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Management Safety Plan

SECTION 1

STANDARD OPERATIONS

ADMINISTRATION

1-1.1 Employee Responsibilities

Each supervisor is responsible for insuring that safe working conditions are provided for employees under their supervision and for investigating reports of unsafe working conditions. Each supervisor is responsible for knowing the safety and health guidelines, investigating accidents, reporting accidents and properly advising the administration and the Safety Management Committee of appropriate situations. Faculty members and department chairs have the same responsibilities with respect to the employees they instruct or supervise in clinical, shop, and laboratory settings. Similarly, supervisors and faculty must assist in maintaining and improving hospital security. Each employee is to place safety and health requirements as first importance in the performance of their work duties for HealthCare Staffing Network, LLC. The protection of employees, fellow employees, and the public on the Hospital property is a shared responsibility of every employee.

All employees are responsible for notifying their immediate supervisor of a violation or deficiency in safe and healthful working conditions and for recommending corrective measures, if possible. Additionally, the employee's immediate supervisor is to be notified of every injury or accident regardless of how trivial such accidents may appear at the time.

1-1.2 Disciplinary Procedures for Violations

Employees who violate safety and health requirements may be disciplined as appropriate. An employee's position may be downgraded as a result of the employee's failure to properly observe safety management procedures. Employee's behavior in violation of established safety management policies may be considered a violation of the Employee Code of Conduct. Possible sanctions and appeal procedures are set forth in the HealthCare Staffing Network, LLC Employee Handbook. The following procedures provide a mechanism for the discipline of employees who repeatedly violate safety management requirements:

1. First Violation – An *oral* warning is to be given for the first violation of a safety management requirement. The supervisor will inform the employee of the violation, and of the correct safe practice or procedure. The supervisor will review, with the employee, all applicable safety management workplace requirements and the employee must sign a statement indicating that future violations will result in higher levels of discipline and may lead to dismissal.
2. Second Violation – For the second documented safety management requirement violation, the employee will receive a second oral warning and *written* warning. This warning will identify specifically the violation and will refer the employee to applicable safety management requirements. This warning will show the date the employee read and signed the previous statement of understanding of safety management requirements. Copies of the warning will be distributed to the employee, their supervisor, the Safety Management Officer, the department head and the employee's personnel file.
3. Third Violation – In the event of a third documented violation of safety management requirements, the employee will receive a *final* warning that will specifically identify the violation. Additionally, a conference with the employee and their direct Supervisor will be conducted. Disciplinary actions up to and including termination of employment may be imposed. On occasion, an employee will commit a violation of a safety management requirement that is so careless and reckless, or that so endangers life or property, that it can be considered a violation of the Hospital standards of conduct. When that occurs, appropriate due process will be followed. Grievance procedures found in the *HealthCare Staffing Network, LLC Board Policy Manual* will apply.

INSPECTIONS AND COMPLIANCE REQUIREMENTS

1-2.1 Annual Inspections

The Safety Management Officer or Committee may require periodic assessment of the following inventory:

1. Environmental (lighting, dusts, gases, sprays, noises)
2. Hazardous materials (flammable and caustic)
3. Equipment (mills, lathes, presses, saws, drills, etc.)
4. Power equipment (boilers, motors, etc.)
5. Electrical equipment (switches, breakers, fuses, outlets, connections)
6. Hand tools
7. Personal protective equipment (safety glasses, ventilators)
8. Personal service/first aid supplies (drinking fountains, first aid supplies)
9. Fire protection equipment (alarms and extinguishers)
10. Walkways/roadways (sidewalks, roadways, docks)
11. Working surfaces (ladders, platforms)
12. Material handling equipment (cranes, dollies, hoists, chains, ropes)

13. Transportation equipment (autos, trucks, vans, fork lifts)
14. Containers (scrap bins, drums, solvent cans, gas cylinders)
15. Structural openings (windows, doors, stairways)
16. Buildings/structures (floors, roofs, planter walls, fences)
17. Miscellaneous (any items not covered above)

Each inspection report will record pertinent safety management violations, noncompliance items, and observe deficiencies. Employees directly involved in the use or operation of the facilities or function being inspected is to participate in the inspection process.

1-2.2 Reporting Noncompliances

Observed violations of safety management standards, deficiencies, and noncompliance items will be reported on the Employee Safety Information Form (Appendix E).

Notification of the recorded violations and the arrangement for the accomplishment of appropriate corrective action will be given to the person in charge of the facility or function being inspected and the Safety Management Committee. The responsible person is to respond to the Safety Management Officer indicating corrective action accomplished with regard to each reported violation.

1-2.3 Imminent Danger Action

In the event that any manipulation, process, action or condition is discovered which, in the opinion of the Safety Management Officer, is considered to constitute an immediate threat to the life of any employee or public, the Safety Management Officer may order the immediate cessation or modification of such manipulation, action, or condition.

1-2.4 Rights of Employees

Any employee who has a direct personal involvement in the facilities being inspected is encouraged to participate in the inspections, including calling possible violations to the attention of the inspector. Furthermore, any employee may report, to the Safety Management Officer, any observed violations or deficiencies. An investigation of the complaint by the Safety Management Officer, and notification of the results is to be given to the employee originating the complaint. The rights of employees will be exercised without retaliation on the part of any employee.

