OSHA Clinical Safety Training for Hawaii and Northwest (includes Environment Care and Waste)

This training is for KP staff who work in Medical Center Service Areas and clinical Regional buildings

MEETS MINIMUM INITIAL AND ANNUAL TRAINING REQUIREMENTS IN THE FOLLOWING PROGRAM AREAS:

PERSONAL SAFETY
- Hazard and Injury Reporting
- Ergonomics
- Security
- Personal Protective Equipment

INFECTION PREVENTION & CONTROL
- Bloodborne Pathogens
- Tuberculosis

CHEMICAL SAFETY
- Hazard Communication
- Managing Hazardous Materials

EMERGENCY RESPONSE
- Fire Safety & Fire Extinguishers
- Emergency Preparedness

ELECTRICAL & EQUIPMENT SAFETY
- Lockout/Tagout (for Affected & Other Employees)
- Medical Equipment
- Utilities Safety

WASTE MANAGEMENT & DISPOSAL

NOTIFICATIONS
- Access to Medical Records

PLEASE NOTE:
MUCH OF THIS TRAINING REQUIRES ORIENTATION TO, AND ADDITIONAL TRAINING ON, DEPARTMENT-SPECIFIC AND FACILITY-SPECIFIC POLICIES AND PROCEDURES. SEE THE BEGINNING OF EACH SECTION FOR ADDITIONAL INFORMATION.

Introduction

Welcome to Safety Training!

Facility-Specific Information

There will be times when the information in this training ***must be supplemented with region-specific or facility-specific material.***

There is a page at the end of this course with a link to your site's supplemental information.

The last slide of this training contains a link to provide feedback on this module. Please help us to improve this training by providing us with your feedback.

Finally, there is a quiz on this material at the end of the course – you must pass the quiz to receive credit for the course.

Injury & Illness Prevention Program (IIPP)

Workplace Safety

The Workplace Safety program (WPS) is a Kaiser Permanente initiative to promote a safe work environment with the ultimate goal of eliminating workplace injuries. WPS seeks to create a culture of safety that encourages every employee to take proactive responsibility for safety in their workplace.

Hazard Reporting

Employees and physicians at all levels should report any unsafe conditions or practices they observe. Hazards at your worksite can be reported without fear of reprisal.

Unsafe conditions or practices can be reported to:

- An immediate **supervisor** or to the **EH&S or WPS Office**
- A member of the **Safety Committee**
- The hotline established at your facility or **KP Compliance Hotline** at **1-888-774-9100** to report hazards anonymously/confidentially.

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training tells you how to report unsafe conditions at YOUR facility.

All Occupational Injuries, Illnesses, and Incidents Must be Reported to Your Supervisor

Employees and physicians, **without fear of reprisal**, must **immediately notify** their supervisor of a work-related injury, illness, or incident (including exposure to infectious diseases or unsafe working condition).

- If you are too ill to report an injury, illness, or incident, your labor representative or manager/supervisor should report it for you.
- If you are uncomfortable with reporting an issue to your supervisor, you may report it to another manager or supervisor, who must then document the event.

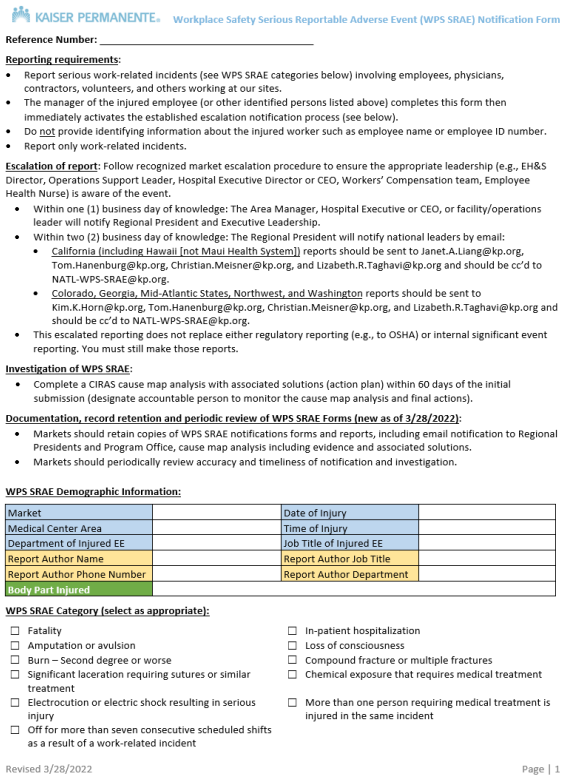
Your supervisor will direct you to the appropriate department for treatment. For injuries that you and/or your supervisor believe are 'emergent', go to the Emergency Department.

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training provides additional information on injury reporting at **YOUR** facility.

Reporting of Serious Reportable Adverse Events (SRAEs)

Certain injuries, illnesses, or events are considered **Workplace Safety Serious Reportable Adverse Events (WPS SRAEs**) and have additional requirements for reporting. These include:

- Fatality
- Inpatient hospitalization
- Loss of consciousness
- Amputation or avulsion
- Burn, second degree or worse
- Compound fracture or multiple fractures
- Chemical exposure that requires medical treatment
- Electrocution or electric shock resulting in serious injury
- Significant laceration requiring sutures or similar treatment
- More than one person requiring medical treatment is injured in the same incident
- Off for more than seven consecutive scheduled shifts as a result of a work-related incident, such as a back injury



KAISER PERMANENTE® Workplace Safety Serious Reportable Adverse Event (WPS SRAE) Notification Form

Reference Number: _____

Reporting requirements:

- Report serious work-related incidents (see WPS SRAE categories below) involving employees, physicians, contractors, volunteers, and others working at our sites.
- The manager of the injured employee (or other identified persons listed above) completes this form then immediately activates the established escalation notification process (see below).
- Do not provide identifying information about the injured worker such as employee name or employee ID number.
- Report only work-related incidents.

Escalation of report: Follow recognized market escalation procedure to ensure the appropriate leadership (e.g., EH&S Director, Operations Support Leader, Hospital Executive Director or CEO, Workers' Compensation team, Employee Health Nurse) is aware of the event.

- Within one (1) business day of knowledge: The Area Manager, Hospital Executive or CEO, or facility/operations leader will notify Regional President and Executive Leadership.
- Within two (2) business day of knowledge: The Regional President will notify national leaders by email:
  - California (including Hawaii [not Maui Health System]) reports should be sent to Janet.A.Liang@kp.org, Tom.Hanenburg@kp.org, Christian.Meisner@kp.org, and Lizabeth.R.Taghavi@kp.org and should be cc'd to NATL-WPS-SRAE@kp.org.
  - Colorado, Georgia, Mid-Atlantic States, Northwest, and Washington reports should be sent to Kim.K.Horn@kp.org, Tom.Hanenburg@kp.org, Christian.Meisner@kp.org, and Lizabeth.R.Taghavi@kp.org and should be cc'd to NATL-WPS-SRAE@kp.org.
- This escalated reporting does not replace either regulatory reporting (e.g., to OSHA) or internal significant event reporting. You must still make those reports.

Investigation of WPS SRAE:

- Complete a CIRAS cause map analysis with associated solutions (action plan) within 60 days of the initial submission (designate accountable person to monitor the cause map analysis and final actions).

Documentation, record retention and periodic review of WPS SRAE Forms (new as of 3/28/2022):

- Markets should retain copies of WPS SRAE notifications forms and reports, including email notification to Regional Presidents and Program Office, cause map analysis including evidence and associated solutions.
- Markets should periodically review accuracy and timeliness of notification and investigation.

WPS SRAE Demographic Information:

Market		Date of Injury	
Medical Center Area		Time of Injury	
Department of Injured EE		Job Title of Injured EE	
Report Author Name		Report Author Job Title	
Report Author Phone Number		Report Author Department	
Body Part Injured			

WPS SRAE Category (select as appropriate):

- ☐ Fatality
- ☐ Amputation or avulsion
- ☐ Burn – Second degree or worse
- ☐ Significant laceration requiring sutures or similar treatment
- ☐ Electrocution or electric shock resulting in serious injury
- ☐ Off for more than seven consecutive scheduled shifts as a result of a work-related incident
- ☐ In-patient hospitalization
- ☐ Loss of consciousness
- ☐ Compound fracture or multiple fractures
- ☐ Chemical exposure that requires medical treatment
- ☐ More than one person requiring medical treatment is injured in the same incident

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The **regional/market WPS lead or designee** must complete the WPS SRAE initial notification form and submit to the regional president **within 24 hours of determining the incident is a WPS SRAE.**

Investigating Injuries, Illnesses, or Incidents

Employees may be involved in the investigation in order to get their input in how to prevent the injury from occurring again.

Managers and supervisors are responsible for investigating all reported injuries, illnesses or incidents.

- They are responsible for conducting incident investigation and analysis to determine the causes of the incidents and develop mitigation solutions to reduce risk and likelihood of future recurrence.
- They should assemble a multi-function investigation team and include injured employee, witnesses, subject matter experts and labor partners in accordance with regional policies and procedures.

EH&S/WPS department(s) review the submitted incident investigations and may provide additional suggestions in reducing incidents.

Managers/supervisors must submit Incident investigations and solutions **within 7 calendar days of the SFR** submit date, with exception of a WPS Serious Reportable Adverse Event (SRAE). For WPS SRAEs, **completed investigation** cause map analysis and associated solutions to the National Incident Investigation Review Team **within 60 calendar days** of the initial submission.

OSHA Reporting Requirements for your Market

Click on the Market you work in to get Market-specific OSHA reporting information.

If you work in Program Office, Shared Services or KPIT employee, select the Market you work in.

Washington

Colorado

Northwest

Oregon

Washington

California

Mid- Atlantic States

Maryland

Virginia

Washington, D.C.

Georgia

Hawaii

NEH&S

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Hawaii OSHA (HIOSH) Fatality and Serious Injury/Illness Reporting Requirements

HIOSH defines serious injury/illness as amputation, loss of an eye, inpatient hospitalization or property damage greater than $25,000.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to HIOSH.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to HIOSH.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to HIOSH within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to HIOSH.
- Document that you notified HIOSH of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities must be reported to HIOSH **within 8 hours**. All serious injury/illnesses must be reported to HIOSH **within 24 hours.**

Maryland OSHA (MOSH) Fatality and Serious Injury/Illness Reporting Requirements

MOSH defines serious injury/illness as amputation, loss of an eye, or inpatient hospitalization.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to MOSH.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to MOSH.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to MOSH within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to MOSH.
- Document that you notified MOSH of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities must be reported to MOSH **within 8 hours**. All serious injury/illnesses must be reported to MOSH **within 24 hours.**

Virginia OSHA (VOSH) Fatality and Serious Injury/Illness Reporting Requirements

VOSH defines serious injury/illness as amputation, loss of an eye, or inpatient hospitalization.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to VOSH.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to VOSH.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to VOSH within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to VOSH.
- Document that you notified VOSH of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities must be reported to VOSH **within 8 hours**. All serious injury/illnesses must be reported to VOSH **within 24 hours.**

Oregon OSHA (OR-OSHA) Fatality and Serious Injury/Illness Reporting Requirements

Oregon OSHA defines **serious injury/illness** as amputation or avulsion that results in bone loss, loss of an eye, or inpatient hospitalization. **Catastrophe** is defined as two or more employees that are fatally injured, or three or more employees that are admitted to a hospital or clinic because of the same incident.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to OR-OSHA.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to OR-OSHA.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to OR-OSHA within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to OR-OSHA.
- Document that you notified OR-OSHA of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities and catastrophes must be reported to OR-OSHA **within 8 hours**. All serious injury/illnesses must be reported to OR-OSHA **within 24 hours.**

OSHA Fatality and Serious Injury/Illness Reporting Requirements

OSHA defines **serious injury/illness** as amputation, loss of an eye, or inpatient hospitalization.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to OSHA.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to OSHA.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to OSHA within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to OSHA.
- Document that you notified OSHA of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities must be reported to OSHA **within 8 hours**. All serious injury/illnesses must be reported to OSHA **within 24 hours.**

Washington OSHA (WISHA) Fatality and Serious Injury/Illness Reporting Requirements

Washington OSHA defines **serious injury/illness** as amputation, loss of an eye, or inpatient hospitalization.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to WISHA.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to WISHA.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to WISHA within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to WISHA.
- Document that you notified WISHA of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities and inpatient hospitalizations must be reported to WISHA **within 8 hours**.
All other serious injury/illnesses must be reported to WISHA **within 24 hours.**

California OSHA (Cal/OSHA) Fatality and Serious Injury/Illness Reporting Requirements

Cal/OSHA defines serious injury/illness as amputation, loss of an eye, inpatient hospitalization or serious degree of permanent disfigurement.

