

meeting or conference will be paid by the employer. An employee who is paid an hourly wage will receive his/her regular compensation, including overtime, for the meeting or conference.

XXI. SAFETY

Your safety is important to the physicians of GCDHN. Please follow instructions for the use of safety equipment. Please report immediately to the Office Manager any conditions you believe are unsafe: slipping and tripping hazards, inadequate lighting, frayed electrical cords, etc. Please report immediately to the Office Manager or a physician any injuries in the building. The Office Manager will provide you with information about our Workers Compensation program.

This office always operates under OSHA safety guidelines. The Office Manager has instructional materials to help you acquaint yourself with these guidelines, and you are responsible for reading and reviewing them. Annually, each office manager will conduct an OSHA compliance update, during which time you will be required to demonstrate your awareness of certain safety standards in the office.

Introduction: Clinical Safety

If you are a clinical employee, you may face a health risk in the normal course of your job because of possible direct contact with blood and other bodily fluids which have been recognized as directly linked to the transmission of HIV and HBV. Our office policy is to use "universal precautions" in treating patients. This term refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires that every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV and HIV infected.

Protective barriers reduce the risk to employees of exposure and infection. Protective barriers include gloves, gowns, masks, and protective eyewear, and should be used when there is a reasonably anticipated contact with potentially infectious materials. Specific housekeeping procedures for disinfection as well as special waste containers for sharps, contaminated dressings, and other wastes help reduce the risk of exposure and infection.

Hepatitis B Policy

GCDHN offers all clinical or patient-care employees, who perform

Category I tasks, the hepatitis B vaccination at the employer's expense. Your Office Manager will keep a record of your vaccination. You will be provided with information on hepatitis B and vaccines, including access to the prescribing information for Heptavax B and Recombivax HB. You will be asked to release GCDHN from responsibility for adverse effects of the vaccine. An employee who declines vaccination may elect to receive the vaccine later. Pregnant employees and nursing mothers will not be vaccinated.

Phlebotomy and Handling of Body Fluids Policy:

1. Wear gloves in the following circumstances:
 - when performing phlebotomy or handling body fluids
 - when removing dressing from wounds or post-op incisions
 - during removal of G-tube, T-tube, or drain tube (also wear protective eyewear and face mask)
 - during assistance with flexible sigmoidoscopy (also wear waterproof gown)
 - during assistance with pelvic or rectal exams
 - when processing materials for culture or biopsy
 - during clean-up of any patient room after any of the above, during disposal of any contaminated laundry
 - when cleaning fiberoptic sigmoidoscope (also wear eye protection, face mask, and waterproof gown)
 - when removing contaminated waste bags for disposal
 - when disposing of contaminated laundry
2. Do not re-cap needles, bend or break them, remove them from disposable syringes, or otherwise manipulate them.
3. Dispose of needles, syringes containing aspirated body fluids, contaminated glassware, all post-op dressings, drains, and tubes, and other contaminated waste in containers appropriately labeled as constituting a biohazard. Never put your hand into these containers.
4. When processing cultures or biopsy materials, use the proper specimen containers and close them tightly. Place the containers in provided zip-lock bags and then in lab envelopes.
5. Dispose of contaminated laundry in designated red biohazard bag.
6. Use care in disposing of contaminated materials: make sure there is no leakage, that all spills are cleaned properly with disinfectant, that bags and boxes are correctly processed.
7. Dispose of gloves after each use in contaminated waste bags. Do not

wash or re-use gloves under any circumstances.

8. Immediately after removal of gloves, wash your hands and other skin surfaces thoroughly.
9. When sharps containers are full, properly close and remove them to a contaminated waste disposal box. Wear gloves during this procedure.