REPORTING OF ACCIDENTS

1-3.1 General

All serious accidents as defined below will be investigated by the Safety Management Officer or Benefits Coordinator and the findings documented as soon as practical:

1. Serious injury to an employee.
2. Serious injury, caused by Hospital operations, to another party
3. Major loss of Hospital equipment or property
4. Major loss of equipment or property belonging to another party caused by Hospital operations

1-3.2 Reporting Accidents

Any accident should be immediately investigated by the employee's supervisor or appropriate staff or faculty member for employees. A Supervisor's Accident Report Form (Appendix G) should be completed and filed as soon as possible with the Safety Management Officer or Benefits Coordinator for reporting purposes and for further investigation and resolution. Upon learning of a serious accident involving employees, employees, or equipment, an employee must notify the Safety Management Officer or Benefits Coordinator immediately. Serious accidents will be investigated by the Safety Management Officer or the Benefits Coordinator.

1-3.3 Release of Information

In the case of accidents, supervisors and employees must not release information to the news media. Information to the media is to be provided by the President or his designee. If contacted by the media please refer these individuals to the appropriate persons.

MEDICAL EMERGENCIES, FIRST AID, AND MEDICAL TREATMENT

1-4.1 Requests for Emergency Medical Assistance

After calling 911, the local Police Department should be notified so that they may direct emergency vehicles to the scene.

1-4.2 Employee Medical Treatment

Employees who receive medical treatment as a result of an accident or a health problem may be insured under the employees' medical expense plan that is made available by the Employers to any employee wishing to purchase the plan. Any HSN employee who accompanies employees to health providers must not indicate that the charges for the employees' treatment will be paid by the Hospital. The information for employee insurance can be obtained in the Office of HSN Employee Services. Employees bear the responsibility for the completion of the form and filing the form with the agent.

1-4.3 Injury Reporting

The Hospital is required to maintain a listing of all workplace illnesses and injuries and to complete a summary report of the findings to the state. A serious injury must be immediately reported to the Benefits Coordinator in the Human Resources Office.

1-4.4 Medical Return to Work Authorization

A Return to Work Authorization from the attending physician is required before an employee may return to work. This form must be presented to the Safety Management Officer or the Benefits Coordinator in the Human Resources Office.

POWER LOSSES

1-5.1 General Information

The Hospital may experience power losses to one or more buildings due to storms, power company disruptions, or damage to the service lines entering the hospital. These interruptions can lead to conditions that may result in personal injury or damage to equipment or facilities. This section lists general procedures to be used in the event of loss of power. Power losses greatly increase the likelihood of an accident due to the following:

1. The loss of lighting increases the possibility of injury to those moving throughout the building.
2. The attendant electrical surge accompanying the restoration of power may damage electrical devices not switched off.
3. The operation of electrical devices during a phase loss may result in damage to these devices.
4. The electrical loss may disrupt telephone service and emergency devices such as fire alarms.

In the event of power loss, every effort should be made to immediately turn off all electrical equipment within an employee's work area before power is restored to protect the equipment. When sufficient lighting exists during day hours to work safely, and the building is comfortable without air conditioning, the building may remain open for operation. During evening operations the building may be evacuated.

1-5.2 Reporting Power Losses

In general, the loss of power or the disruption in normal electrical service should be reported immediately to the Physical Plant Department. After 5:00 p.m., reports should be made to the local Police Department. Maintenance staff will investigate the scope and condition of power loss and proceed to correct the matter accordingly. In instances when power loss is due to the disruption of utility service, the utility company will be called to restore services.

EMERGENCY PLANNING AND EVACUATIONS

1-6.1 General

The Hospital will delay or cancel your schedule when inclement weather poses concern for the welfare of the employees and staff. Employees should listen to local radio and television stations for updates on the Hospital schedule of operation.

1-6.2 Severe Weather

All calls concerning severe weather during day operations will be relayed to the President or the administrator in charge of the Hospital. The acting administrator will notify the employees of the impending danger by telephone or will send messengers announcing the severe weather condition.

1-6.3 Designated Areas to Report during Severe Weather

Individuals should seek the safest areas possible away from exterior windows and doors and along the lowest interior portions of the building. Maps displaying the fire evacuation routes also indicate safe areas during storms. These maps are posted in all buildings on all floors.

1-6.4 Bomb Threat

Bomb threats are delivered in a variety of ways with the majority of threats being called in to the target. In the event of a bomb threat, all personnel will follow the following procedures:

1. The staff member receiving the call should make reasonable efforts to gain as much information as possible. Keep the caller on the line as long as possible. Ask who is calling, and have the caller repeat the message. Write down every word spoken by the person making the call.
2. If the caller does not indicate the location of the bomb or the time of the possible detonation, the person receiving the call should ask the caller to provide this information.
3. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
4. Pay close attention to any strange or peculiar background noises such as motors running, background music, or other noises that might give some clue concerning the origin of the call.

5. Listen closely to the caller's voice, voice quality, accents, and speech impediments. Immediately after the caller hangs up, the person receiving the local Police Department.
6. The Director (or authorized representative) will notify the HealthCare Staffing Network, LLC of the threat.
7. Evacuation notification procedures will be activated to evacuate the buildings.
8. The faculty should direct employees to exit the buildings consistent with fire evacuation procedures to a distance at least 100 yards or greater away from the buildings.
9. All staff should exit the buildings to a distance at least 100 yards or greater away from the buildings.
10. The police and assigned staff will conduct an extensive search of the buildings.
11. The President or authorized representative will approve re-entry into the buildings after a search is completed and after consultation with the police. A Bomb Threat Checklist (Appendix H) has been developed for employee use.