Employees (or designee if unable to report it themselves) are responsible for immediately informing their manager/supervisor of the event.

Do not directly report to Cal/OSHA.

Managers and supervisors are responsible for immediately contacting their Environmental Health and Safety (EH&S) or Workplace Safety (WPS) department of all work-related fatalities or serious injury/illnesses.

Even if you are unsure if it is work-related, report it to EH&S or WPS.

Do not directly report to Cal/OSHA.

EH&S or WPS department(s) are required to report all work-related fatalities and serious injury/illnesses to Cal/OSHA within the regulatory required timeframe.

- If uncertain of the occupational cause of the fatality or serious injury/illness, report the fatality or serious injury/illness to Cal/OSHA.
- Document that you notified Cal/OSHA of workplace fatality or serious injury/illness.
- Record and maintain documentation in a protect the confidentiality of the injured or deceased employee.

All work-related fatalities or serious injury/illnesses must be reported to Cal/OSHA **within 8 hours**.

Injury and Illness Prevention Program (IIPP)

Employees/physicians have the right to access the Injury and Illness Prevention Program for their worksite. They can obtain a copy of the IIPP by:

- contacting their Supervisor or their EH&S Department and requesting a copy, or
- accessing it via the KP Policy Library, the system of record for national, regional, and medical center policies

Supervisors and managers should communicate hazards applicable to their work area. If requested, supervisors must provide a printed copy of the IIPP to employees (or their representative) within a reasonable response time, but no later than within 5 days, unless the employee agrees to accept an electronic copy.

Strain injuries

Strains are injuries to muscles and/or the tendons that connect muscles to bones. These injuries account for the greatest number of employee injuries in a health care setting.
All strain injuries are preventable.

Causes Strain Injuries include:

- **Excessive reaching to use a computer mouse**
- **Unsafe lifting of materials ~~handling~~**
- **Incorrect moving of cart by pulling it**
- **Manually moving patients**

Common causes of general pain when lifting, and ways to prevent strain include:

Incorrect Reaching: To get objects from a high shelf, use a sturdy stool or ladder. Keep your shoulders, hips and feet facing the object and avoid twisting to reach things to the side.

Incorrect Lifting: To properly lift an item such as a box, stand directly in front of the item and lift with your legs. Don't lift if you are bending or twisting at the waist.

Load Too Heavy: Before lifting, test the weight of the object by tipping one corner. If it's too heavy then get help or use a material handling device.

Workplace Safety – Slips, Trips and Falls

Other common preventable injuries include those caused by slips, trips or falls.

Slips, Trips and Falls can be **prevented** by:

- **Taking personal responsibility for spills or tripping hazards**. Wipe up any non-hazardous liquid spilled on the floor—don't wait for EVS/housekeeping. Don't store something on the floor where it will create a trip hazard.

- **If you cannot eliminate the hazard** from things like spilled liquids, items on the floor and other objects, notify the appropriate parties right away.

- Many slips can be prevented by **wearing the proper shoes or shoe-covers**. Wear **enclosed** shoes or shoe covers with slip-resistant soles.

Ergonomics – Risk Factors and Symptoms

ERGONOMICS is *the science of designing work environments and technology to fit the employee rather than requiring the employee to adapt to the environment and technology.*

Ergonomic Risk Factors include:

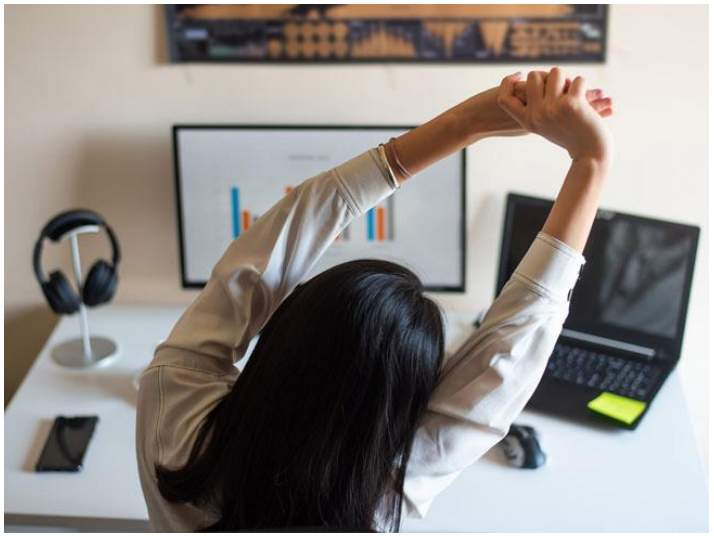
- Repetition
- Extended Duration
- Excessive Force
- Awkward Postures
- Poor Environment
- Individual Factors

Musculoskeletal Disorders (MSDs) such as strains can occur when you, your task and the environment don't fit?

Symptoms include:

- Decreased range of motion in joints
- Decreased strength
- Swelling of joints, extremities, or digits
- Numbness or tingling in extremities or digits
- Pain!!!

The KP Ergonomics Program



The goal of the Ergonomics Program is to reduce work-related **Musculoskeletal Disorders** (MSDs).

The Comprehensive Ergonomics Standard and Ergonomics Program Guidance Document are tools developed by KP detailing the elements of the ergonomic program.

The following is some of the support available to help set up your work area and minimize your risk to MSDs:

- VelocityEHS Office Ergonomics training and self-assessment tool for customized instructions
- StretchBreak Pro software tool to guide you through microbreaks during your day
- ErgoInfo interactive website to help with your set-up
- Instructional videos to learn how to lift and handle material safely
- Standard equipment and furniture that meet specific ergonomic design criteria

IMPORTANT: If you cannot adjust your work area so that it is comfortable for you, or if you are experiencing pain, it is important that you notify your supervisor to request an ergonomic evaluation.

More information on these and other ergonomic resources can be found on the National Workplace Safety Ergonomics page.

Security

Introduction

As employees, there are many things we can do to help maintain a high level of security for ourselves and our patients and members.

Basic Security Tips for Personal Safety…

- Be alert at all times
- Use common sense
- Follow designated practices and procedures
- Report any suspicious behavior to authorities
- Call **Security** or authorities according to your facility's policy, if you need assistance

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training has information on contacting Security at your facility.

Security

Your Responsibilities

There are things you can do as a Kaiser Permanente Employee to increase security:

- **Kaiser Employee Identification Badges must be worn at all times while at work. They should be worn above the waist, on the outermost garment, and clearly visible**. This helps identify staff.

- Protect personal property. Don't keep personal items in public areas. Do not bring valuables to work or leave them at your workstation. Lock personal items in your vehicle's trunk, or alternatively, a desk, locker or file cabinet when you leave your immediate work area.

- Do not share your computer password, keys or access badges with another employee. This may lead to disciplinary action or termination.

Kaiser Permanente's Zero Tolerance Policy of Threatening Behavior

Kaiser Permanente has a policy of zero tolerance with regard to violent or threatening behavior. This applies to all Kaiser Permanente employees, visitors and members!

Threats, harassment, intimidation, assault, battery and disturbances are all examples of behavior that is unacceptable. All Kaiser Permanente **employees** have a **duty** to **report all incidents of violent behavior**.

Threatening behavior should be immediately reported to Security Services along with a request for assistance regardless of the threat source.

Watch for verbal signs to identify threats of violence:

- Angry or threatening tone of voice
- Shouting, screaming, cursing
- Making threats or sexual comments
- Challenging rules or authority
- Making unreasonable demands
- Expressing irrational thinking
- Talking about weapons

Personal Protective Equipment (PPE): Types

Different PPE is used to protect different parts of the body, including the eyes, face, head, feet, hands, arms and lungs.

- **Examples of PPE** commonly used by health care workers include:

- **Gloves**
  - Nitrile or Non-Latex/Latex Exam
- **Protective Clothing**
  - Moisture Resistant Gowns and Aprons
- **Respiratory Protection**
  - N95 Particulate respirators
  - PAPRs (Powered Air Purifying Respirators)
- **Eye Protection**
  - Safety Glasses w/Side Shields
  - Goggles
  - Face shield
  - Shaded Laser Glasses

When is PPE Necessary?

PPE is necessary when hazards (like exposure to infectious materials or harmful chemicals) cannot be eliminated through engineering or administrative controls. You select PPE based on the type of exposure you expect to encounter.

Hazards in a health care setting that would require PPE are:

- Biohazards (potentially infectious body fluids)
- Penetration hazards (sharp objects, broken glass)
- Chemical hazards – through exposure to skin or vapors
- Non-ionizing radiation (lasers)
- Noise hazards (lawn mowers, generators)

Other factors to consider when selecting appropriate PPE include:

- Durability and appropriateness for the task: PPE is only effective if it stops infectious material, chemicals or other hazards from penetrating for the entire time it is used.
- Fit: PPE that fits poorly won't provide much protection. In some cases (like N95-type respirators) you must be fit tested prior to use in order to ensure protection

What PPE is Necessary?

Gloves are the most commonly used form of PPE. They are used as a protective barrier for personnel and patient safety.

The type of PPE you need to wear depends on the task/procedure you are doing.

You can access a list of commonly performed procedures and the PPE required by clicking here.

