: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Source patient is known to be infected with HBV.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Source patient is known to be infected with HIV.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Results of source patient's tests have been provided to the exposed employee.

5) What personal protective equipment was used at the time of exposure?

6) What actions were taken in response to the exposure?

Exposed employee's vaccination records were made available to the attending physician or licensed healthcare professional on the date indicated below:

A copy of the Bloodborne Pathogens Standard was provided to the attending physician or other licensed healthcare professional on the date indicated below:

Report Prepared By:

---

*(Printed name)*

---

*(Job Title)*

---

*(Signature)*

---

*(Date)*

Exposed Employee:

I understand that the information contained in this report is to be maintained IN STRICT CONFIDENTIALITY by JIB Medical and will not be disclosed without my written consent to anyone within or outside JIB Medical, unless required by law. Furthermore, I understand the results of the source patient's blood testing is STRICTLY CONFIDENTIAL, and I will not discuss the results with anyone other than my treating physician(s).

---

*(Printed name)*

---

*(Job Title)*

---

*(Signature)*

---

*(Date)*



## **EDUCATIONAL AND CULTURAL TRUST FUND OF THE ELECTRICAL INDUSTRY**

**158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365-3095  
TEL: (718) 591-2000 • FAX: (718) 969-3081 • [www.jibei.org](http://www.jibei.org)**

## **EMERGENCY ACTION PLAN (EAP) OFFICE BUILDING EDUCATIONAL MATERIALS *AS PER FIRE DEPARTMENT TITLE 3 RCNY 6-02***

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**Croker Fire Drill Corporation**

*The Fire and Life Safety Professionals*

P.O. Box 368 Islip Terrace, NY, 11752-0368  
Phone: 631.277.7602 Fax: 631.277.5802

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*Compiled by Croker Fire Drill Corp.*



## **STATEMENT OF BASIS AND PURPOSE:**

Local Law 26 of 2004 required that the Fire Commissioner adopt standards, procedures and requirements for the orderly evacuation of occupants from certain office buildings, including evacuation of persons necessitated by explosion, biological, chemical or hazardous material incidents or releases, natural disasters or other emergency, or the threat thereof.

The existing procedures for limited evacuations in the event of a fire in a high-rise office building (evacuation of fire floor and floor above) have proven effective in protecting building occupants in ordinary circumstances. These procedures are not the subject of the rule, and remain unchanged.

The September 11, 2001 attacks on the World Trade Center made it clear that new procedures are required to protect the occupants of office buildings in the event of non-fire emergencies. Title 3 RCNY 6-02 requires that owners of office buildings develop procedures for sheltering in place, in-building relocation, partial evacuation and full evacuation of the building, in response to various emergency scenarios. The rule requires the designation of an EAP Director to be responsible for the implementation of the building's Emergency Action Plan.

Disasters can and do happen. They can occur with little or no warning. A wide variety of emergencies can occur both man-made and natural. It is important to note that while you cannot predict emergencies, you can anticipate and plan for specific responses to different types of emergencies. High-Rise buildings can and do cope with disasters by preparing in advance. It is unrealistic to prepare for every type of emergency, so we must assess the risks. It is important to assess potential problems and to plan for these anticipated emergencies.

The purpose of this educational material is to provide tenants in the proper procedures to be followed in the event of an emergency. The elements of this plan are designed to effectively achieve employee health and safety in the event of an emergency. Knowing what to do before, during and after emergencies is essential in order to reduce panic and confusion and helps reduce the possibility of personal injuries and property loss. The education of all building occupants is critical to the successful implementation of the Emergency Action Plan, as all building occupants must understand the reasons for complying with the procedures that have been developed for their safety.

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Some of the information contained in this plan has been  
obtained from the following agencies:

American Red Cross  
Federal Emergency Management Agency  
Office of Homeland Security  
National Fire Protection Association

## **TYPES OF ANTICIPATED EMERGENCY SCENARIOS:**

Biological: A biological incident or release is germs or other substances that can cause illness. Many agents must be inhaled, enter through a cut in the skin or eaten to make an individual sick.

Bomb Threat: A form of terrorism -- a threat to detonate an explosive. Often, such a threat is made via a telephone call. Although 98% of all bomb threats turn out to be false, and are considered crank calls, they should be treated as real until proven otherwise.

Chemical: The deliberate release of a toxic gas, liquid or solid that can poison people and the environment.

Explosion: An accidental or deliberate detonation of a device that will cause a sudden increase in volume and release of energy in a violent manner, usually with the generation of high temperature and the release of gases.

Hazardous Material: Any substance that is corrosive, ignitable, reactive or toxic having the properties capable of producing adverse effects on the health or safety of people.

Natural Disaster: Any terrible event, not caused by human activity, that could result in deaths, injuries, or damage to property.

Nuclear Blast: An explosion with intense light and heat, a damaging pressure wave and widespread radioactive material that can contaminate the air, water and ground surfaces for miles around.