PERSONAL PROTECTIVE EQUIPMENT

1-7.1 Policy

HealthCare Staffing Network, LLC requires the employees to use personal protective equipment for eyes, face, head, and extremities, together with protective shields and barriers when potential hazards exist. All required personal protective equipment is provided by the Hospital and is to be used and maintained in a sanitary and reliable condition wherever it is necessary due to the hazards associated with a process or the environment (e.g., chemical hazards, radiological hazards or mechanical irritants.) Such hazards include the exposure to or performance of:

1. Hot solids, liquids or molten metals
2. Milling, sawing, turning, shaping, cutting, or stamping of any solid materials
3. Heat treatment, tempering, or kiln firing of any metal or other materials
4. Gas or electric arc welding
5. Repair or servicing of any vehicle
6. Caustic or explosive chemicals or materials

1-7.2 Responsibility of Departments

Each individual department head is responsible for the provision of the necessary personal protective equipment, and requiring the wearing of that equipment at all appropriate time. The Hospital has furnished an initial stock of eye and face protective devices to departments that have indicated a need. All subsequent needs and requirements for eye and face protection devices, as well as needs for all other types of personal protective equipment and devices, should be met by departments with their regular budget allocations. The maintenance of personal protective equipment in a sanitary, usable, and reliable condition, the issue and recovery of units of equipment, the replacement of worn or defective equipment, and the addition of inventory to meet current needs, is the responsibility of individual departments.

1-7.3 Eye and Face Protection (Employees and Visitors)

Certain areas of the Hospital may be considered areas where eye protection is warranted at all times. These areas will be designated – 100% Eye Protection Areas by the Safety Management Officer.

Employees are required to wear proper eye protection for all work that may expose them to any of the hazards listed in Section 1-8.1. Employees with work assignments in close proximity to the performance of these tasks and with a potential exposure to eye injuries

are required to wear appropriate eye protection. Any visitors who enter areas that require the use of safety glasses must be provided with them for protection. Employees who require the use of corrective lenses and are required under this policy to wear eye protection will wear safety glasses designed to fit over their corrective lenses.

1-7.4 Hand/Foot Protection

Maintenance employees should wear gloves when their job duties may subject their hands to possible abrasion, cutting, or chemical exposure. Sturdy work shoes are recommended for maintenance and shop work. Athletic shoes and canvas loafers are not recommended as work shoes for maintenance workers and faculty members with shop responsibilities. Employees whose duties involve the use of certain types of power equipment (e.g., lawn mowers, weed eaters, edger's) or the movement of heavy objects should use safety work shoes with metal toes.

NEW EMPLOYEE SAFETY ORIENTATION

1-8.1 Policy

HealthCare Staffing Network, LLC requires all new employees of the Hospital to attend a new employee safety orientation. This orientation is intended to start new employees with an awareness of safety importance and their responsibility for maintaining a safe and healthy work environment, and to give an overview of workplace safety basics. The results should be more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.

1-9.2 Safety Orientation for New Employees

All new HealthCare Staffing Network, LLC employees will receive a safety orientation within two (2) weeks of their first day of reporting to work. The orientation will consist of the following information: The Safety Management Officer or his designee will present the general safety policies of the Hospital, and the new employee's supervisor will present:

1. Procedures and policies specific to the new employee's position
2. Fire reporting procedures
3. Fire extinguisher location and use
4. Fire prevention
5. Safe lifting techniques
6. Hazardous Materials Communications/Material Safety Data Sheets (MSDS)
7. Any information the supervisor feels will provide the new employee with a safe environment

SECTION II

FIRE PREVENTION AND PROTECTION REQUIREMENTS

2-1.1 Fire Prevention Procedures

The following procedures must be followed in an effort to reduce the risk of fire:

1. Sufficient waste receptacles should be provided and emptied on a daily basis.
2. All oily cloths are to be kept in a covered metal can.
3. Accumulations of paper and flammable materials are to be kept to a minimum.
4. Combustible materials should be stored in a proper cabinet or container and away from heating or electrical devices.
5. Finely divided material produced in shops or laboratories (e.g., sawdust or fabric) should be frequently removed to prevent accumulation.

2-1.2 Exits

No obstructions may be placed in front of or upon any exit door. No aisle, exit access, or stairway may be obstructed with furniture or other obstructions so as to reduce the required width of the exit during hours the facility is open to employees or employees.

2-1.3 Doors, Hallways, Stairways and Landings

Fire doors separating stairwells from hallway or smoke partition doors must be maintained in working order. They are never to be blocked, wedged, or tied open. The storage of any kind, or the use of office or laboratory equipment in the hallways or stairways, is strictly forbidden.

2-1.4 Railings, Steps and Walks

The area immediately outside of building exits will be maintained free of material at all times. Bicycles and vehicles are not permitted on sidewalks immediately adjacent to an exit.

2-1.5 Fire Extinguishers

Fire extinguishers, in appropriate sizes and types, are provided throughout the hospital for normal activities in each area. Extinguishers are inspected as required by a qualified contractor. The theft of or tampering with an extinguisher should be reported immediately to the Safety Management Officer or to OCPD.

2-1.6 Fire Evacuation Procedures

All faculty and staff members must know where all exits are in the buildings in which they work. All employees should know the fire evacuation routes from their work locations and be prepared to assist employees or visitors to find proper exits. It is the responsibility of all employees to make certain that their areas are evacuated promptly and properly. As soon as the fire alarm is activated, the faculty and staff will immediately exit the building by the nearest exit. Any faculty teaching a class when an alarm is activated should supervise an orderly exodus from the classrooms and buildings. Under no circumstance is anyone allowed to reenter the building until the reason for the alarm has been determined and corrected.

The purpose of these procedures is to reduce the likelihood of injury or death in the event of a fire or any other major catastrophe that would necessitate the evacuation of any of

the buildings on the hospital. Knowledge of the evacuation routes will reduce the possibility of panic or unsafe action in the event of an emergency.