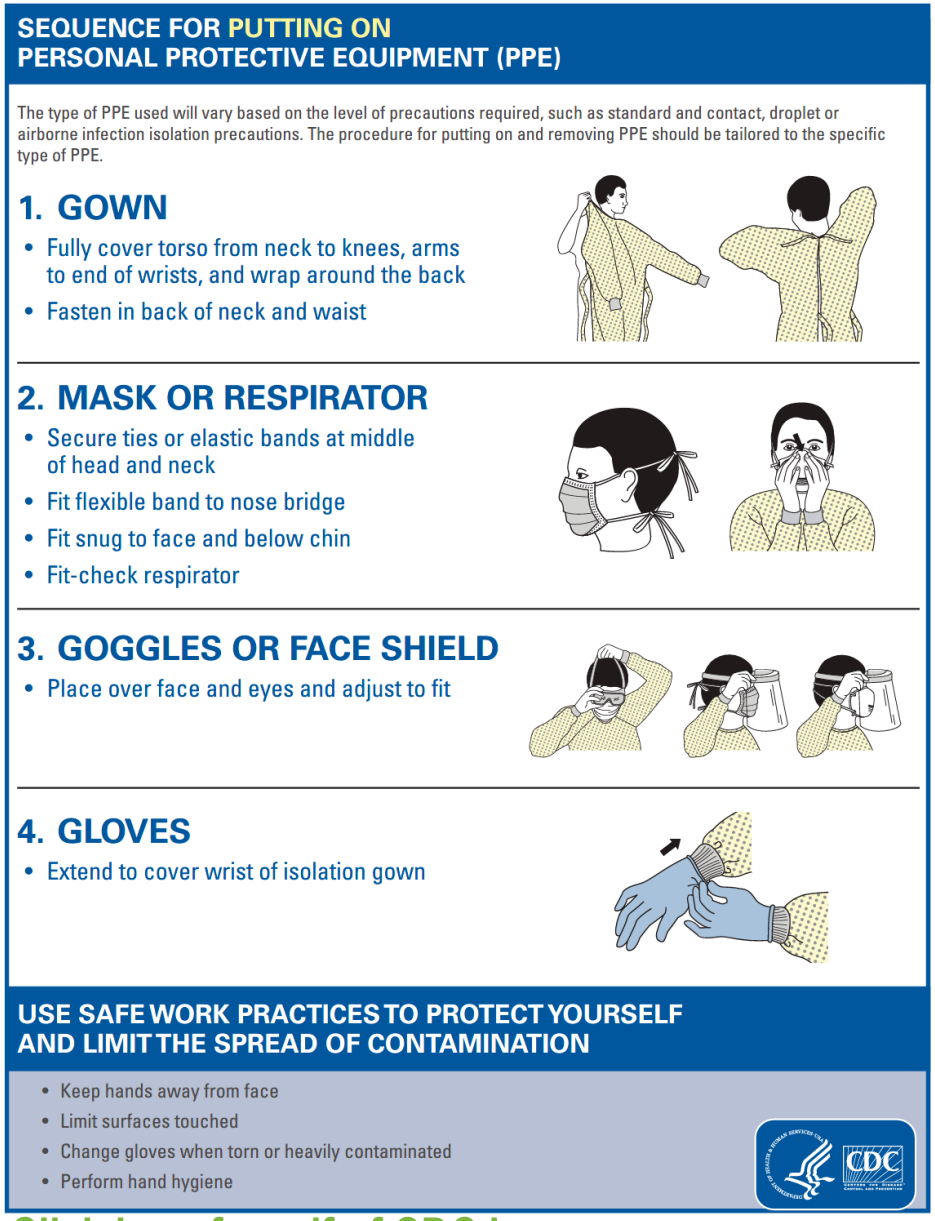
How to Don (Put on) and Wear PPE

It's important that employees follow the proper sequence when **donning** (putting on) PPE.

In order to safely use PPE…

- Keep gloved hands away from your face
- Avoid touching your other PPE unless adjustments are necessary
- Remove gloves if they become torn and perform hand hygiene with waterless hand sanitizer before putting on new gloves
- Try to limit the number of surfaces and items being touched

You will be trained on how to don a respirator at the time of fit testing or enrolled in an appropriate KP Learn module.



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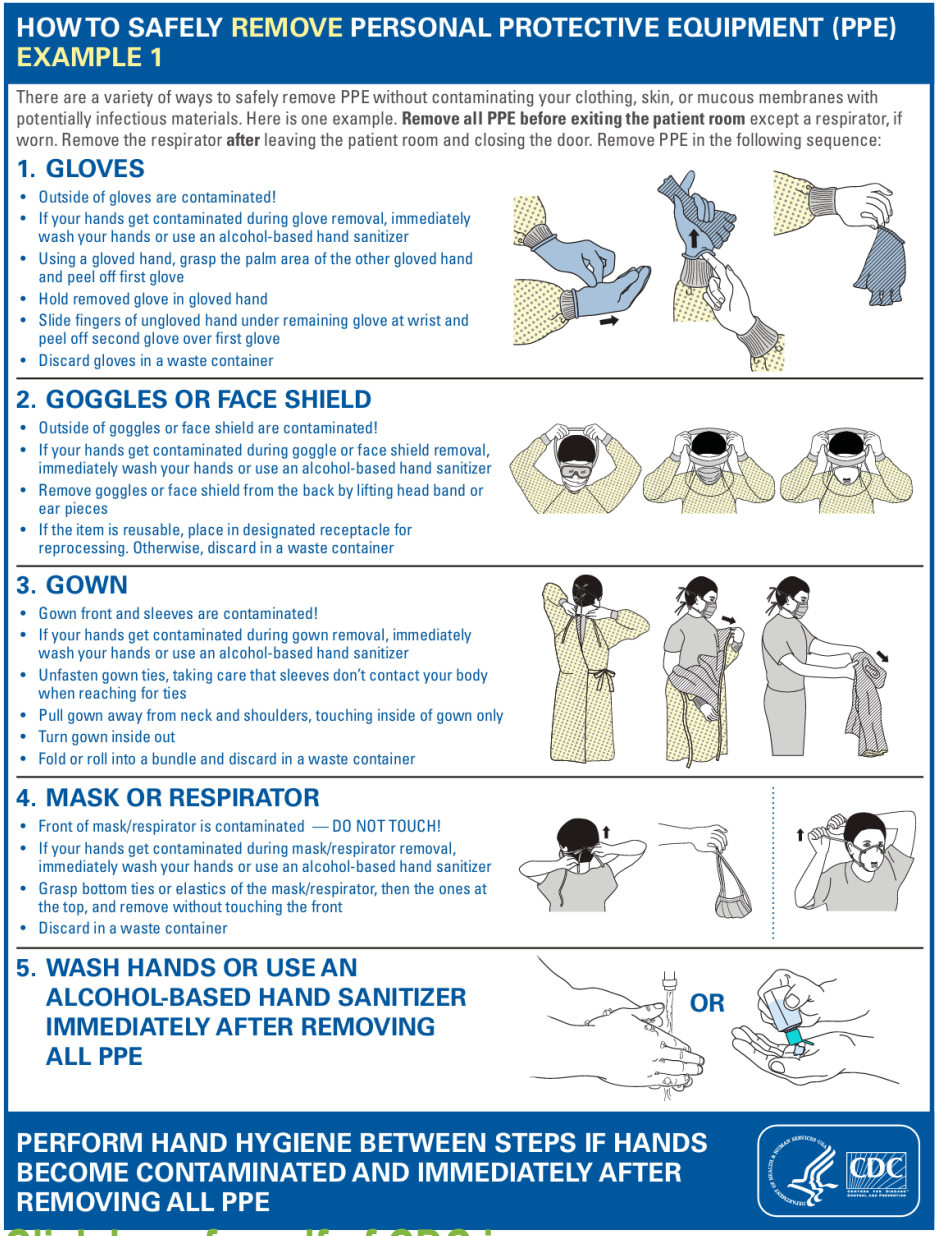
How to Doff (Remove) PPE

Method 1

Remove PPE…

- At doorway, before leaving patient room/work area or in anteroom
- Remove respirator outside room, after door has been closed



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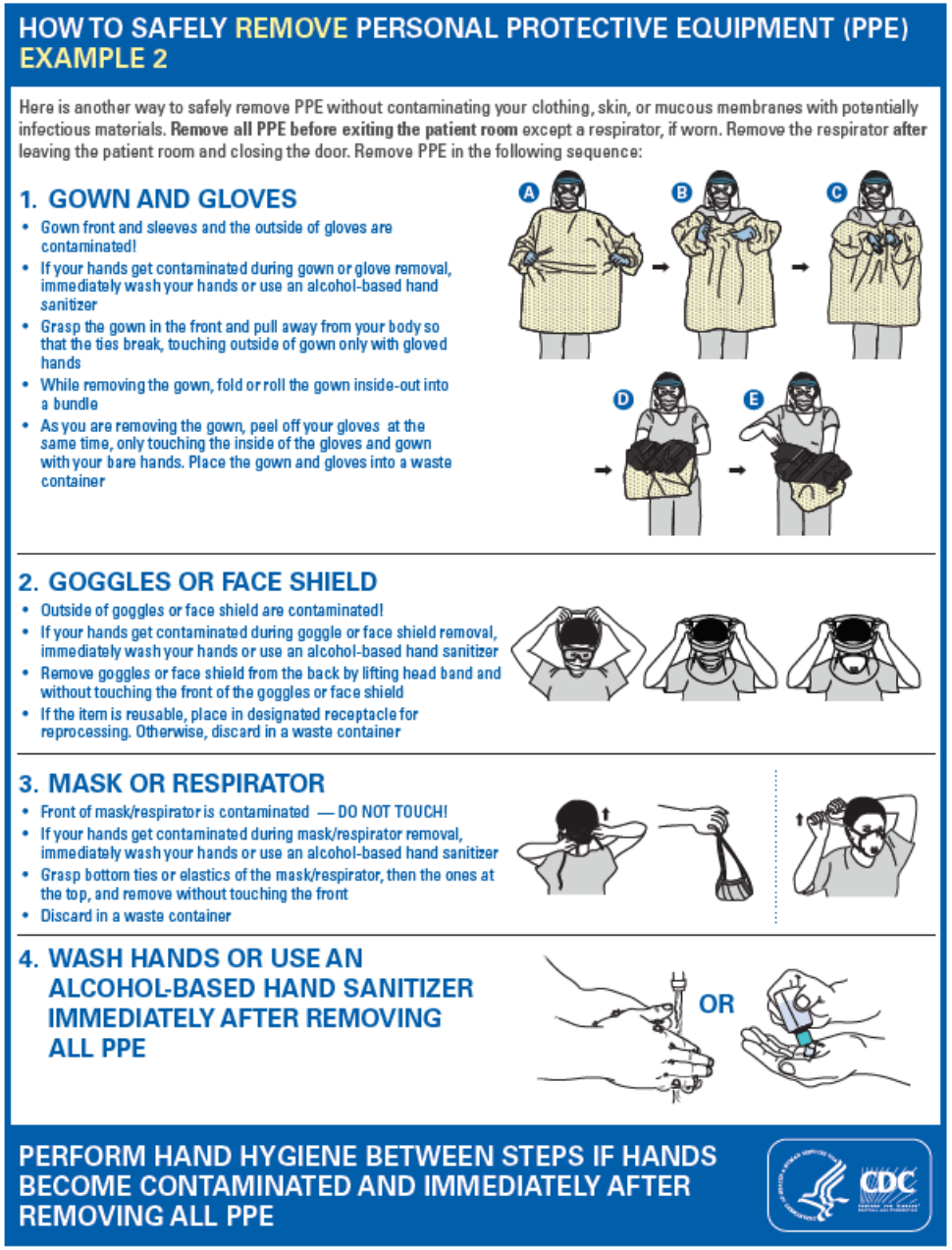
How to Doff (Remove) PPE

Method 2

Remove PPE…

- At doorway, before leaving patient room/work area or in anteroom
- Remove respirator outside room, after door has been closed



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Limitations of PPE

All PPE has limitations - for example, gloves may develop small holes. Even appropriate PPE does not provide a foolproof guarantee of safety.

Always use the right PPE for the job. OSHA requires that chemicals' Safety Data Sheets (SDS) list information about the appropriate PPE for the use with the product. Refer to the SDS if you have questions about the appropriate PPE for handling a chemical.

Make sure you know where your PPE is.

PPE has limitations:

- Make sure the size is right.
- N95-type respirators require fit testing and even when fit tested and appropriately used, N95 masks will only provide protection against particulates. They provide no protection from chemical vapors. In those situations, a different type of respirator is required.

Maintenance, Useful Life and Disposal

PPE should be disposed of when damaged or soiled.

Employees must inspect all PPE prior to use for evidence of damage, missing or defective parts, correctness of size/fit, and any other condition which could affect its use. Any PPE with worn or defective parts must be repaired or replaced prior to use.

PPE which isn't discarded after single use should be cleaned and/or disinfected, depending on the condition, use and type of the PPE.

Clean PPE must be stored in a location and in a way which will keep it clean between uses.

Goggles, non-disposable gloves, hard-hats, and other PPE shouldn't be exchanged among employees for use unless they've been cleaned and sanitized.

All PPE must be discarded in accordance with your waste policy.

Infection Prevention and Control

Bloodborne Pathogens

Tuberculosis

When completed in conjunction with orientation to job specific and site-specific policies and procedures this module meets the training requirements with regard to bloodborne pathogens as described in Federal Standard 29 CFR 1910.1030.