Radiation: The use of common explosives to spread radioactive materials over a targeted area commonly referred to as a "dirty bomb" or "radiological dispersion device (RDD)."

Be prepared to adapt this information to your circumstances and make every effort to follow instructions received from authorities on the scene. Above all, stay calm, be patient and think before you act. With these simple preparations, you can be ready for the unexpected.

## **TYPES OF RESPONSES TO AN EMERGENCY:**

Be prepared to assess the situation, use common sense and whatever you have on hand to take care of yourself. Depending on your circumstances and the nature of the disaster, the first important decision is deciding whether to stay or go. You should understand and plan for both possibilities. In the event of an emergency, you will receive instructions from the Fire Safety/EAP Director or local authorities.

**Sheltering-In-Place:** The precaution of directing building occupants to remain inside the building, at their work locations, in response to an emergency. This is a precaution aimed to keep you safe while remaining indoors. (This is not the same thing as going to a shelter in case of a storm.) Shelter-in-place means selecting a small, interior room, with no or few windows and taking refuge there. It does not mean sealing off your entire building. If you are instructed to shelter-in-place, follow the Emergency Action Plan.

**In-Building Relocation:** The controlled movement of building occupants from an endangered area of a building to an in-building relocation area within the same building in response to an emergency. An in-building relocation area is a designated area within a building to which building occupants may be relocated in accordance with the building's Emergency Action Plan.

**Partial Evacuation:** The emptying of a building of some but not all building occupants in response to an emergency. If you are instructed to partially evacuate, follow the Emergency Action Plan.

**Evacuation:** The emptying of a building of all building occupants in response to an emergency. If you are instructed to evacuate, follow the Emergency Action Plan.

## **OBLIGATIONS OF BUILDING OCCUPANTS:**

All building occupants shall:

- Comply with the directions of the EAP Director and EAP Staff upon an announcement that the Emergency Action Plan has been implemented, including any shelter in place, in-building relocation, partial evacuation or evacuation directed by EAP Director.
- Familiarize themselves with the requirements of the Emergency Action Plan, and cooperate with and participate in EAP training sessions, including EAP drills.
- Identify themselves and request such assistance in accordance with the procedures of the Emergency Action Plan if they would require assistance in the event of an in-building relocation, partial evacuation or evacuation
- Request an exemption from the EAP Director if participation in an EAP drill requiring in-building relocation, partial evacuation or evacuation would cause injury or severe hardship.
- Building Occupants Who Require Assistance: If you require assistance in evacuating due to a permanent or temporary disability or infirmity, you must inform the EAP Director to make him/her aware of the condition beforehand in order for the EAP Director to act accordingly in the event of an emergency. If your condition is temporary, please notify the EAP Director when you no longer require assistance to evacuate.

## **BOMB THREAT:**

Bombs can be constructed to look like almost anything and can be placed or delivered in any number of ways. The probability of finding a bomb that looks like the stereotypical bomb is almost nonexistent. The only common denominator that exists among bombs is that they are designed or intended to explode.

Most bombs are homemade and are limited in their design only by imagination of, and resources available to, the bomber.

Suspicious packages and what to look for:

- Letters that are unusually bulky, weighty, lopsided, or rigid.
- Parcels or envelopes with oily stains or discolorations.
- Parcels or envelopes without return addresses.
- Handwritten or poorly typed addresses.
- Foreign mail, air mail, or special deliveries.
- Restrictive markings, such as "confidential," "personal," etc.
- Use of titles but no names.
- Excessive postage.
- Parcels or envelopes that simply do not look or feel ordinary.

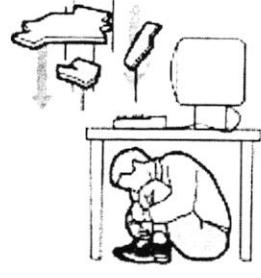
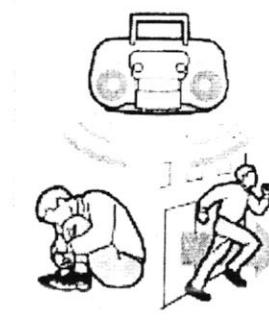
Handling instructions:

- DO NOT handle the item.
- DO NOT attempt to open the parcel.
- DO NOT place the parcel in water.
- DO NOT remove any binding material.
- DO NOT pull or cut any material that protrudes.

### **PLEASE LET A TRAINED BOMB TECHNICIAN DETERMINE WHAT IS OR IS NOT A BOMB.**

If a potential bomb is discovered, please call 911 immediately and notify the EAP Director. For additional information, please refer to the building's Emergency Action Plan and be guided by instructions from authorities.