2-1.7 Fire Drills

The Safety Management Officer is authorized to conduct periodic tests of fire evacuation procedures. Such tests may include the evacuation of buildings after purposely initiating building alarms. The Hospital may conduct fire drills each year in all halls. The drills will be unannounced so that the evacuation procedures can be evaluated objectively to determine if there are any deficiencies that need to be addressed or corrected.

SECTION III

HAZARDOUS MATERIALS

AND

CHEMICAL HYGIENE PLAN

STANDARD OPERATING PROCEDURES

3-1.1 General Information

This section provides an overview of the Hospital's hazardous materials communication program and defines the specific institutional policies and procedures affecting the use of chemicals on the hospital. The most important rule is that everyone concerned in laboratory operations must be safety minded. Safety awareness can become part of everyone's habits only if the issue of safety is reviewed repeatedly and if the supervisor(s) evokes a sincere and continued interest. However, each individual must accept responsibility for carrying out their own work in accordance with good safety practices. All personnel should know what safety and emergency equipment is available and its location. Also, personnel should maintain safe work practices at all times, which would include, but not be limited to, good housekeeping, wearing of personal protective equipment (safety goggles, aprons, gloves, etc.) and not smoking or eating where chemicals are present. Advance planning is one of the best ways to avoid serious incidents. Before starting any procedure (experiment), laboratory workers should consider the worse case scenario, and be prepared to handle the situation. Familiarity with particular chemicals or procedures can result in underrating or overlooking the hazards involved. Attitudes like this can lead to a false sense of security, which may result in carelessness. Every laboratory worker has a basic responsibility to themselves, colleagues, and employees to plan and execute laboratory operations in a safe manner.

3-1.2 Selection of Chemicals.

Laboratory experiments/procedures should be reviewed to see if another experiment or procedure could teach the same principle using a less toxic or physically hazardous chemical. Special attention should be given to eliminate the use of highly acute toxins, carcinogens, and reproductive toxins. Minimize the number of chemicals being stored by only ordering what is needed for a specific period of time.

3-1.3 Labeling and Transporting Chemicals

Chemicals obtained from outside suppliers should be properly labeled, tagged, or marked with information on the identity of the chemical, its health and physical hazards, and the name and address of the manufacturer, in such a manner that this information remains with the chemical until it is completely consumed. The name on the label must correspond with the name on the material safety data sheet (MSDS). Labels shall also convey the hazards associated with that chemical (such as toxicity, flammability, or reactivity). If a chemical is transferred into a new container, then that container must also be labeled. Also, all mixtures and newly created compounds must be properly labeled.

Transporting chemicals should be done so as to minimize safety of accidental spills. Furthermore, if transportation involves moving chemicals through the hallways this should be done when there are as few people as possible in the hallways. The amount and number of chemicals should be kept to a minimum.

3-1.4 Storage of Chemicals

The primary concerns with storage are avoiding contact between incompatible chemicals, minimizing amounts, and ensuring that dangerous storage conditions (heat, electrical shorts, light, etc.) are not present. All flammable/combustible chemicals (those with a flash point below 200 degrees F) are stored in a specifically designed flammable storage cabinet(s). Photosensitive chemicals shall be stored away from light. Incompatibles, such as acids and sodium cyanide, acids and bases, or ethyl ether and oxidizers, shall be stored separately.

3-1.5 Personal Hygiene

Wear appropriate eye protection any time one is dealing with chemicals. Use other protective clothing as needed (see the MSDS information on the chemical for advisement). Loose clothing and long hair should be confined when in the laboratory. Do not use mouth suction when pipetting liquid chemicals or starting a siphon; always use a pipetting safety bulb or aspirator. Avoid breathing gases, vapors or mists which may be toxic (see OSHA 29CFR 110.10000 Subpart 2 for list of Permissible Exposure Limits in this section) by use of fume hood(s) or confinement apparatus. Be alert to unsafe conditions or actions, and call attention to them so that corrections can be made as soon as possible. Use equipment only for its intended purpose. Avoid distracting or startling others in the laboratory. Allow no horseplay or practical jokes in the laboratory or storage areas. Always wash exposed skin areas before leaving the laboratory.

3-1.6 Food Handling

Avoid consuming food, beverages, or smoking in areas where chemicals are being used or stored. Areas where food or drinks are permitted shall be identified and no hazardous chemicals allowed within that area. Glassware used for laboratory operations shall not be used for food or beverage consumption. Nor should containers that were for food or beverage be used to store laboratory chemicals. Laboratory refrigerators or ice chests shall not be used to store food, even if the food is in sealed containers.

3-1.7 Glassware

Careful storage and handling procedures should be used to avoid damaging glassware. All damaged glassware should either be discarded, or be properly repaired. Hand protection should be worn when inserting glass tubing into rubber or cork stoppers, or when placing rubber/plastic tubing on glass tubing or connections. All glass tubing should be fire polished or rounded, and lubricated when making connections. Vacuum-packed glass apparatus, such as Dewar flasks, should be handled with extreme care to prevent implosions. Hand protection (gloves) should be used when picking up broken glass.

3-1.8 Laboratory Equipment

Fume hoods and ventilation equipment are described separately. Good maintenance on equipment is important for safe and efficient operation. Equipment should be inspected and maintained regularly, following manufacturers recommendations, at a minimum. All faulty equipment should be secured so that accidental reuse of it is not possible prior to repair. Guards will be in place to prevent access to moving parts (such as belts and wheels on pumps) on equipment. Safety shielding will be used during an experiment or operation in which a possible explosion or high pressure exists. Pressurized apparatuses,

like cylinders, are required to have an appropriate relief device and be secured (chained) to a stationary object at all times.