Before getting started…Questions?

The law requires that you have an opportunity for interactive questions and answers about this material. If you reach a point in this training when you do have a question, **STOP** and contact your local Infection Prevention or Employee Health department.

If you do not know how to contact them, you can find contact numbers by clicking **SafetyNet - Environmental, Health & Safety, Infection Prevention, Employee Health Contacts**.

In addition, OSHA's BBP Standard requires that our records include a summary of the training content and the names and qualifications of the trainers. KP's BBP training was created by National EH&S and content was developed by our national Subject Matter Expert (SME) for Bloodborne Pathogens with contributions from national and regional Infection Prevention and Employee Health leaders. Onsite support is provided by your local EH&S, Employee Health and Infection Prevention departments.

The Training Addendum at the link below provides a summary of elements included in this course and the qualifications of our national SME.

Bloodborne Pathogens Training Module - Addendum

By clicking the Forward button below, I understand that I have the right to get answers to questions about this material and, because this training is delivered online, that means contacting my Infection Prevention and/or Employee Health Department.

OSHA's Bloodborne Pathogens Standard

The Bloodborne Pathogen (BBP) Standard aims to minimize your exposure to bloodborne pathogens.

Employers must select and implement appropriate engineering controls to prevent employee exposure to BBPs. The standard requires that those at risk of BBP exposure be included in the process of evaluation and selection of these devices.

A hands-on demonstration in the use of the approved safety devices used in your work area is required. **Employees and physicians are required to use safety devices that are provided by the employer.**

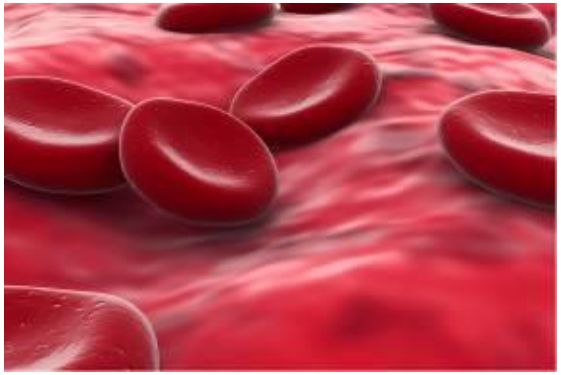
Talk to your Department Manager for more information on specific procedures performed or devices approved for use in your department.

For your reference below are links to the BBP standard:

Federal OSHA standard

California OSHA (Cal/OSHA) standard

Washington OSHA (WISHA) Standard



Epidemiology and Symptoms of BBPs

BBPs may include HIV, Hepatitis B (HBV), Hepatitis C (HCV) or other pathogens:

- Infection by **HIV** causes the progressive loss of immune system function. Acquired Immunodeficiency Syndrome (AIDS) can result from HIV infection and is characterized by opportunistic infections, cancers, neurologic disorders and other syndromes.
- **The time from infection by HIV to clinical diagnosis can take many years.**

Hepatitis is an **inflammation of the liver,** and one major type is viral hepatitis. Hepatitis B and C are the more serious viral forms and are **spread through contact with human blood or tissue** and perhaps through contact with other body fluids. They can result in chronic, debilitating and potentially fatal liver disease. You can have Hepatitis B or C for many years before you even know you have the virus. However, by then your liver may already be damaged. You can be infectious weeks before the onset of symptoms, and you will stay infectious while you are sick. Most people with Hepatitis C, and some people with Hepatitis B remain infectious indefinitely.

Symptoms of infection from Hepatitis B and C include, but are not limited to:

Loss of appetite	Abdominal discomfort
Nausea and vomiting	Joint pain and rash
Jaundice (yellowing of the skin and eyes)	Flu-like symptoms

Epidemiology and Symptoms of BBPs, cont.

Ebola Virus Disease (EVD), is an infectious disease caused by the Ebola virus. It is classified as a viral hemorrhagic fever (VHF) because of the fever and abnormal bleeding. Among the VHFs, Ebola is feared because of its high mortality. There are no specific treatments, but supportive therapy can be provided to address bleeding and other complications.

Ebola virus is transmitted through direct contact of the eyes, nose, mouth or non-intact skin with:

- The **blood or body fluids** of an infected symptomatic person or one who has died from EVD (body fluids include but are not limited to urine, saliva, sweat, feces, vomit, breast milk and semen);
- **Objects** (like needles and syringes) that have been contaminated

Symptoms of infection from Ebola may appear 2 to 21 days after exposure to Ebola and include:

Fever	Vomiting
Severe headache	Stomach pain
Joint and muscle aches	Diarrhea
Weakness	Unexplained hemorrhage (bleeding or bruising)

Important Considerations:

- Persons are not contagious until they develop symptoms.
- Persons at highest risk for EVD include healthcare workers and family and friends of infected patients.
- Effective isolation of patients and appropriate infection control measures applied to any suspect EVD patient would contain any potential spread.
- **Healthcare workers who will care for patients with suspected or confirmed Ebola will receive additional training.**

BBP Modes of Transmission

The modes of BBP transmission to healthcare workers are:

- Needlesticks/punctures
- Splashes into the nose, mouth or eyes
- Cuts or contact with non-intact skin (percutaneous)

BBP Exposure Control Plan

Each Kaiser Permanente facility maintains a **Bloodborne Pathogen Exposure Control Plan.**

Your Facility's plan:

- Describes Kaiser's role in protecting employees and your obligation to use protective measures.
- Identifies the procedures that put employees at risk and the protective measures to be taken.
- Describes the procedure for reporting BBP Exposure and Post-Exposure Prophylaxis.

You can obtain a copy of your site's BBP Exposure Control Plan from your supervisor or contact Environmental Health & Safety, Infection Prevention or Employee Health Services.

Activities That May Involve BBP Exposure

Examples of tasks that could involve exposure to **Bloodborne Pathogens** or **Other Potentially Infectious Materials** (**OPIM**) include any assigned duties during which skin, nose, mouth, eye, or parenteral contact with blood or OPIM can be reasonably anticipated.

Including:

- Surgical or invasive procedures
- IV/Central line placement
- Splash related events (e.g., during suctioning, childbirth, GI and pulmonary procedures)
- Blood drawing
- Cleaning up blood or body fluid spill
- Lab specimen processing and handling

This is a list of **commonly performed procedures** that may lead to exposure to BBPs.

Common Causes of Sharps Injuries

Device Activation Issue

- Needle slipped or finger slipped during activation of safety feature
- Safety mechanism malfunctioned
- Between steps of a multi-step procedure (user unable to activate safety feature until all steps completed)

Patient Moved/Jumped

- Lack of stabilization
- Patient unprepared for the procedure
- Uncontrolled pediatric patient

Insufficient Training

- User didn't receive in-service on how to activate the safety device
- User didn't know how to activate device appropriately even though they received training

User Error

- Did not engage safety feature
- Recapped used device with two handed technique
- Used a non-safety device when a safety device was available
- Stuck hand in sharps container

Improper Handling

- Hand passing instrument
- Leaving inactivated or loose needle on instrument field during or after procedure
- Using device inappropriately
- Two-handed activation of safety feature

Sharps not Disposed of Properly

- Sharps sticking out of sharps container
- Sharps found outside of sharps container (e.g., found in trash, floor, bed cracks, linen, food tray, etc.)
- Overfilled sharps container

Prevention of BBP Exposure

In order to prevent and reduce exposure to Bloodborne Pathogens, employees must:

- **Handle blood/body fluids of all patients as potentially infectious.**
- Decontaminate hands before putting on gloves, before patient contact, after touching equipment, after touching patient's environment, after specimen contact and after removal of gloves.
- Use of safety sharps devices is required by OSHA with only a few exceptions. Examples of safety devices include safe needle devices injection, IV starts, blood draws; safety scalpels and lancets and needleless IV tubing systems. **A limitation of safe needle devices** is that most devices have **safety features that must be actively engaged** in order to be effective. **Employees and physicians are required to use safety devices that are provided by the employer!**
- Place used sharps in sharps container immediately after use. Do not recap or manipulate needles.

In addition,

- Handle all laboratory specimens as potentially infectious
- Do not eat, drink, apply cosmetics or lip balm, or handle contact lenses in patient care areas or laboratory processing areas.
- Protect your non-intact skin (i.e., chapped or abraded skin) from contact with blood or bloody fluids.
- Do not pick up used sharps or broken glassware which may be contaminated directly with your hands. Perform clean up carefully using tools such as a brush and dustpan, tongs or forceps.

Personal Protective Equipment (PPE)

PPE protects the skin, eyes, mouth or nose during normal use and during the entire length of time it is worn. Examples of PPE are gloves, gowns and/or disposable plastic aprons, masks, face shields and protective eyewear

List of commonly performed procedures and the PPE required

NOTE:

- Disposable gloves cannot be washed or decontaminated for reuse.
- Employees must remove any PPE when it becomes torn or damaged, before leaving the work area, or when the PPE becomes contaminated, and place it in appropriate containers for decontamination or disposal. Disposable PPE, when contaminated with visible fluid blood, dried caked on blood or other infectious material, should be discarded in a biohazard container (or in a chemo container if the PPE has come in contact with chemotherapeutic agents).

All PPE has limitations. Gloves may develop small holes. Even appropriate PPE does not provide a foolproof guarantee of safety.

Your **department manager** is **responsible for maintaining an adequate supply** of protective gear to prevent employee exposure and for **informing you** of the proper use, location, removal, handling, cleaning, decontamination and disposal of PPE used at your worksite.

Explanation for Selection of PPE

Your supervisor will need to review your job responsibilities for areas that may involve exposure to bloodborne pathogens.

Selection of Personal Protective Equipment (PPE) is based on the type and degree of risk associated with the task being performed. Your facility EH&S and/or Infection Prevention Departments can help with selection and evaluation of PPE.

Any concerns about PPE (what type to use, proper training, etc.) should be discussed with your department manager or contact your **EH&S Department** for more information.

Hepatitis B Vaccine

KP offers hepatitis B vaccine to all employees. The vaccine can be obtained **free of charge** from Employee Health Services. The benefit of being vaccinated against hepatitis B is that it will prevent infection and liver disease associated with exposure to the hepatitis B virus.

The vaccine:

- is highly effective and safe
- is recommended for all employees
- does not expose the recipient to bloodborne pathogen diseases
- is given in three injections in the arm at day 0, 1 month and 6 months

Adverse reactions to the hepatitis B vaccine are rare but include:

- injection site reactions, including redness, soreness, swelling
- fatigue/weakness
- headache
- malaise
- Irritability

This link will give you more information on the vaccine: Hepatitis B Vaccine

Hepatitis B vaccine must be offered to all employees at risk for blood or body fluid contact, and is strongly recommended for all employees. A declination form (available from Employee Health Services) must be signed if you choose to refuse the vaccine. You may decide later to be immunized.

Actions to Take in an Emergency

The most obvious exposure incident is a needlestick. However, when blood or other infectious material comes in contact with your eyes, nose, mouth, other mucous membrane, or non-intact skin, this is also considered an exposure incident.

- Skin – intact or non-intact – should be **washed IMMEDIATELY** with soap and water.
- Nose, mouth and eyes can be flushed with water or saline. You may use an emergency eyewash station if available.
- Next, follow the procedures appropriate for your region as described in the table on the next slide.

Where Do You Work?

Click on the Market you work in to get Market-specific information on actions to take in an emergency (i.e., if you have a BBP incident).

If you work in Program Office or are a Shared Services employee or physician, select the Market you work in.

Washington

Colorado

Northwest

Mid-Atlantic States

California

Georgia

Maui Health System

Hawaii

California
NCAL and SCAL Markets

IMMEDIATELY notify your department manager and go to Employee Health or the Emergency Department (within the first **2 hours** of exposure).