Other Laboratory Policies

1. Do not store food in the laboratory area. Do not eat or drink in the laboratory area or in the patient treatment rooms.
2. Each office maintains an eyewash station. Ask your office manager where yours is located.
3. In any situation where there is a likelihood that you might be splashed with aspirated body fluids, wear a protective apron, appropriate mask, and protective eyewear.
4. Daily, or as needed, collect contaminated waste bags, close them tightly, and dispose of them in the contaminated waste box located in designated areas in each office. If a bag leaks, insert it into a new bag and close the outer bag for disposal. Wear gloves for these tasks.
5. Monthly, or when needed, red liners in the contaminated waste boxes are to be properly tied and the box lid is to be properly folded closed.
6. At pick-up time, your waste disposal company will present paper work (manifesto) to be signed by an employee. A copy is to be turned into the bookkeeper for record keeping.
7. All spills are to be properly cleaned with disinfectant.
8. Scrub any reusable instruments, such as scissors, with approved surgical scrubbing material and then disinfect them after each use.
9. To clean the flexible sigmoidoscope, follow the procedure outlined with the directions to the scope. After cleaning with soap and water, place the scope in its cradle, filled with the sterilizing fluid, for sterilizing. Monitor the date on which the solution was placed into service and change the fluid according to the manufacturer's directions.

Accidental Needle Stick Policy

If an employee suffers an accidental needle stick or mucosal exposure to blood or body fluids, immediately wash the wound thoroughly with soap and water. Splashes to the eyes should be rinsed with large volumes of water or sterile saline if available. Mucosal exposures should be rinsed with water or saline. Each office should have an eyewash station or shower to rinse eyes.

--After treatment, the employee will be interviewed, the circumstances surrounding the exposure determined, and counseling of the employee regarding safe practices will be initiated if appropriate.

--The cost of all testing and immunizations will be borne by GCDHN.

--Notes regarding the incident, test results, and action taken will be filed with the employee's records.

Three Testing Steps after Accidental Needle Stick or Mucosal Exposure to Blood or Body Fluids:

I. Tetanus

--Determine if the employee has received tetanus immunization. If the employee is immunized but has not had a booster within 5 years, consult a physician for the Diphtheria Tetanus toxoid 0.5 ml IM. If the employee has not received initial tetanus immunization, consult a physician for Hypertet 250 units IM and Tetanus toxoid 0.5 ml. IM in a different site. Consult a physician to repeat the diphtheria tetanus toxoid dose at 4 weeks and again at 6 months.

II. Hepatitis B

--Draw the following lab work on the employee: HBsAg and anti-HBs.

--Obtain consent and test source individual's blood from the source individual unless the source individual is known to be HBsAg positive. Obtain consent from the source individual. If consent cannot be obtained, ask the source individual to sign that he/she would not consent.

--If the source individual has a positive HBsAg or if the source of the exposure is unknown, and if the employee has a negative anti-HBs, consult a physician for a single dose of HBIG 0.06 ml. per kg. and the first dose of hepatitis B vaccine. The second and third doses of hepatitis B vaccine should be given according to the usual protocol. If the employee refuses the hepatitis B vaccine, consult a physician for a second dose of HBIG 4 weeks after the initial dose.

--If the employee has a positive anti-HBs no hepatitis B prophylaxis is required.

--If the source of the employee exposure is found to be negative for HBsAg, no hepatitis B prophylaxis is necessary.

--If the test results are unavailable 72 hours after the needle stick or mucosal exposure, assume that the employee is not immune to hepatitis B, that the source of the exposure was hepatitis B positive, and consult a physician to initiate prophylaxis as outlined above.

III. HBV and HIV

- Document the route of exposure and how the exposure occurred.
- Identify and document the source individual unless it is unfeasible to establish identity.
- Obtain consent and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results. If consent cannot be obtained, ask source individual to sign that he/she would not consent.
- If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- The exposed employee must be provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, exposed employee's blood is to be collected as soon as feasible after exposure incident and tested for HBV and HIV.
- If the employee does not give consent for HIV testing during the collection of blood for baseline testing, the baseline blood sample is to be preserved for at least 90 days.
- HBV and HIV serological testing, counseling, and safe and effective post-exposure prophylaxis is to be provided following the current recommendations of the U.S. Public Health Service.
- Within 15 days after evaluation of exposed employee, we must provide employee with a copy of the health care professional's written opinion. The written opinion is to be limited to whether the vaccine is indicated and if it has been received. The written opinion for post exposure evaluation must document that the employee has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. All other diagnosis must remain confidential and not be included in the written report.

Housekeeping Policies

1. Exam tables are to be cleaned with hospital strength Lysol or 1:10 bleach solution after exposure to body fluids.
2. All exam tables and counter tops are to be cleaned with hospital strength Lysol or 1:10 bleach solution at the end of the patient day.
3. Counter tops, floors in lab and exam rooms are to be cleaned with hospital strength Lysol or 1:10 bleach solution if spills of blood or potentially infectious materials occur.
4. Counter tops in exam rooms and lab are to be cleaned at the end of the

patient day.