3-1.9 Flammable Substances

Do not use an open flame to heat a flammable liquid or carry out a distillation under reduced pressure. Before lighting any flame, be sure all flammable substances are removed from the area or are tightly sealed in containers away from the heat. Use an open flame only when necessary and extinguish as soon as no longer needed. When volatile flammable chemicals are present, use only intrinsically safe or non-sparking electrical equipment. Also, storage of flammable substances (with a flash point below 200 degrees F) should be in a safety cabinet designed for flammable materials.

3-1.10 Waste Disposal

All disposals shall be in accordance with federal, state, and local regulations. No hazardous waste, as defined by the Environmental Protection Agency (EPA) less than 40 CFR 261, shall be disposed of except by an EPA approved facility. Other possible hazardous materials should be disposed of in a manner that is pre-approved by state and/or local officials. Before any chemicals are disposed, down the drain, prior approval by the local wastewater treatment plant should be granted. During disposal of any chemical(s), care should be taken to protect any workers in the laboratory or building who may be exposed to any potential dangers. All disposal methods should also take into account the effects on the environment. Employees should use care in separating items tentatively identified as waste chemicals or hazardous from other refuse disposed through normal means. It is the responsibility of the department with disposable waste to notify the Physical Plant Director in writing of the accumulation of materials of this type. This notice should provide a reasonable detailed description of the type and quantity of materials to be removed. These items will be inspected by the plant operations staff and appropriate consultants to determine the appropriate method of disposal. In the event Hospital funds do not permit the immediate removal of these materials from the hospital, departments should request removal of these items from their departmental storage area or, upon the request of the Physical Plant Director; the items should be segregated and stored in an appropriate departmental area until funds permit their disposal.

CONTROL MEASURES AND PROTECTIVE EQUIPMENT REQUIREMENTS

3-2.1 Determining Control Measures

The decision to implement control measures such as fume hoods, protective clothing, and others will need to be determined by the specific operation or experiment. Control measures can be determined for groups of chemicals such as acids, oxidizers, or acute toxins, that are highly reactive or absorbable into the body (respiratory system or skin), rather than having to evaluate every chemical individually. Although, chemicals listed by EPA as extremely hazardous substances under Superfund Amendments and Reauthorization Act (SARA) Title III Section 302 and 304, should be considered individually. Chemicals with a Permissible Exposure Limit (PEL) of 50 ppm or less require use of a hood so that fumes do not get into the general laboratory. Chemicals that are corrosive or are absorbed through the skin require the use of gloves and safety goggles. Also, if a possible splash situation exists, an apron or lab coat and face shield will be required.

3-2.2 Control Measures

Measures used to control chemical exposure in the workplace are often divided into three categories based on the point of control. These are:

(1) Source Controls at the Chemical Substitution of a safer chemical that can accomplish the same purpose. Enclosure of the operation so that it is not open to the work area.

Change in the process so that hazards are not produced. Minimize the amounts of chemical stored.

(2) Path Controls in the Environmental Pathway between the Chemical and the Employee
The fume hoods are the major control by this method. General ventilation may be adequate for most operations involving chemicals with little or no toxicity or which are amply confined. General ventilation should exchange the air within each laboratory room a minimum of four (4) times per hour.

(3) Employee Controls the Employee Must Take Involving Actions Within each category, there are several types of controls that may be effective. Avoid working alone in the lab. Always wear appropriate protective equipment such as safety goggles, gloves, and aprons. Good hygiene practices can help prevent contamination. Before conducting a specific procedure, be sure proper training and education has been provided.

3-2.3 Protective Equipment

All chemistry laboratories will be equipped with an emergency shower, eye wash station, fire blanket, fire extinguisher, and first aid kit, with a sign indicating the location of each. Also, all exits will be labeled with a sign. Personal protective equipment, such as goggles, aprons, gloves, respirators, or lab coats will be provided to employees as needed.

3-2.4 Employee Training

Federal regulations further require that the Hospital provide a program for employees to make them aware of the hazard and controls in their work areas and to instruct them in basic occupational health and safety. The training program is available to all employees. Such training will meet requirements concerning employee initial identification training, protective measure training, and labeling and MSDS information training. All employees who are routinely exposed, or may be exposed in a reasonably foreseeable emergency, are trained in the existence of the Hazard Communication Standards and their basic requirements. Employees, who may come into contact with hazardous chemicals in the performance of their routine functions or in the event of a reasonable foreseeable emergency, are trained with regard to specific chemicals. Thus, there may be several layers of training depending upon the location and job category of the employee and the likelihood of exposure to any particular hazardous substances.

3-2.5 Material Safety Data Sheets

Material Safety Data Sheets (MSDS) consist of information compiled and printed by the manufacturer for each hazardous substance including the chemical name, the ingredients that are hazardous, the nature of the hazards, exposure limits, recommended precautions, emergency first aid measures, and who can provide additional information on the substance and emergency procedures. The Hospital maintains a master MSDS file (except laboratory chemical list) within the Physical Plant Department office on all chemicals and chemical products used by the Hospital in accordance with these standards. In addition, appropriate files are kept at various work areas (i.e., custodial closets, boiler rooms, etc.) where employees need readily available information on hazardous materials and substances. Employees may, upon request, review MSDS forms on file. Supervisors will assist in interpreting them. If an employee wants a copy of an MSDS to keep, a copy will be issued to the employee upon the signing of a receipt. If any new chemical product is purchased and received without an accompanying MSDS, the product is to remain unused until a form is received from the vendor. It is the policy of

the Hospital to withhold payment until proper MSDS material has been received. Employees, who, by position, purchase materials, are responsible for determining if new purchases are correctly covered in the MSDS files within their area. Additions or corrections to these files should be passed to the Physical Plant Director for corresponding correction to the master file. It is the responsibility of hazardous material purchasers to assist in the inventory and updating of the MSDS sheets. Requests for inventory or review of sheets will be made as deemed appropriate by the Safety Management Officer.