KAISER PERMANENTE®

Colorado

IMMEDIATELY notify your Manager and call Employee Health at (303) 344-7527. Urgent care may be utilized after hours and holidays.

KAISER PERMANENTE®

Hawaii

IMMEDIATELY notify your supervisor/manager or person in charge and you will be directed for evaluation and treatment.

KAISER PERMANENTE®

Georgia

IMMEDIATELY notify your department manager and Employee Health. Report to Internal Medicine (within 2 hours).

Complete Sharp or Splash form in BBP **red book** and fax form to Employee Health.

KAISER PERMANENTE®

Maui Health Systems

IMMEDIATELY notify Manager, Charge AND Notify Nursing Supervisor.

Seek medical treatment in the ED within 2 hours of exposure.

Follow up with Employee Health the next business day, call (808) 442-5051.

KAISER PERMANENTE®

MidAtlantic States

Maryland, Virginia and Washington DC

IMMEDIATELY notify Employee Health and your supervisor for any bloodborne pathogen exposures.

After hours, on weekends and holidays: Healthcare workers should seek post-exposure evaluation, care and treatment at **Urgent Care** centers.

KAISER PERMANENTE®

Northwest

IMMEDIATELY contact **Employee Health** at 1-844-951-2060 during business hours (8:30 a.m. – 5:00 p.m.).

After business hours or on weekends:

Hospital Staff: Call the on-site Hospital Supervisor (HAS).

Ambulatory/Dental Staff: Proceed to nearest Urgent Care.

Ambulatory Surgery Center (ASC) and Care Essentials Locations: Utilize your after-hours resource binder.

KAISER PERMANENTE®

KP Washington

IMMEDIATELY notify your department manager/supervisor or person in charge and page Employee Health at **206-344-9375**.

Go to Internal KPWA SharePoint website, mykp.kp.org; search for Employee Health; locate 'Accidental Parenteral Exposure' section on left side of web page and follow instructions.

KPWA Employee Health website

KAISER PERMANENTE®

Post-Exposure Procedure

In the event you are exposed to any blood or other infectious materials, **it is CRUCIAL that you immediately report any exposure incident to your department manager** to facilitate immediate intervention that **can deter the development of HBV, HCV, HIV and other potential infections.**

Information that will be needed to report BBP exposure includes…

- The name and medical record number of the source patient (if known)
- The type and level exposure
- What protective equipment or clothing you were wearing at the time of exposure
- Information on the device involved (including name, brand, manufacturer, volume, gauge and length)
- Whether or not a safety feature was utilized

Employee Health Services enters information provided by the employee regarding the exposure incident into the National BBP Exposure Incident database. The **Sharps Injury Log** for each facility is generated from this database.

Employees who have had an exposure are offered an immediate medical evaluation with appropriate follow-up.

Post-Exposure Medical Evaluation

- Counseling
- Appropriate lab work and treatment in line with current US Public Health Service recommendations and regional policies and procedures.
- At the time of exposure, you will be offered baseline testing for HIV, HCV and immunity to HBV. Follow-up testing for HIV, HCV and HBV (if not immune) may also be recommended if there is a concern that you had a significant exposure to HIV.
- Chemoprophylaxis (drug therapy) may be recommended after a high-risk exposure.
- If you do not have immunity to HBV, you may be offered Hep B immunoglobulin and possible revaccination (if needed) at the time of high-risk exposure to HBV.
- Evaluation of any reported illness in the future to determine if the symptoms may be related to HIV, HBV or HCV development.

Biohazard Labeling

Biohazard warning labels must be affixed to containers of biohazardous materials. Labels must include the universal biohazard symbol and the legend **BIOHAZARD** or in the case of sharps containers and regulated waste, **BIOHAZARDOUS WASTE** or **SHARPS WASTE**.

Labels are fluorescent orange or orange-red, with lettering and symbols in a contrasting color.

NOTE: Your department manager will instruct you on proper waste disposal practices for your job duties.

Before getting started… Questions?

Tuberculosis (TB)

The law requires that you have an opportunity for interactive questions and answers about this material. If you reach a point in this training when you do have a question, **STOP** and contact your local Infection Prevention or Employee Health department.

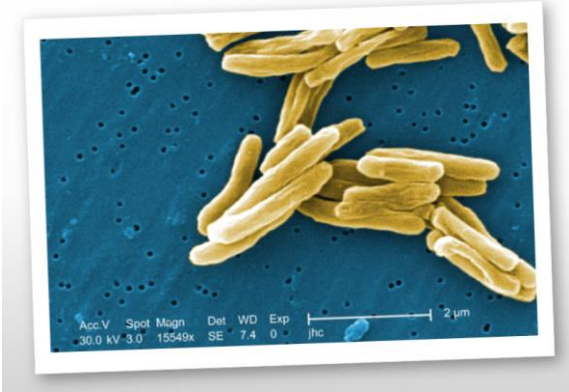
If you do not know how to contact them, you can find contact numbers by clicking Environmental, Health & Safety, Infection Prevention-Control, Employee Health Contacts.

If you close this course and return to it at a later time, you will have the option to start again where you left off.

KP's TB training was created by National EH&S and content was developed by our Subject Matter Experts (SMEs) for Aerosol Transmissible Diseases with major contributions from regional and national Employee Health and Infection Prevention leaders. Onsite support is provided by your local EH&S, Employee Health and Infection Prevention departments.

Introduction

What is Tuberculosis (TB)?



Mycobacterium tuberculosis
Image credit: Janice Haney Carr

- TB is a **contagious airborne disease** caused by the organism known as *Mycobacterium tuberculosis*. TB can infect any part of the body but the **lungs are the most common site of infection**. TB lymphadenitis is the most common form of extrapulmonary TB. Pulmonary and laryngeal tuberculosis are the most contagious forms of the disease.

- About 10% of infected persons (i.e., having Latent TB) will develop TB disease (Active TB) at some time in their lives, but the **risk for developing TB disease is considerably higher** for persons who are **immunosuppressed**, especially those with HIV.

- **Latent TB Infection -** Persons with latent TB infection do not feel sick and do not have any symptoms. They are **infected with M. tuberculosis, but do not have TB disease**. The only sign of latent TB infection is a positive reaction to the tuberculin skin test or TB blood test (immune compromised persons may have false negative test results). Persons with latent TB infection are not infectious and cannot spread TB infection to others.

- **TB Disease (Active TB)- TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in** the progression from latent TB infection to **TB disease**. People with TB disease (Active TB) have symptoms, are sick, and may be infectious if they have the disease in their lungs or larynx. Some people develop TB disease soon after infection, while others develop it later when their immune system becomes weak.

Groups at High Risk for TB Exposure, Infection or Disease

High-risk groups can be divided into two categories:

- High risk for **exposure to or infection** with *M. tuberculosis*
- High risk for **developing TB disease (active TB)** after infection with *M. tuberculosis*

*Photos from CDC

Groups at Risk for TB Exposure/Infection

Groups at High Risk for Exposure to or Infection with *M. tuberculosis*:

- Persons who have close contact with someone with tuberculosis disease (Active TB)
- Persons born in areas of the world where TB is common, including but not limited to: Asia, Africa, Russia, Eastern Europe and Latin America
- Persons who visit areas with a high prevalence of TB disease
- Persons who abuse drugs or alcohol
- Persons with HIV
- Medically underserved low-income populations
- People who live or work in high-risk congregate settings such as correctional institutions, nursing homes, mental institutions or homeless shelters
- Infants, children and adolescents exposed to adults who are at increased risk for latent TB infection or TB disease
- Locally identified high risk populations
- **Healthcare workers (HCW) who provide services to high-risk groups.**

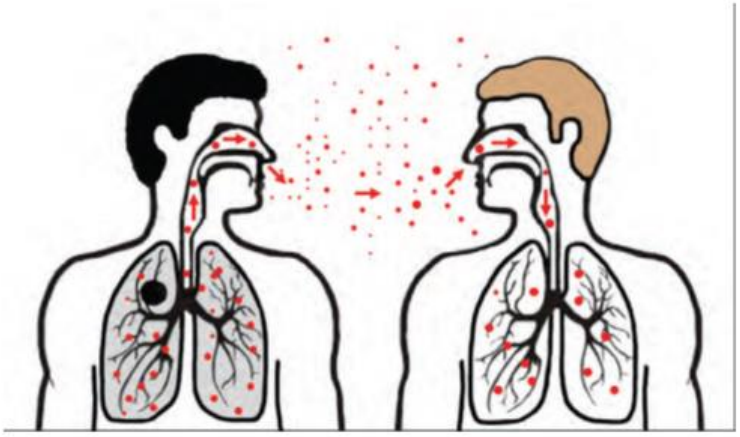
Groups at Risk for Developing TB Disease

Groups at High Risk for Developing TB Disease (Active TB) after Infection:

- People living with HIV
- Children younger than 5 years of age
- People infected with M. tuberculosis within the past 2 years
- People with a history of untreated or inadequately treated TB disease
- People who are immunocompromised or receiving immunosuppressive therapy
- People with silicosis, diabetes mellitus, chronic renal failure, leukemia or cancer of the head, neck or lung
- Persons who have had a gastrectomy or jejunoileal bypass
- Persons of low body weight
- Cigarette smokers and persons who abuse drugs or alcohol
- Locally identified high risk populations

Modes of TB transmission

TB is spread from person to person by a germ carried on tiny particles in the air (droplet nuclei). These infectious particles are generated when persons with untreated and active lung or laryngeal TB cough, sneeze, speak or sing. They are so small that normal air currents can keep them airborne for a long time.



Transmission of TB
TB is spread from person to person through the air. The dots in the air represent droplet nuclei containing tubercle bacilli. (From CDC.gov/tb/ education)

High risk procedures* that have higher potential for exposing staff to TB include:

- Endotracheal intubation and suctioning
- Aerosolized administration of drugs, e.g., Pentamidine
- Laryngoscopy and bronchoscopy
- Sputum induction
- Processing of TB specimens
- Cardiopulmonary resuscitation
- Autopsy

****Not all of these procedures may be performed at your facility. They are considered high risk because they may generate significant amounts of aerosolized infectious particles.***

TB is NOT transmitted by contact with surfaces or objects!

Symptoms of TB Disease (Active TB)

The **lungs** are the **most common site of infection**, and pulmonary and laryngeal tuberculosis are the most contagious forms of the disease.

Signs and symptoms of TB disease (Active TB) may include:

- Productive, persistent cough for more than 3 weeks
- Unexplained weight loss
- Loss of appetite
- Night sweats
- Fever
- Weakness
- Fatigue
- Bloody sputum

Responsibilities for Prevention

As an employer, Kaiser Permanente has a responsibility to develop practices and procedures that will protect staff from occupational exposure to TB.

As an employee, you have a responsibility to follow those policies and procedures that have been developed to prevent exposure to tuberculosis.

Employee Responsibilities for Prevention; TB Screening

Employee responsibilities:

- Know how to access your Facility's TB Exposure Control Plan. Ask your supervisor or contact Employee Health or the Infection Prevention Department to be directed to this Plan.
- Recognize tasks that include occupational exposure.
- Perform all your tasks according to established work practice controls (for example, know the N95 respirator for which you have been fit tested or the PAPR for which you have been trained).
- Learn to recognize patients with symptoms suggestive of TB disease (active TB).
- Report known or suspected exposures according to site procedures.

Annual TB Screening:

- Employees will be screened initially upon hire, annually, or as determined by the TB risk assessment in your region. You will receive this notification from Employee Health (TB testing requirement or questionnaire).
- It is your responsibility to complete your annual TB screening when directed by Infection Prevention/Employee Health.

Responsibilities for Prevention – Kaiser Permanente

Employee Health Services' Responsibilities:

- Employee Health Services is responsible for notification of employees **potentially exposed to a patient with TB disease (active TB)**. Follow-up should occur 8-10 weeks after exposure.