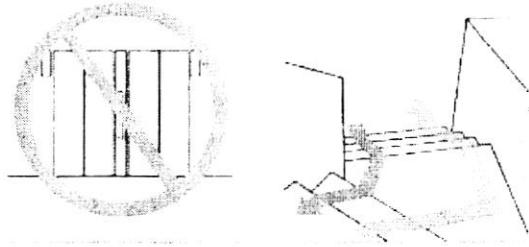
## “WHAT TO DO” IN A HIGH-RISE BUILDING:

 EMERGENCY EXIT	 EMERGENCY EXIT	 EMERGENCY EXIT
<p>1. Use available information to evaluate the situation. Note where the closest emergency exit is.</p>	<p>2. Be sure you know another way out of the building in case your first choice is blocked.</p>	<p>3. Take cover against a desk or table if things are falling.</p>
		
<p>4. Move away from file cabinets, bookshelves or other things that might fall.</p>	<p>5. Face away from windows and glass. Move away from exterior walls.</p>	<p>6. Determine if you should stay put, "shelter-in-place" or get away. Listen for and follow instructions from EAP Staff or Emergency Personnel.</p>

5.

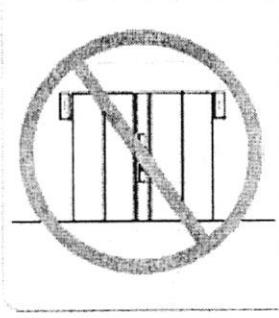
Compiled by Croker Fire Drill Corp.

CROKER



7. Do not use elevators unless instructed by EAP Staff or emergency personnel.
8. Stay to the right while going down stairwells to allow emergency workers to come up the stairs into the building.

## IF THERE IS AN EXPLOSION:

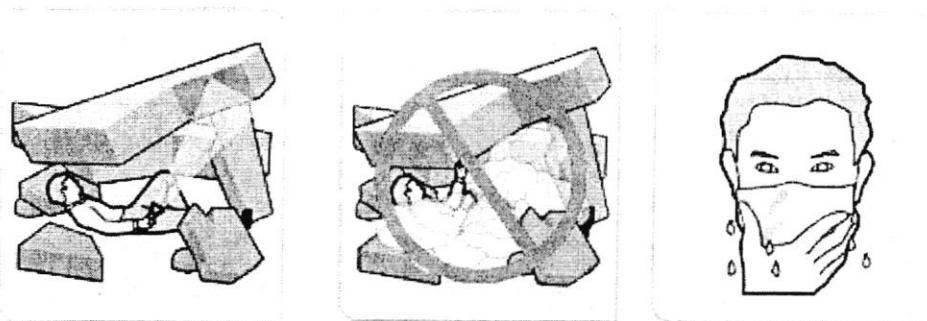


1. Take shelter against your desk or a sturdy table.
2. Exit the building as quickly as possible.
3. Do not use elevators unless instructed by EAP Staff or emergency personnel.

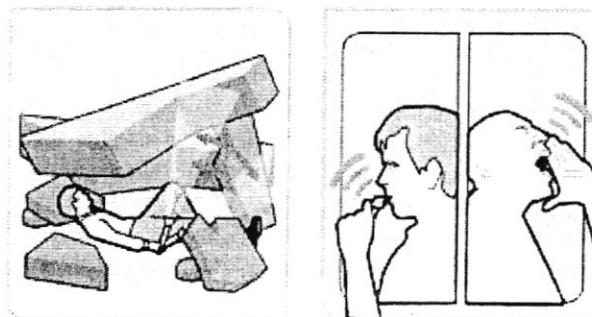


4. Check for fire and other hazards.

## IF YOU ARE TRAPPED IN DEBRIS:

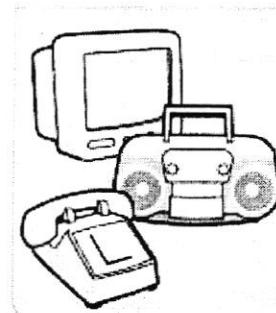
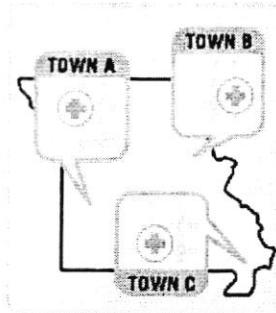
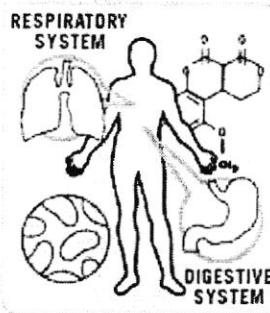


1. If possible, use a flashlight to signal your location.
2. Avoid unnecessary movement so that you don't kick up dust.
3. Cover your mouth and nose with anything you have on hand. Dense weave cotton material can create a good filter. Try to breathe through the material.