3-2.6 Hazardous Non-routine Tasks

As with all establishments, the Hospital must occasionally perform non-routine tasks, such as emergency pipe repairs, other emergency repairs, or special equipment or work area cleaning. The following procedures are used to inform employees of the unknown hazards, chemicals or potential exposure to such chemicals. Prior to the performance of any non-routine tasks that might involve potential exposure to hazardous chemicals; the employees involved will receive specific hazard training on any hazards involved in the tasks by their immediate supervisor. The nature of the task will be reviewed in detail, hazardous chemicals potentially present will be identified and MSDS sheets reviewed, necessary protective equipment will be specified and emergency procedures reviewed.

3-2.7 Outside Contractors

Contractors have an obligation to become fully informed on all chemical hazards to which their employees may be exposed while doing work for the Hospital. On request, the contractor will be allowed to review the MSDS files for the work area(s) in which their employees will be performing services. The MSDS sheet will specify protective equipment necessary, and no contract labor should be performed without necessary and appropriate protective equipment. Contractors are obligated to fully inform the Hospital prior to the commencement of work concerning the chemical hazards Hospital employees might be potentially exposed to through the contractor's work.

PROCEDURES FOR WORKING WITH CARCINOGENS, REPRODUCTIVE TOXINS, AND HIGHLY ACUTE TOXINS

3-3.1 Establishment of a Designated Area

Designated areas can be any discrete area, including a part of the lab, a hood, etc. A designated area must be posted, and all employees working there must be informed of the hazards.

3-3.2 Use of Containment Devices

Containment devices, such as hood and glove boxes, must be considered if working with a volatile substance, if manipulations may result in the generation of aerosols, or the process may result in an uncontrollable release of the substance.

3-3.3 Procedures for Safe Removal of Contaminated Waste

Removal of contaminated waste listed in this section is probably already regulated by state or local government. Information for disposal can be obtained through the MSDS, or the local wastewater treatment facility.

3-3.4 Decontamination Procedures

Decontamination procedures depend on conditions under which the substance was used. The purpose of decontamination is to prevent the spread of the hazardous substance, and to protect the employee. Typically, the steps are as follows:

1. Removal of outer protective gear (gloves, apron, etc.) and place in labeled container for proper cleaning.
2. Washing hands and face, removal of inner protective clothing (lab coats, eye protection, etc.).
3. Placement of contaminated equipment into labeled containers for proper cleaning.
4. Check for skin contamination.
5. Proper cleaning of work area.

Employees may add additional steps as needed.

SECTION IV

COMMUNICABLE DISEASE

4-1.1 Policy Statement

HealthCare Staffing Network is committed to assure, to the extent possible, that each employee enjoys safe and healthful work conditions. The Hospital, in its effort to control communicable diseases on the hospital, has adopted this provision. Persons infected or reasonably believed to be infected with communicable diseases will not be excluded from employment, or restricted in their access to Hospital services or facilities unless medically-based judgments in individual cases establish that exclusion or restriction is necessary to the welfare of the individual, other members of the institution, or others associated with the institution through clinical, cooperative, intern, or other such experience, involving the general public. Persons known to have, or have a reasonable basis for believing, that they have been infected or have a communicable disease which may pose a threat to others are expected to seek expert advice about their health circumstances and are obligated, ethically and legally, to conduct themselves so as to protect themselves and others.

4.1.2 Employees or Applicants Currently Infected

Any applicant or currently enrolled employee who is known to have a communicable disease (including human immunodeficiency virus (HIV), hepatitis B, and other blood borne disease) will be individually evaluated and all enrollment decisions concerning the individual will be based upon a consideration of the following factors:

1. The potential harm that the individual poses to other people,
2. The ability of the individual to accomplish the objectives of the assignment, and
3. Whether or not a reasonable accommodation can be made that will enable the individual to safely and efficiently accomplish the objectives and specific tasks for the assignment without significantly exposing the individual or other persons to the safety of infection. All employees who have a known communicable disease will be assessed as needed by appropriate medical providers in keeping with current standards, requirements, and recommendations of the Centers for Disease Control and in keeping with the provisions of this procedure. The evaluation of an applicant or currently enrolled employee with a known communicable disease will include a physician's statement of the individual's health status as it relates to the individual's ability to adequately and safely accomplish the essential objectives of the applicant's or employee's assignment. The physician's statement must also indicate the nature and extent of the individual's susceptibility to infectious diseases often encountered when accomplishing the objectives of the individual's assignment. The Vice President for Employee Services or Vice President for Instruction will provide the employee with a written determination of the employee's ability to continue their participation in the assignment based upon an assessment of all related information.

SECTION V

BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

5-1.1 Purpose of the Program

This program identifies the job classifications, which have been determined to have potential exposure to blood and other potentially infectious materials as an employee or in the employment of the Hospital. All Hospital personnel are required to comply with the procedures set forth in this program. Any failure to comply may be cause for disciplinary action. In the event that the requirements of the program should conflict with established infection control procedures, the more protective procedure(s) will be followed to obtain the maximum protection for the employee.

5-1.2 Exposure Determination: Assignment of Responsibility

Division heads, department heads, program directors, or supervisors will be responsible for classifying tasks performed in their areas of responsibility according to the following exposure classifications, and for developing and maintaining up-to-date state-of-the-art policies for eliminating or reducing task-associated risks.