It is a **Manager's responsibility** to:

- Ensure employees complete medical screening through Employee Health
- Train employees on any site-specific protocols including the purpose and proper use of controls to prevent TB exposure
- If employees are required to use a respirator, ensure employees receive a one-time medical evaluation for respirator use from Employee Health. (Additional medical evaluations may be required by the evaluating clinician.)
- Ensure employees required to use a respirator receive initial and annual training on the specific type of respirator they are assigned to use, e.g., N95, elastomeric or PAPR* *(*Note: Maxair CAPR = type of PAPR)*
- Ensure employees using N95 or other tight-fitting respirators receive initial and annual fit testing
- Know how to access PAPRs for those employees unable to be fit tested with N95 respirators
- Provide an adequate supply of respirators in the models and sizes that staff have been fit tested for (N95, elastomeric) or otherwise assigned to use (PAPR)

It is the manager's responsibility to assure completion of the healthcare workers' annual TB surveillance by Employee Health Services (TB test request or health questionnaire).

You can find contact numbers for Employee Health by clicking here: **SafetyNet - EH&S, IP, EH Contacts**

Methods to Prevent Exposure

To prevent employee exposure to TB, a 3-step “hierarchy of controls” is recommended by the CDC:

Step 1: **Administrative Controls** - Early Identification and Treatment of TB Cases:

- Identify high risk patients as those who have a chronic cough, unexplained weight loss, loss of appetite, night sweats, fever, hemoptysis (coughing up blood), and those who are immunocompromised. Other clues include recent exposure to a person with TB, or country of origin (with high incidence of TB).
- Report patients with symptoms suggestive of TB to your supervisor and/or Infection Prevention or Employee Health designee.

Step 2: **Environmental Controls** - Airborne Isolation Precautions:

- *For regions equipped with airborne infection isolation (AII) negative pressure rooms:* If TB is suspected, the patient is placed on Airborne Isolation Precautions and placed in an AII negative pressure room until diagnosis is confirmed or ruled out. Suspected or confirmed TB patients should wear a surgical mask if they are being transported for any reason outside of the AII room.
- *For regions without inpatient facilities/AII rooms:* If TB is suspected, the patient is isolated as soon as possible (e.g., moved out of waiting room into exam room) and/or asked to wear a surgical mask, and promptly referred to a facility equipped to properly test, treat and care for this patient. If patient is placed in a room for isolation, close door and, after patient leaves, keep door closed and restrict entry until required clearance time has elapsed (based on room ventilation rate). *NOTE: The referring department should always notify the receiving department regarding the suspected TB status of the patient.*

Methods to Prevent Exposure

Step 3: **Personal Protective Equipment (PPE)** – Respiratory Protection

Employees should use an N95 respirator, an elastomeric respirator or PAPR in the following situations with a known or suspected TB patient:

- Entering room of a patient on airborne isolation precautions, or entering the room after the patient has left but prior to the required clearance time for the room (for example, at least 35 min. for an AII room operating at 12 air changes per hour, and at least 70 min. for a room operating at 6 air changes per hour)
- Occupying a room when a patient is undergoing a high-hazard medical procedure (e.g., sputum induction, bronchoscopy, surgery, autopsy, etc.)
- Changing room air filters in airborne infection isolation rooms
- Entering an Acid-Fast Bacilli (AFB) Lab

NOTE 1: When wearing a surgical mask underneath a PAPR, such as in the OR, only the PAPR headcovers recommended by the manufacturer for use with a surgical or face mask underneath may be used.

NOTE 2: Surgical masks are NOT respirators, although they may look similar. A surgical mask does not achieve the tight face seal of an N95 respirator.

NOTE: In order to correctly use and wear tight-fitting respirators such as an N95 or elastomeric respirator, you must be trained and fit tested for that type of respirator. OSHA requires that employees wearing these respirators have been trained and fit tested within the past year. PAPR users must be trained within the past year.

Decontamination and Disposal of PPE

Employees must remove any PPE before leaving the work area or when the PPE becomes contaminated and place it in appropriate containers for storage, cleaning, decontamination or disposal.

The **exception** is your **respirator (N95, elastomeric or PAPR)**, which must be removed **after leaving the patient room**.

NOTE: **N95s are for single use only** unless supplies of stock are extremely low and facility leadership directs staff to implement re-donning of N95s.

PAPRs or other reusable respirators such as elastomeric respirators must be cleaned and disinfected per manufacturer's instructions. As needed, consult with Infection Prevention to ensure KP-approved products are used.

TB Exposure

It's important that staff know what **qualifies as** a **TB exposure**. A **TB exposure occurs** when health care workers:

- **Have contact (share the same air for a sufficient length of time)** with a person who has pulmonary or laryngeal TB disease **without the use of exposure prevention measures**. (Example: NOT wearing a respirator)

OR

- **Provide care to a patient with TB disease undergoing potentially aerosolizing procedures** involving TB infected body fluids or tissue **without the use of exposure prevention measures**.

OR

- **Enter a room prior to air contaminant clearance** where a high-risk procedure was performed on a patient with pulmonary or laryngeal TB disease **without the use of exposure prevention measures**.

OR

- **Handling TB specimens** in an AFB Lab **without the use of exposure prevention measures.**

A significant TB exposure is a combination of time (how long) and proximity (location). It usually requires extended time with a contagious patient or very direct respiratory contact with aerosolized bacterium.

Note that an *exposure* to TB does *not* mean that the HCW will contract the disease!

TB Post-Exposure Protocol and Preventive Therapy

Post-Exposure Protocol:

- All TB exposures must be reported to the responsible supervisor and to the Infection Prevention or Employee Health designee as soon as possible for appropriate evaluation and follow up.
- All follow up will be provided free of charge if a TB test (examples: TST - Tuberculin skin test or IGRA - blood test) conversion is determined to be work-related.

Preventive Therapy:

- Employees with a positive TB test or IGRA, who do not have TB disease (Active TB), will be evaluated for preventive therapy. This evaluation and resulting treatment will be coordinated by Employee Health Services. Employees may be referred to their primary care provider for treatment.
- The purpose of preventive therapy (prophylactic treatment) is to prevent latent TB infections from progressing to TB disease (Active TB).
- Treatment is usually a prophylactic use of daily INH for 6 - 9 months or a shorter course of daily Rifampin for 4 months, or high dose INH/Rifapentine once weekly for 3 months.
- Participation in a prophylactic treatment plan is voluntary and may be free of charge though the Employee Health Department or the Public Health Department.

TB Disease Diagnosis

If a health care worker is diagnosed with TB Disease (Active TB):

- TB is usually curable if it is diagnosed early and if effective treatment is instituted without delay. Employee Health Services may monitor care to ensure the employee receives appropriate therapy.
- Cases of TB disease (Active TB) are reported to the Department of Health/Public Health Dept. and may involve consultation with an Infectious Disease physician.
- TB disease should be treated through directly observed therapy by the Department of Health/Public Health Dept.
- Incomplete treatment can lead to the development of drug-resistant TB.
- Multiple medications are used up to 9 months. Sputum is obtained to confirm the diagnosis suspected on chest x-ray. The patient/employee is off work until the sputum is clear of infection.
- An adequate response to therapy is required before a healthcare worker or patient with TB disease is no longer considered infectious.
- Employees who are diagnosed with TB disease must be cleared by the Department of Health/Public Health Dept. and possibly by an Infectious Disease physician before returning to work.
- Confidentiality will be maintained at all times.

Chemical Safety

Hazardous Communication
Managing Hazardous Material

Click here for a list additional chemical specific trainings available in KP Learn.

When completed in conjunction with on-site departmental and job-specific orientation to the Hazardous Materials in use in the work area, this training meets the requirements of Federal Hazard Communication Standard 29 CFR 1910.1200.

This section provides information on how employees can create a safe and secure working environment for staff and members and provides education and training needed to comply with Joint Commission Standard EC.02.02.01

Hazard Communication Standard

The OSHA Hazard Communication Standard requires the employer to develop a written hazard communication program for the workplace, which should cover:

- **Identification** of chemicals in the work area (chemical inventory)
- **Labeling** of hazardous chemicals to provide hazard warnings
- **Safety Data Sheets** (SDS) for all hazardous chemicals to be readily accessible
- **Training** to be provided to all staff exposed to hazardous chemicals

Right to Know

Under the Hazard Communication Standard, you have the "Right To Know"……

- All of the operations in your work area where hazardous chemicals are present, and the proper protective measure to safely work with these chemicals including:
    - appropriate personal protective equipment (PPE) needed when using each chemical
    - Where emergency equipment is located (safety showers, eyewash stations, alarm pulls, fire extinguishers, spill kits)
- How to access facility chemical inventories
- How to access the Safety Data Sheets (SDS) for these chemicals
- How to access a copy of your facility's written Hazard Communication Program.

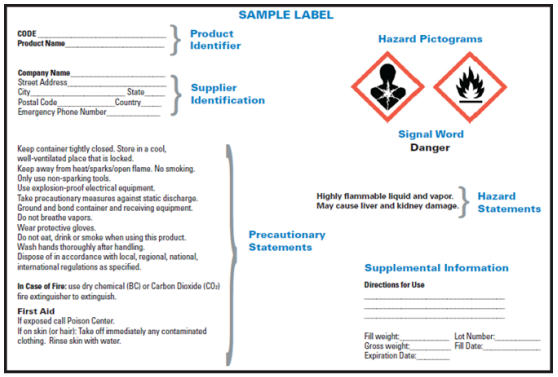
If you do not currently know the above information, you MUST get this information from your department manager/supervisor and/or your EH&S department or through the **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training for information on how to access hazardous chemical information for **YOUR** facility.

By clicking the Forward button below, I agree to learn where hazardous chemicals are present in my work area; how to access my Hazard Communication Plan; the chemical inventory for my work area; and how to access Safety Data Sheets.

Labeling Systems: Primary and Secondary Labels

Primary Labels are those which are **affixed to the product's original container** and provided by the manufacturer/distributors, which must include:

- Product identifier (name of chemical);
- Signal word, either "danger" or "warning
- Hazard statement(s) - Standardized and assigned phrases that describe the hazard(s) as determined by hazard classification
- Pictogram(s)
- Precautionary statement(s) – for Prevention, Response, Storage and Disposal
- Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.



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Secondary Labels are those that are **affixed to the container to which a hazardous chemicals is transferred from a primary container**. The original manufacturer's label and SDS are used as sources of information. The secondary container must be labeled with at least the following:

- Product identifier and
- Words, pictures, symbols, or a combination providing "general" information regarding the hazards of the chemicals

Workplace Label Example

Chemical: ***Isopropyl Alcohol***
Hazards: ***Flammable***
Eye, Nose and Throat irritant

Pictograms and Hazards

The hazard pictograms are part of the international Globally Harmonized System (GHS) of Classification and Labelling of Chemicals. **These symbols quickly convey hazard information without words**. Hazardous chemicals in the manufacturer's original container will usually have these symbols on them.

Health Hazard

Carcinogen
Mutagenicity
Reproductive Toxicity
Respiratory Sensitizer
Target Organ Toxicity
Aspiration Toxicity

Flame

Flammables
Pyrophorics
Self-heating
Emits Flammable Gas
Self Reactives
Organic Peroxides

Exclamation Mark

Irritant (skin and eye)
Skin Sensitizer
Acute Toxicity
Narcotic Effects
Respiratory Tract Irritant
Hazardous to Ozone Layer (non-mandatory)

Gas Cylinder

Gases Under Pressure

Corrosion

Skin Corrosion/Burns
Eye Damage
Corrosive to Metals

Exploding Bomb

Explosives
Self-Reactives
Organic Peroxides

Flame Over Circle

Oxidizers

Environment (non-mandatory)

Aquatic Toxicity

Skull and Crossbones

Acute Toxicity (fatal or toxic

Chemical Hazards That May Be Found in the Work Area

The types of hazardous chemicals you may work with depends on the operations in your work area. Hazards can be physical or health hazards, and **some chemicals may have more than one hazard.**

HEALTH HAZARD are chemicals that may be carcinogens (may cause cancer), mutagens (may cause genetic mutation), respiratory sensitizers, cause reproductive toxicity and/or target organ toxicity (liver, lungs, kidneys, etc.).