5. ~~Inspect and decontaminate reusable receptacles in exam rooms on a weekly basis. When contamination is visible, clean and decontaminate receptacles immediately.~~

6. Always use mechanical means (broom, dust pan, etc.) to pick up contaminated broken glassware. Contaminated glass is never to be picked up with hands even if gloves are worn.

Lifting Heavy Objects

1. Never bend from the waist only; bend the hips and knees.
2. Never lift a heavy object higher than your waist.
3. Turn and face the object you are trying to lift.
4. Hold heavy objects close to your body and avoid unbalanced loads.
5. Never lift or move heavy equipment or furniture alone. Ask someone to assist you.
6. Bend your knees and use your leg muscles to lift.

Emergency First Aid

In the event of an injury in the workplace, the following basic procedure should be implemented:

1. Make the injured person as comfortable as possible.
2. Try to assess the nature of the injury and the cause.
3. If the employee was working with a product that has been identified as hazardous, secure the MSDS for that product and follow the recommended first aid procedures.
4. Notify the office manager and/or supervisor as soon as possible.
5. Each office maintains an employee first aid kit for treatment of minor injuries. Your Office Manager will know its location. Accidents resulting in more extensive injuries should be handled by emergency response personnel (see employee bulletin board for phone numbers).
6. If there is any doubt as to what treatment to provide, immediately contact emergency response personnel.
7. Once the emergency has been handled, an accident report should be completed and given to the office manager for further action and evaluation.

Walking and Work Surfaces

Floors are to be kept clean, sanitary, and dry to prevent accidents. Aisles, hallways, and stairways are to be kept free of obstructions and

other unsafe conditions such as but not limited to: spilled liquids, general trash and rubbish, electrical cords, and loose carpeting or rugs.

Employees are encouraged to walk on the right side of hall and stairways to facilitate movement and avoid bumping into other people.

Spill Control Policy

1. Prevent spills: exercise care when handling products and specimens that present chemical and infection control hazards. Maintain the floors of the workplace in a clean and dry condition.
2. When a spill or leak is discovered:
 - determine what the spill is (i.e., chemical, product, body fluid, etc.)
 - Try to contain the spill from spreading further with absorbent material (i.e., paper or cloth toweling or materials from a spill control kit)
 - In the case of chemicals, consult the MSDS for that product and follow the manufacturer's recommendations. The MSDS will also include what protective equipment to use and how to dispose of the waste properly. If the information does not provide enough direction, check the waste management plan and/or contact the manufacturer for further assistance
 - Evacuate personnel from the immediate area if the spill is toxic
 - If possible, assure that there is proper ventilation
 - Use recommended personal protection equipment for chemical hazards and/or infection control procedures
 - Clean up the materials and dispose as recommended in the MSDS or infection control plan
 - If the spill involved a patient specimen or body fluid, then the site should be properly disinfected in accordance with procedures outlined in the policy for handling of body fluids.
 - Complete an incident report and give it to the office manager for review and discussion with other staff to prevent any recurrence.

Chest Pain / CPR Policy

Clinical, or patient-care, employees will be certified in basic CPR, and a copy of all certificates will be kept on file. Re-certification is mandatory. All clinical employees will know the location and the proper operation of the oxygen tank, the ambu-bag, and crash cart. This will be reviewed periodically. Regular scheduled inspection and maintenance of these items will be carried out, with the initials of the employee who attends the inspector.

Any person who calls with chest pain will be told to call the life

squad (911).

If any person in the office complains of chest pain and / or shortness of breath, a physician will be called immediately (if in the building). If a physician is not immediately available and the patient expresses concern for his / her life, the patient will be taken to the nearest exam room, the life squad (911) will be called. If the patient refuses, we will refer him / her to the nearest Emergency Room. Nasal oxygen is to be given to the patient at 3-5 liters / minute and a physician called stat. A clinical, or patient-care, employee will stay with the patient continuously until the life squad arrives and has taken charge, or until a physician arrives and dismisses the employee. The person will never be told to go to the emergency room by him / herself or in the company of only family or friends.