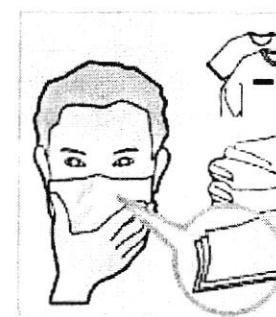
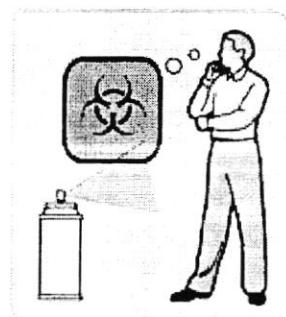


4. Tap on a pipe or wall so that rescuers can hear where you are.
5. Use a whistle if one is available. Shout only as a last resort - shouting can cause a person to inhale dangerous amounts of dust.

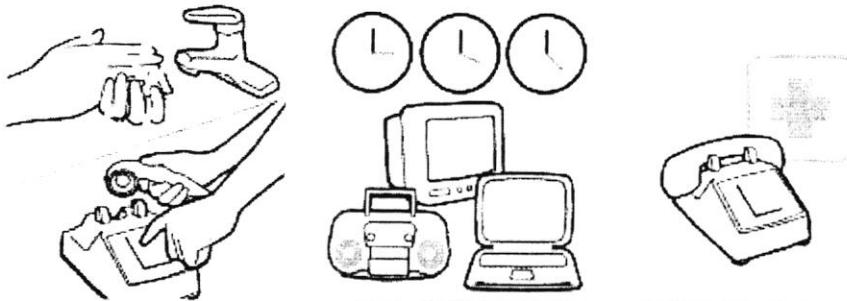
## BIOLOGICAL THREAT:



1. A biological attack is the release of germs or other biological substances. Many agents must be inhaled, enter through a cut in the skin or be eaten to make you sick. Some biological agents can cause contagious diseases, others do not.
2. A biological attack may or may not be immediately obvious. While it is possible that you will see signs of a biological attack it is perhaps more likely that local health care workers will report a pattern of unusual illness.
3. You will probably learn of the danger through an emergency radio or TV broadcast.



4. If you become aware of an unusual or suspicious release of an unknown substance nearby, it doesn't hurt to protect yourself.
5. Get away from the substance as quickly as possible.
6. Cover your mouth and nose with layers of fabric that can filter the air but still allow breathing.



7. Wash with soap and water and contact authorities.
8. In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. However, you should watch TV, listen to the radio, or check the Internet for official news as it becomes available.
9. At the time of a declared biological emergency be suspicious, but do not automatically assume that any illness is the result of the attack. Symptoms of many common illnesses may overlap. Use common sense, practice good hygiene and cleanliness to avoid spreading germs, and seek medical advice.

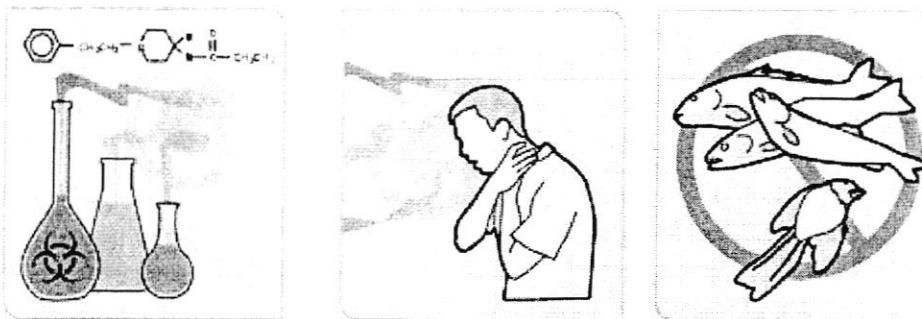
## HAZARDOUS MATERIALS OR CHEMICAL SPILLS:

We use hazardous materials in our businesses every day. Small spills occasionally occur, but these incidents generally cause the public little difficulty other than traffic delays. In the event of a major spill authorities will instruct you on the best course of action.

### General Guidelines:

- Stay upwind of the material if possible.
- Seek medical attention as soon as possible if needed.
- If there's an event indoors, try to get out of the building without passing through the contaminated area. Otherwise, it may be better to move as far away from the event as possible and shelter-in-place.
- If exposed, remove outer layer of clothes, separate yourself from them, and wash yourself.
- In some circumstances, after being exposed to hazardous materials, it may be necessary to be "decontaminated." Specially trained emergency personnel will perform decontamination procedures.

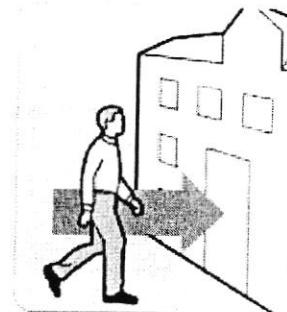
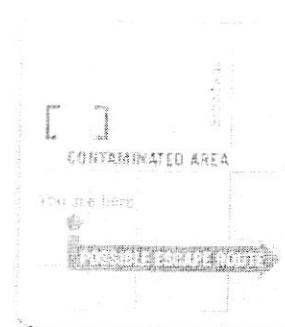
## CHEMICAL THREAT:



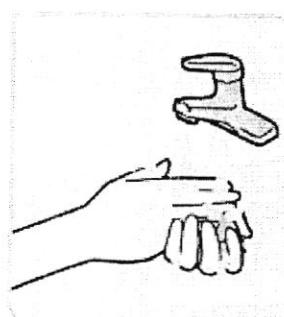
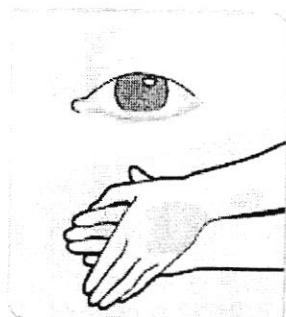
1. A chemical attack is the deliberate release of a toxic gas, liquid or solid that can poison people and the environment.
2. Watch for signs such as many people suffering from watery eyes, twitching, choking, having trouble breathing or losing coordination.
3. Many sick or dead birds, fish or small animals are also cause for suspicion.



4. If you see signs of a chemical attack, quickly try to define the impacted area or where the chemical is coming from, if possible.
5. Take immediate action to get away from any sign of a chemical attack.
6. If the chemical is inside a building where you are, try to get out of the building without passing through the contaminated area, if possible.



7. Otherwise, it may be better to move as far away from where you suspect the chemical release is and "shelter-in-place."
8. If you are outside when you see signs of a chemical attack, you must quickly decide the fastest way to get away from the chemical threat.
9. Consider if you can get out of the area or if it would be better to go inside a building and follow your plan to "shelter-in-place."

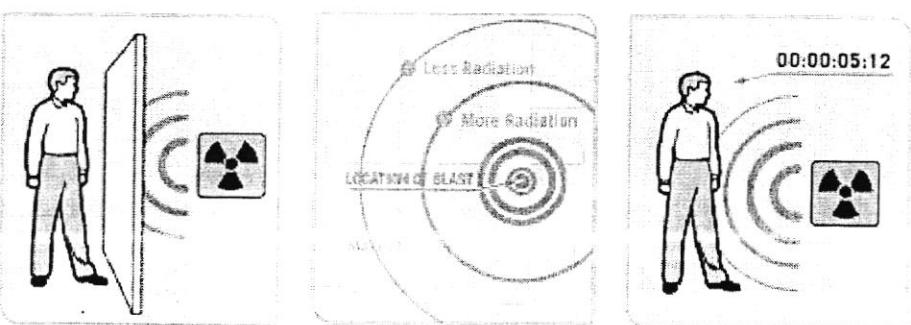


10. If your eyes are watering, your skin is stinging, you are having trouble breathing or you simply think you may have been exposed to a chemical, immediately strip and wash. Look for a hose, fountain, or any source of water.
11. Wash with soap and water, if possible, but do not scrub the chemical into your skin.
12. Seek emergency medical attention.

## NUCLEAR BLAST:



1. Take cover immediately, below ground if possible, though any shield or shelter will help protect you from the immediate effects of the blast and the pressure wave.
2. Consider if you can get out of the area;
3. Or if it would be better to go inside a building and follow your plan to shelter-in-place.

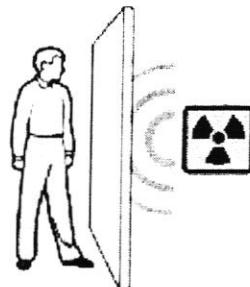


**Shielding:** If you have a thick shield between yourself and the radioactive materials more of the radiation will be absorbed, and you will be exposed to less.

**Distance:** The farther away from the blast and the fallout the lower your exposure.

**Time:** Minimizing time spent exposed will also reduce your risk.

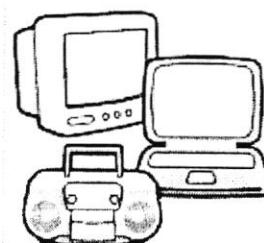
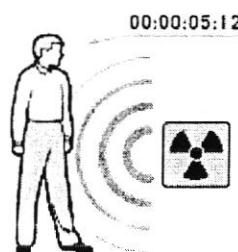
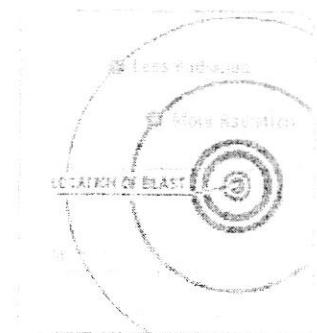
## RADIATION THREAT:



1. A radiation threat or "Dirty Bomb" is the use of common explosives to spread radioactive materials.

2. It is not a nuclear blast. The force of the explosion and radioactive contamination will be more localized. In order to limit the amount of radiation you are exposed to, think about shielding, distance and time.

3. **Shielding:** If you have a thick shield between yourself and the radioactive materials more of the radiation will be absorbed by the thick shield, and you will be exposed to less.



4. **Distance:** The farther away you are from the radiation the lower your exposure.

5. **Time:** Minimizing time spent exposed will also reduce your risk.