5-1.3 Job Classifications

All jobs will be classified in accordance with their potential exposure to blood borne pathogens. Job positions will be classified consistent with the following terms and potential for exposure:

Classification I

This includes jobs in which required tasks routinely involve a potential for mucous membrane or skin contact with blood, body fluids, tissues or potential spills or splashes. Appropriate protective measures will be required of these employees. This category includes, but not limited to, faculty in the Associate Degree Nursing, Vocational Nursing, EMT, and Phlebotomy courses.

Classification II

This includes jobs, in which required tasks normally do not involve exposure to blood, body fluids, or tissues but may require performing unplanned Classification I tasks. Appropriate protective measure will be required of these employees. This category includes, but not limited to, maintenance, custodial, and police officers.

Classification III

This includes jobs in which required tasks involve no greater exposure to blood, body fluids, or tissues than would be encountered by a visitor. The job normally does not involve exposure to blood, body fluids or tissues, and the employee can decline to perform tasks which involve a perceived risk without retribution. Supervisors and instructors are responsible for monitoring employees or employees training status and their compliance with safety reducing universal precautions and specific safety-reducing policies. First- line supervisors and instructors will be attentive to recognize and act to prevent unsafe actions by anyone in their presence.

5-1.4 Employee Responsibilities

All employees share responsibility with and for their co-workers, to ensure compliance with the letter, spirit and intent of this institution's policies for the prevention or transmission of disease among employees, employees, and visitors to the Hospital. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased safety of exposure.

5-1.5 Work Practices

Hospital employees and their supervisors should have access to and become familiar with the policies and procedures adopted by each clinical site including but not limited to those concerning the use of universal precautions, hand washing, procedures involving blood or other body fluids, and those concerning eating or drinking in the clinical sites. Faculty members should review these procedures with all employees prior to entering any extramural clinical facility.

5-1.6 Personal Protective Equipment Policies

Division deans will adopt policies and procedures on the use of general and specific personal protective equipment for employees and employees as well as those for the placement and removal of personal protective equipment.

5-1.7 Use of Sharps

Training in injections and the use of other sharps is confined to clinical programs. In the event that skin penetration is made, these objects are to be disposed of in containers that are closeable, puncture resistant, and leak proof of sides and bottoms. The container will either be red or affixed with a fluorescent orange or orange-red label with lettering in contrasting colors and a biohazard symbol. Contaminated sharps in the clinical sites will be disposed of in accordance with the established policies of each site. Nursing faculty members should familiarize themselves and the employees with these procedures prior to the introduction of sharps into the clinical experiences. Disposable needles and other sharps that have been used in demonstrations (and are not contaminated) in the hospital should be disposed of in containers that are closeable and puncture resistant.

5-1.8 Specimen

Hospital faculty and employees will conform to established universal precautions and the procedures established by each clinical facility.

5-1.9 Laundry

Contaminated laundry, linens, and reusable personal protective equipment, to the extent they are soiled or reasonably anticipated to be soiled with blood or other potentially infectious materials, will be handled by employees and employees as little as possible with a minimum of agitation. It will be bagged or containerized in the clinical site or other location of use. Contaminated laundry will not be sorted or rinsed in the location of use. Employees who have contact with contaminated laundry will wear utility gloves and protective body clothing issued by the Hospital.

5-1.10 Housekeeping

Any procedure involving the use of blood or the potential exposure to blood or other body fluids are restricted to clinical sites. Faculty should become familiar with the housekeeping procedures of the clinical sites and conform the employee practices to these procedures.

In incidents such as employee accidents or altercations in the hospital involving the potential exposure to blood or other body fluids by employees or employees, the Hospital Police Chief will be notified immediately of the occurrence. Employees who have contact with the contaminated items will wear utility gloves and protective body clothing issued by the Hospital. Contaminated items will be disposed of as regulated waste.

5-1.11 Regulated Waste

For disposal of contaminated waste, the Hospital will provide containers that are closeable, constructed to contain all contents and prevent leakage of fluids, and that are colored red, or alternatively affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container. The disposal of the regulated waste will be in accordance with local applicable laws and regulations.

5-1.12 Hazard Substance Storage and Transportation

In the event that the Hospital stores or transports any potentially infectious material, all such containers must have the biohazard symbol affixed in fluorescent orange or orange-red labels with the letters in a contrasting color.

5-1.13 Exposure Evaluation and Follow-Up

In the event of an exposure incident, the employee or employee must complete a written confidential incident report. It will be the responsibility of the employee or employee to acquire medical evaluation blood testing, and such other follow-up procedures as appropriate to the circumstances. The employee or employee may turn the charges into their prospective insurance policies. (Investigation and documentation of exposure incidents should be reported to the appropriate staff immediately.) The confidential incident report and medical evaluation and follow-up will include:

- (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
- (b) Identification and documentation of the source individual (unless it can be established that identification is in- feasible or prohibited by state or local law);
- (c) If known, the source individual's blood should be tested for hepatitis B (HBV) and human immunodeficiency (HIV), as soon as feasible (within 48 hours) or, if the source individual is already known to be infected with HBV or HIV, testing need not be repeated. Whether the source individual's blood tests are done as a result of the exposure incident or previous testing has revealed the source individual to be infected with HBV or HIV, the results of the source individual's blood tests are given to the exposed employee or employee; (d) If the source individual cannot be identified, the exposed employee or employee will be tested for HBV or HIV infectivity as soon as feasible (within 48 hours) and with consent. If the exposed employee or employee consents to baseline collection of blood but refuses HIV testing, the laboratory is instructed to preserve the sample for 90 days. (If, during this time period, the employee elects to have the sample tested, this is done.);
- (e) If the source individual is HBV or HIV positive, the employee or employee's blood is retested, if seronegative at six weeks, twelve weeks, and six months after exposure. The exposed individual may elect to provide retesting annually for up to ten years following an exposure incident;
- (f) In support of this evaluation, the Hospital will provide the evaluating professional a description of the exposed employee or employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which the exposure occurred, the results of the source individual's blood testing (if available), all records that are relevant to the appropriate treatment of the employee or employee including their vaccination status. An evaluation of the employee's work practices or employee's class performance and protective equipment or clothing used at the time of the incident, must be made by the exposure control officer; and

(g) The employee or employee should be informed of applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual at the time the source individual's testing results are given to employee.