Code Blue: Procedure for Cardiac or Respiratory Arrest

If any person in the building has a cardiac arrest and a physician is not immediately available to take charge, strict Basic Life Support protocol will be followed and the life squad (911) and the patient's physician will be called immediately. "Code Blue" will be used to announce to other staff members that a cardiac or respiratory arrest has occurred. One staff member will be designated to meet the rescue squad and direct them to the patient. CPR will be continued until the paramedic unit has arrived and taken charge or until a physician personally intervenes to stop the CPR. All personnel will be oriented to this procedure when hired and it will be periodically rehearsed.

Disaster Plan

A disaster is any situation which seriously overtaxes or threatens to overtax the routine capabilities of a health care facility.

--GCDHN does not serve as an emergency facility for external disasters, and no plan is written for such emergencies.

--Internal disasters are those which threaten to cause physical damage to the facility, personnel, patients, and include natural disasters (e.g., flood and tornado), fire and explosions, bomb threats, collapse of buildings, etc.

Any physician in the office at the time of disaster is responsible for establishing a category of injury and setting the priority of treatment for casualties.

Code Red: Procedure for Fire and / or Explosions

Fire extinguishers have been selected to meet local fire codes and firefighting precautions and extinguishing methods are noted on the MSDSs. Fire extinguishers are inspected as required by local regulations but no less frequently than every six months. All employees are trained in the proper use of the fire extinguishers. Keep hallways and stairways free of materials that might hinder the evacuation process and/or present an additional fire hazard.

Fire and smoke detection devices are installed in the facility in accordance with local fire regulations. These devices are tested to assure proper operation and power source.

"Code Red" will be used to communicate a fire and / or explosion emergency. Any staff member noting a fire and / or explosion should:
--notify the switchboard to alert "code red" emergency and initiate a call to 911

--alert others in the area, who should then begin to assist in the evacuation of patients in danger

--close doors, windows, etc., in the attempt to contain the fire.

--use fire fighting equipment when possible

Disaster Control Committee members will immediately report to the disaster control center which will be designated as the Reception Area. One person will be designated to meet the emergency squad and direct them to the scene. The committee will determine the need for partial or complete evacuation of the facility. Upon the arrival of the fire department the fire chief will assume responsibility about evacuation. If a complete evacuation is ordered, all staff members are then directed to assist in the evacuation. They will regroup in the designated area. Receptionist is to take the sign in sheet list to help account for patients. The office manager will account for office staff members.

Severe Storm Procedure:

The U. S. Weather Bureau's warning system will in most cases provide adequate time to permit the facility to take proper precautions and, if the disaster appears inevitable, to activate the disaster plan.

Staff members in the area of potential danger will:

--listen to local radio stations for bulletins and warnings

--draw shades and / or close drapes as protection against shattering glass and open windows slightly

--close all doors

--stop all treatments and turn off electrical equipment and unplug as

needed

~~--escort patients away from threatened areas~~

Code Yellow: Procedure for Bomb Threat

The term "code yellow" will be used to announce to the staff members that a bomb threat has been received. The staff member who receives the call should remain calm and attempt to obtain as much information as possible from the caller. While on the phone, signal to another employee and communicate discreetly that a "code yellow" exists. That employee should immediately call the police (911) and await the response of the disaster control committee. Employees should assist in the orderly evacuation of the building, to a designated area where patients and staff members will be accounted for. A staff member familiar with the office should assist the bomb squad with information about the floor plan to expedite the search for a bomb.

PHYSICIAN AND EMPLOYEE RESPONSIBILITY DURING EMERGENCY CODES

Receptionist: Take sign in sheet and daily patient list, remove patients from the waiting room.

Switchboard Operator: Notify office via phone system of the emergency, stating if evacuation is necessary. Assist receptionist with evacuation.

Medical Assistant: Remove patients from exam rooms, procedure rooms, rest rooms, lab, X-ray areas.

Office Manager: Take list of all employees; get lists from receptionist once outside and deliver to senior physician for roll call.

All: Turn off equipment, close doors and windows, alert others, check rest rooms, assist in evacuation to closest exit and report to designated area for roll call. Once roll call is taken, the physician may ask for your help. Do not leave until the physician has told you to. No one is to reenter the facility until the chief of police or fire chief has declared it safe. The office manager will contact you with additional information about returning to work.