Examples:
Formalin, methanol, ethylene oxide, certain metals (arsenic, cadmium, chromium)

CHEMICALS WITH EXCLAMATION MARK PICTOGRAM may be eyes, throat respiratory tract irritants and cause a reversible inflammatory effect on the skin or mucus membranes at the site of contact, skin sensitizers (cause the development of an allergic reaction), acutely toxic or have narcotic effects.

Examples:
Ammonia, formalin, sulfur dioxide, high level disinfectants

Chemical Hazards That May Be Found in the Work Area

CORROSIVES are chemicals that cause visible destruction (e.g., “chemical burn”), or irreversible changes in eyes, skin and mucous membranes at the site of contact or inhalation. They may also cause damage to metals.

Examples:
Acetic acid, glacial (100%); bleach (5% sodium hypochlorite); 6N hydrochloric acid (18%); nitric acid; lead-acid batteries; 5% sodium hydroxide; ammonium hydroxide

GAS UNDER PRESSURE is a gas in a pressurized container, usually a “cylinder”. The gas is stored at a pressure greater than atmospheric pressure. It can be compressed, liquified or dissolved gases. Improper handling of compressed gas cylinders can result in adverse physical or health effects. Some gases under pressure have secondary hazards.

Examples:
Medical gas; nitrogen; oxygen; cryogenic liquids; propane; acetylene

Chemical Hazards That May Be Found in the Work Area

FLAMMABLES are chemicals that are capable of being easily ignited and burning quickly when exposed to an ignition source. They may be gases, aerosols, or liquids. They may be self-heating or self-reactive or pyrophoric (ignites when exposed to air)

Examples:
Alcohol based hand gel or foam; Alcohol Prep Pad (95% isopropyl alcohol); Asepti-Wipe II (15% isopropyl alcohol); Chlora-Prep Clear (70% isopropyl alcohol); Endure 300, Cida Rinse Gel (50% ethyl alcohol); Matisol (45% ethyl alcohol)

OXIDIZERS are chemicals that make other materials burn more readily and more fiercely. They are very reactive. They can burn without air. Keep away from flammable materials.

Medical grade oxygen will support combustion by creating an oxygen enriched environment, or silver nitrate sticks react with moisture to generate heat to cauterize wounds.

Examples:
Nitrous oxide (cryogenic liquid); oxygen (gas); silver nitrate sticks (solid); Oxycide

Chemical Hazards That May Be Found in the Work Area

TOXICS are chemicals that contain poisonous substances. They disrupt cellular reproduction. They may cause life threatening effects in small amounts if ingested, inhaled or absorbed through skin

Examples:
Methanol; denatured alcohol; Steris S-40 concentrate; phenol

EXPLOSIVES are chemicals that are unstable and may explode in a fire, or create a severe projection hazard.

Examples:
Powered cartridges for tools

Safety Data Sheets (SDS) and Chemical Inventories

Safety Data Sheets, or **SDSs**, are important components of a hazard communication program. Standardized SDS will include the following required sections:

- Section 1, Identification
- Section 2, Hazards(s) identification
- Section 3, Composition/information on ingredients
- Section 4, First-aid measures
- Section 5, Fire-fighting measures
- Section 6, Accidental release measures
- Section 7, Handling and storage
- Section 8, Exposure controls/personal protection
- Section 9, Physical and chemical properties
- Section 10, Stability and reactivity
- Section 11, Toxicological information
- Section 16, Other information

ECOLAB SAFETY DATA SHEET

LEMON-EZE

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

Product name	LEMON-EZE
Other means of identification	Not applicable
Recommended use	Cleaning product
Restrictions on use	Reserved for industrial and professional use.
Product dilution information	Product is sold ready to use.
Company	Ecolab Inc. 370 N. Wabasha Street St. Paul, Minnesota USA 55102 1-800-352-5326
Emergency health information	1-800-328-8626 (US/Canada), 1-651-222-5352 (outside US)
Issuing date	09/22/2015

SECTION 2: HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion	Category 1A
Serious eye damage	Category 1

GHS Label element

Hazard pictograms

Signal word	Danger
Hazard Statements	Causes severe skin burns and eye damage.
Precautionary Statements	**Prevention:** Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection. **Response:** IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER or doctor/ physician. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse. **Storage:** Store locked up. **Disposal:** Dispose of contents/ container to an approved waste disposal plant.
Other hazards	Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Kaiser Permanente utilizes Verisk 3E, a web-based safety data sheet and chemical inventory management platform. Access your facility-specific chemical inventory and safety data sheets through the intranet site or from National EH&S SafetyNet.

If you are not sure how to access an SDS or Chemical Inventory, contact your supervisor or your facility EH&S Department.

Chemical Inventory and SDS Search

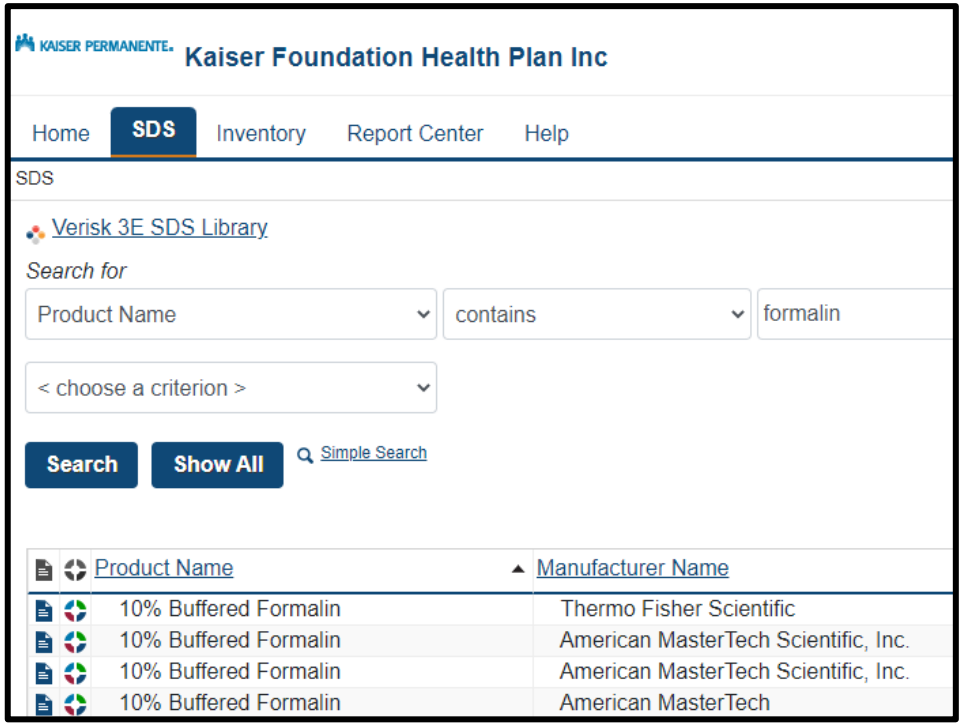
Upon accessing the Verisk 3E SDS website, there are two ways to search for a SDS:

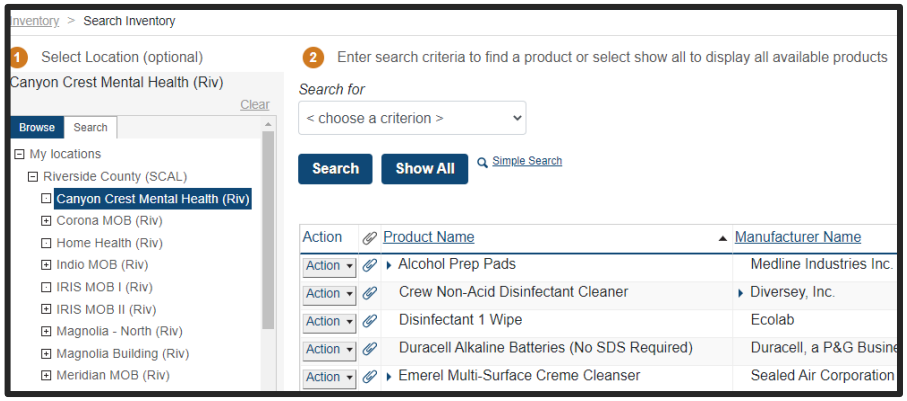
Through the **SDS tab**

- Enter the product name or identification and click *Search*
- Click on  and choose *View* to open the SDS onto another tab.

Through the **Inventory Tab**

- Select *Search Inventory*
- On the left choose the lowest inventory-tier (highlights blue).
- Click *Show All* to see the chemicals in inventory.
- Click *Actions* and then click *View SDS*





Reminder: Access your facility-specific chemical inventory and safety data sheets through your Service Area/Market intranet site or from National EH&S SafetyNet.

Engineering Controls, Work Practice Controls, and Personal Protective Equipment (PPE)

If your job duties involve working with hazardous chemicals you may be required to follow specific processes that may or may not require the use of engineering controls, work practices, and/or personal protective equipment (PPE). These procedures are designed to protect you from exposure via inhalation, absorption (Skin Contact), ingestion, or injection to the hazardous chemicals you may work with.

Engineering controls include:

- Well-ventilated work areas
- Ventilation hoods/prefabricated grossing stations
- Closed-loop devices

Safe work practices include:

- Follow department-specific procedures for chemical use
- Follow the precautionary statements printed in the SDS and labels
- Do not eat, drink, or chew gums near chemicals
- Wash your hands after handling chemicals
- Proper use of Personal Protective Equipment (PPE)

Personal Protective Equipment

- Wear appropriate eye protection (goggles and/or faceshield) where chemicals are handled
- Wear appropriate gloves (nitrile or others, depending on the chemical) to avoid potential contact with hazardous materials; inspect the gloves before each use, and replace them periodically or between procedures
- Wear chemical resistant aprons/gowns

Methods of Detecting a Chemical Presence or Release

You may learn about the presence of a hazardous chemical by:

- Air sampling reports provided as a result of periodic monitoring for certain chemicals (e.g., formaldehyde).
- Continuous monitoring devices (e.g., ethylene oxide).

It is important that you stay alert to the signs of a chemical spill or release, by such signs:

- Is there an unusual or unusually strong smell?
- Is there a pool of an unidentifiable substance in an area where chemicals are being used?
- Are there leaks in the chemical containers?

You will need orientation and training on how to detect a spill or accidental chemical release, specific to those chemicals in use in your work area.

Spill Response

If a spill occurs, refer to the Rainbow Chart or other quick reference guide (such as Code Flip Chart) on emergency procedures. You can also refer to the SDS for accidental release measures.

The NEH&S Hazardous Chemical Spill Management website also provides a list of common chemicals used within KP and their specific threshold limits and response procedures for incidental vs. emergency spills, appropriate spill kits and PPE.

In general, you should follow these procedures for response to a spill…

INCIDENTAL SPILL RESPONSE

With the proper training, incidental spills can be cleaned by departmental staff.

Isolate	**Isolate** the area. **Evacuate** everyone from the area surrounding the spill. **Secure** the area and establish a wide perimeter to prevent people from tracking through the spill. **Contact:** Manager and/or EH&S Department per local pr
Contain	**Stop** the source of the spill, if possible. **Obtain** appropriate spill kit. **Apply** neutralizer within 10 minutes to reduce vapors.
PPE	**Don** PPE in the following order to clean up spill: 1. Inner gloves 2. Gown with cuff over inner gloves 3. Outer gloves 4. Respiratory protection (as applicable) 5. Goggles and face shield
Clean	**Contact EVS** to clean the area with germicidal detergent and water.
Discard	**Contain** and **dispose** of all materials as bulk RCRA hazardous waste.