6. Local authorities may not be able to immediately provide information on what is happening and what you should do. However, you should watch TV, listen to the radio, or check the Internet often for official news and information as it becomes available.

## NATURAL DISASTERS:

Weather is monitored closely by various government agencies. Severe weather should be taken seriously – it can be dangerous and harm both individuals and property.

Winter Weather: Dangerous winter weather includes winter storms and blizzards. These can involve a combination of heavy snow, ice accumulation and dangerous wind chills.

Coastal Storms: Coastal Storms can cause severe damage and hazardous conditions in the City, especially in low-lying areas where flooding is more likely to occur. Keep in mind that if you work within 10 blocks of a coastal area, it is more likely that you will be directed to evacuate before a severe coastal storm or hurricane.

*There are three types of coastal storms that typically affect New York:*

- Nor'easters: Nor'easters are extra tropical cyclones that can cause heavy rain/snow, strong winds and coastal flooding.
- Tropical Storms: A tropical storm is a tropical cyclone with sustained winds between 39 and 73 mph.
- Hurricanes: A hurricane is a tropical cyclone with sustained winds of 74mph or greater.

Extreme Heat: During summer months, New Yorkers are especially vulnerable to the hazards created by hot weather. The asphalt, concrete and metal that make up the City absorb heat and make it difficult for the City to cool down. This is known as the “heat island effect.”

Earthquakes: Although earthquakes are uncommon in New York City, tremors occasionally occur and building occupants should be prepared. Note that after an earthquake the utilities may be disrupted.

## **BUILDING INFORMATION:**

Building Address: 158-11 JEWEL AVENUE, QUEENS, NY 11365

The following information to be filled out by building employees and revised as needed. For updated EAP Staff information, please reference EAP Chart located on each floor.

EAP Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy EAP Director: \_\_\_\_\_ Phone: \_\_\_\_\_

EAP Warden: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy EAP Warden: \_\_\_\_\_ Phone: \_\_\_\_\_

Letter Designation and Location of Nearest Stairway: \_\_\_\_\_

Alternate Stairway (s): \_\_\_\_\_

If your office building is over 75 feet, there will be photoluminescent exit path markings that will aid in evacuation from the buildings in the event of failure of both the power and back-up power to the lighting and illuminated exit signs.

***Do not use elevators unless directed by EAP Director or FDNY personnel.***

Area of Refuge of Floor: \_\_\_\_\_

Area(s) of Refuge in Building: \_\_\_\_\_

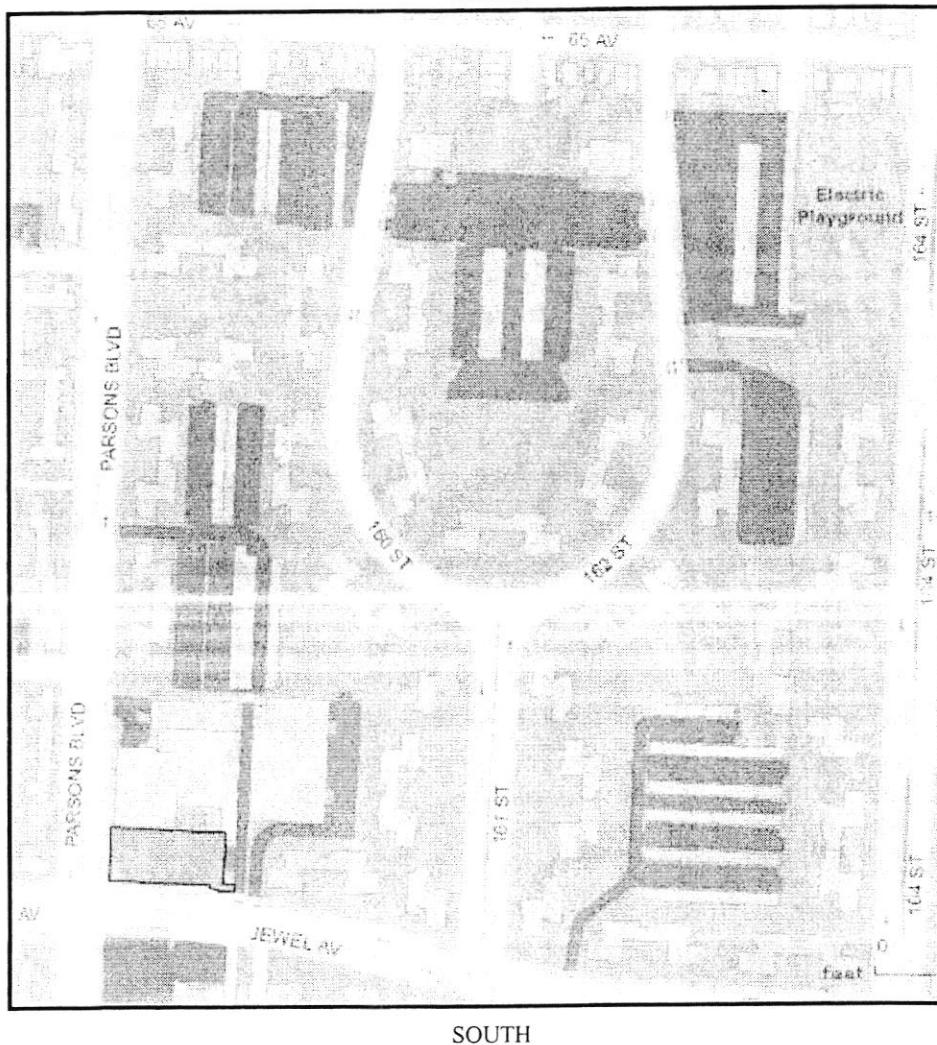
## EVACUATION ROUTE/MAP:

### Assembly Area:

*Primary - On Jewel Avenue  
(Between 161st Street & 164th Street)*

*Alternate - On Parsons Boulevard  
(Between Jewel Avenue & 65th Avenue)*

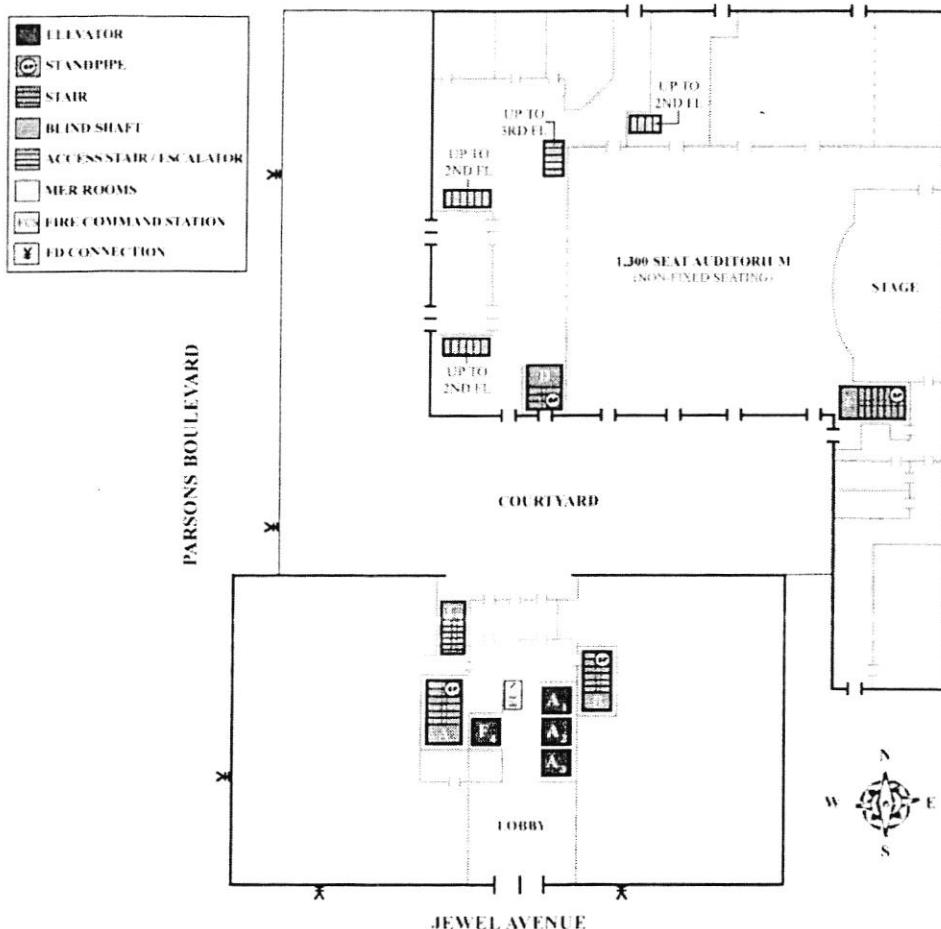
NORTH



*Compiled by Croker Fire Drill Corp.*



## FOOTPRINT OF BUILDING:



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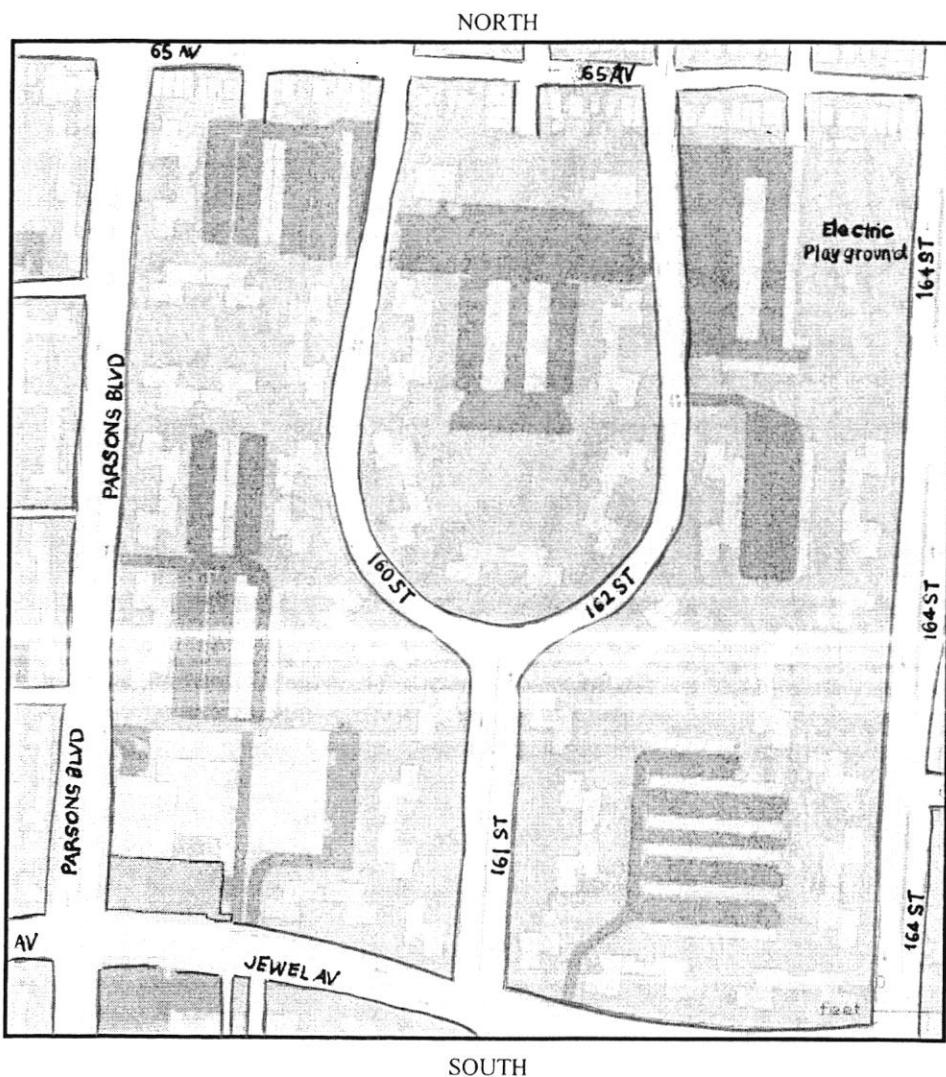


## EVACUATION ROUTE/MAP:

### Assembly Area:

*Primary - On Jewel Avenue  
(Between 161st Street & 164th Street)*

*Alternate - On Parsons Boulevard  
(Between Jewel Avenue & 65th Avenue)*



*Compiled by Croker Fire Drill Corp.*





## Non-Employee Incident Form

JIB Services, LLC / JIB Medical, PC

Instructions: This report should be completed by the Supervisor of the area in which the incident occurred to document ALL incidents/accidents. Indicate N/A for all relevant fields.

REQUIRED	
Individual's Name:	Date of Birth:
Location of Incident:	Date / Time of Incident:
Describe the incident: <i>(Detail persons involved / witnesses)</i>	
What actions were taken in response to the incident?	
Did the individual appear to be injured as a result of the incident? <i>(If yes, describe injury.)</i>	

***If the affected individual does not seek medical treatment from JIB for their injuries, then STOP HERE and sign the end of the report.***

Revised 08/2019, 05/2022

***Part A only to be completed if the affected individual receives medical attention by the JIB clinical staff.***

<b>PART A</b> <b><i>Clinical Staff ONLY</i></b>	