5-1.14 Training and Education

Supervisors will provide information and training updates to all Classification I and Classification II employees annually or whenever changes occur in clinical practices, engineering controls, the use or availability of personal protective clothing and equipment, or other aspects of the infection control program which will affect the way(s) in which employee exposure to blood borne pathogens are controlled. Education related to these changes may be limited to addressing new exposure or control practices and upon transfer of employees into new job classifications entailing exposure or potential exposure to new hazards or involving the use of new or different work practice controls.

5-1.15 Employee Records: Record Content

Category I and II employee's departmental files will contain some or all of the following records on an "as needed" basis:

(a) The employee's name and social security number
(b) A copy of the employee's required vaccine status, including the dates of all hepatitis B, tetanus, and tuberculin tests or any records relative to the employee's ability to receive the hepatitis B vaccine
The Human Resources Department will maintain incident/exposure files for all employees. These file may include some or all of the following records:

(a) Copies of any incident reports and post-exposure follow-up procedures performed

(b) A copy of the health care professional's written opinion, stating whether or not the hepatitis B vaccine is indicated for the employee, and if the employee has received the vaccination

(c) A copy of the following information that was provided to the health care professional in the event of an incident of employee exposure:

- The description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure
- The circumstances under which the exposure occurred
- The results of the source individual's blood testing (if available)

5-1.16 Employee Records: Record Maintenance

Employee's records are kept confidential and are not disclosed or reported without an individual employee's written consent, except as required by federal, state, or local laws. Employee records will be maintained by the Hospital for not less than thirty (30) years after the employee's termination.

5-1.17 Employee Records: Record Content

The Hospital will establish a record for any employee determined to be at-risk for exposure to blood borne pathogens as a result of laboratory or clinical educational experiences. The following records will be maintained in the employee's departmental record and in the employee's file within the admissions office:

(a) Employee's name and social security number

(b) A copy of the employee's required health examination form, current health and immunizations status

(c) A copy of the employee's required vaccination status, including the dates of all hepatitis B, tetanus, and tuberculin tests, or any records relative to the employee's ability to receive the hepatitis B vaccine

(d) Copies of any incident reports and post-exposure follow-up procedures performed, in the event that an employee experiences an exposure incident

(e) A copy of the health care professional's written opinion, stating whether or not the hepatitis B vaccine is indicated for the employee, and if the employee has received such vaccination

(f) A copy of the following information that was provided to the health care professional, in the event of an incident of employee exposure:

- The description of the employee's educational activities as they relate to the exposure incident
- Documentation of the route(s) of exposure
- The circumstances under which the exposure occurred
- Results of the source individual(s) blood (if available)

5-1.18 Employee Records: Record Maintenance

Employee's records are kept confidential and are not disclosed or reported without an individual employee's written consent, except as required by federal, state, or local laws. Employee's records will be maintained for not less than thirty (30) years after the employee's graduation. Employees may receive a copy of their record relating to their immunization status and occupational exposure to blood borne pathogens.

5-1.19 Employee/Employee Training Records

Employee training records will be maintained by their Department Head and/or in the Human Resource Department. Records will include the dates of the training sessions, the contents or a summary of the training session, the name(s) and qualifications of the person(s) conducting the employee training; and, the name and titles of all persons attending the training sessions. The training record will be maintained for three (3) years.

5-1.20 Employees or Applicants Currently Infected

Any applicant or current employee known to have HIV or HBV or other blood borne disease will be individually evaluated and all employment decisions concerning the individual will be based upon a consideration of the following factors:

- (a) The potential harm that the individual poses to other people
- (b) The ability of the individual to accomplish the objectives of the employment Position
- (c) Whether or not a reasonable accommodation can be made that will enable the individual to safely and efficiently accomplish the objectives or tasks of the position in question without significantly exposing the individual or other persons to the risk of infection. All employees who have a known blood borne disease will be routinely assessed by appropriate medical providers in keeping with the current standards, requirements, and recommendations of the Centers for Disease Control and in keeping with the provisions of this policy. The evaluation of an applicant or current employee with a known blood borne disease will include a physician's statement of the individual's health status as it relates to the individual's ability to adequately and safely accomplish the essential objectives of his position. The physician's statement must also indicate the nature and extent of the individual's susceptibility to infectious diseases often encountered when accomplishing the objectives of the individual's position.

Disclaimer

These policies and procedures are based upon the latest information developed by the Hospital and HealthCare Staffing Network and do not purport to be or to include the latest or most definitive information. The Hospital makes no such claim and offers no assurance that this is the case. This material is informational only and not contractual. Individuals affected by these policies and procedures are responsible for keeping themselves informed and to take any necessary precautions for their own safety and the safety of others relating to communicable diseases.

I attest that I have read the above information and due hereby agree to its terms and conditions.

Employee Signature

Date