Responding Medical Team Members:	
EMS Arrival Time:	EMS Company & Shield #:
Hospital:	
Affected individual's complaints:	
Detailed description of actions taken/care rendered by <u>medical team</u> :	
Detailed description of actions taken/care rendered by <u>EMS</u> :	
Affected individual's status upon departure from JIB:	
Did a physician assess the patient? (If yes, state physician's name.)	

**Report completed by:**

Employee Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## Nurse STAT Report

JIB Services, LLC / JIB Medical, PC

Instructions: This report should be used to document actions by the medical team in response to an incident for individuals **NOT IN THE EMR**. Indicate N/A for all relevant fields.

Patient Name:	DOB:
Date STAT called:	Time STAT called:
Responding Medical Team Members:	
EMS Arrival Time:	EMS Company & Shield #:
Hospital:	
Nursing STAT called for patient named above to _____ due to:	
Patient noted to be:	
Pt c/o:	
Pt reported medical hx/meds/allergies:	

**Vital Signs:**

BP:                   HR:                   Resp:                   O2sat:                   % on room air                   FS:

Detailed description of actions taken/care rendered by medical team and or EMS:

MD Notified: YES or NO - If yes, which MD & actions taken (if applicable):

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient status upon departure from JIB:

**Report completed by:**

Employee Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_