EMERGENCY (HAZWOPER) SPILL

An Emergency Spill, also known as a HazWopER Spill, is a spill that meets any of the criteria:

1. Uncontrolled release of a hazardous substance (e.g., free flowing, unable to turn off the source, etc.)
2. Evacuation of employees
3. **Poses an Immediate Danger to Life and Health (IDLH)**
4. Poses a serious threat of fire or explosion
5. An imminent danger exists
6. **High levels of exposure to toxic substances**
7. Uncertainty that resources (e.g., trained personnel, equipment, etc.) are available to deal with the severity of the hazard
8. Situation is unclear and/or critical information in lacking

Most common Emergency Spill situations at KP due to high levels may cause irreversible effects

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Additional Hazard-Specific Information

If your job duties involve working with hazardous chemicals you may be required to follow specific processes that may or may not require the use of engineering controls, work practices, and/or personal protective equipment (PPE).

The following Fact Sheet links provide more information on the application, use, control and disposal of selected products:

Alcohol includes ethanol, isopropyl and methanol

Bleach

Cidex OPA-C

Ethylene Oxide

3.7% Formaldehyde (10% Neutral Buffered Formalin)

2.6% Glutaraldehyde includes Cidex 14-Day, MetriCide™ 28-Day and Wavicide

Halogenated Anesthetic Agents includes desflurane, isoflurane and sevoflurane

Hazardous Drugs

Hydrochloric Acid

Nitrous Oxide

Ortho-Phthalaldehyde (OPA) includes Cidex OPA 14-Day and MetriCide OPA Plus

OxyCide

PeridoxRTU

Phenol

Rapicide PA Part A

Revital-Ox RESERT

STERRAD Sterilant

Steris S-40 Concentrate

Trophon EPR Sonex-HL

Xylene

Hazard Communication Courses in KP Learn

This concludes the General Hazard Communication course.

Additional chemical specific training is available on KP Learn and may be required by your department or site to inform you of the chemical hazards in your department.

Chemical Specific Courses	Other Courses
• Cadmium • Corrosives, Irritants & Sensitizers • Dry Ice • Flammable • Formaldehyde • Gases Under Pressure • Hazardous Drugs • High Level Disinfectants • Latex • Phenol • Silica (Respirable Crystalline Silica) • Toxics • Waste Anesthetic Gases	• Chemical Hygiene Training (for labs) • Emergency Eyewash and Deluge Shower Training

Click here for list of hazard specific training courses/ course IDs available on KP Learn.

Hazardous Material – Safe Chemical Storage

It's important to **store chemicals safely**. Follow any and all recommendations of the manufacturer. These are usually found on the chemical container, label, or safety data sheet (SDS).

Other things to remember…

- **Do not** store hazardous chemicals **above eye level**.
- **Separate chemicals** that could **cause a hazardous reaction** if they are mixed. For instance, acids and bases can be very reactive together.
- Consider whether your chemicals need to be stored in a special cabinet, such as a **flammables** or a **caustics cabinet**.
- Do not store chemicals in containers normally used for other purposes—for example, a dish detergent or milk bottle.
- Chemical containers **should not be stored on top of each other or on the floor** where they could accidentally be knocked over.
- Chemicals should **never be stored with food**.

Do not dispose of hazardous materials in regular trash or down the drain.

Hazardous Material – Medical Gas Safety

Cylinders containing compressed gases are a serious hazard when not handled or stored correctly.

A tank which is not secured may be knocked over. If the valve is knocked off or the tank ruptures, the cylinder would become **a projectile causing severe injury** or even death.

A leaking oxygen cylinder can be a fire and explosion hazard.

Leaks of compressed gases which displace oxygen, such as nitrogen or carbon dioxide, **can put people at risk for asphyxiation**.

Hazardous Material - Compressed Gas Cylinder Storage

- **All compressed gas cylinders must be upright and secured to a fixed object** or held in a portable transport cart/holder. Cylinders should be secured at **both the top and the bottom**.

- In **patient areas**, only **12 small "E-Cylinders" of oxygen** or one H-cylinder (a maximum of 300 cubic feet) can be stored in a smoke compartment without special enclosures. In use e-cylinders of oxygen may be found on gurneys, wheelchairs or crash carts. These in use e-cylinders are not to be included in the smoke compartment storage count limitation.

- **Never store cylinders in an egress corridor.**

Click here for more information on safe handling and storage of compressed medical gas cylinders.

E-cylinder

H-cylinders

Using an Emergency Eyewash

You need to know:

- **Chemicals you use** that can cause damage to your eyes or skin
- The **location** of the nearest eyewash *Can you get there with your eyes shut?*

Emergency eyewashes and/or showers must be in accessible locations that require **no more than 10 seconds for the injured person to reach**.

Using an Emergency Showers

Emergency Deluge **showers** are needed in those areas where it is a possibility that either highly corrosive or highly toxic chemicals may splash over substantial areas of the body.

- To **activate** the emergency shower, **pull down** on the activation mechanism until the water starts.
- If your **clothing is contaminated with chemicals, remove them** before getting under the shower. (The chemicals will stay on the body longer if the clothing is not removed.)
- **Continue under the shower for 15 minutes** before seeking medical attention.

Remember…

There must always be a clear pathway to the eyewash/shower. Ensure no carts or boxes are placed in the way.

There must be a highly visible sign posted with the eyewash and the sign must be visible to all employees in the area that work with the chemicals of concern.

Emergency eyewash and deluge showers are regularly tested for operation, if for any reason equipment is found to not be working, repairs must be requested immediately.

Emergency Response

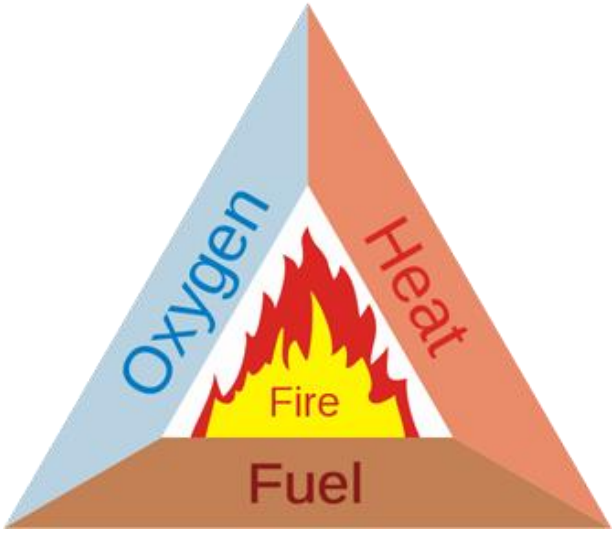
Fire Safety
Fire Extinguishers
Emergency Preparedness

Completion of this section, in conjunction with on-site orientation to facility and departmental procedures with regard to Fire Response Plans, complies with the training requirements of Joint Commission Standard EC.03.01.01 and the requirements of 29 CFR 1910.38 with regard to staff training on Emergency Plans and Fire Prevention. **This section uses "RACE". See your facility specific supplement to learn if you use RACE of another acronym at YOUR location.**

Completion of this section in conjunction with training on facility-specific and departmental procedures complies with the requirements of Federal Standard 29 CFR 1910.157 with regard to staff training on the use of portable Fire Extinguishers and provides education and training needed to comply with Joint Commission Standard EC.02.03.01.

Completion of this section in conjunction with on-site orientation to facility and departmental procedures with regard to emergency, disaster response and evacuation complies with the training requirements of CFR 1910.38 with regard to staff training on Emergency Plans and provides information needed to comply with Joint Commission standard EM.02.02.07.

Fire Safety



There are many things you can do to protect yourself from fire.

In general, you should:

- Use good housekeeping practices to **keep combustible material from piling up.**
- Keep items at least **18 inches below the bottom of the sprinkler head. Do not hang items** from the sprinkler heads.
- Keep all hallways and exits **free and clear of clutter and debris**.
- **Do not prop doors open.** Open doors will aid the spread of the fire.
- **Report all faulty wiring** and electrical equipment to Engineering.
- Give **electrical panels 36 inches** of clearance.
- Don’t post **paper** signs in **egress corridors**.

Fire Safety – R.A.C.E.

Use the term **R.A.C.E.** to remember basic fire procedures.

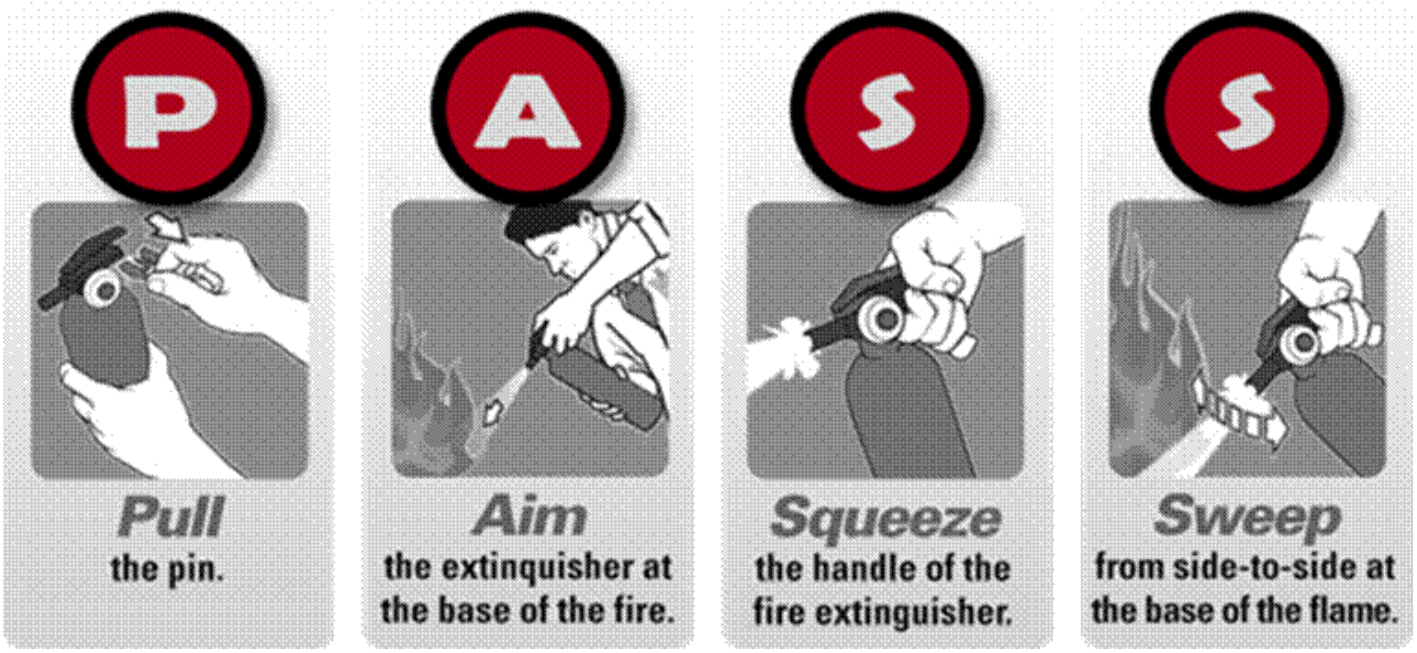
(Note that healthcare facilities in the city of Los Angeles *DO NOT* use R.A.C.E. for fire response – see next slide)

When fire or smoke is discovered remember to…

R - Rescue/**R**emove patients and staff from area
A - Alarm Pull closest fire alarm and follow your facility's procedure for notification
C - Confine fire by closing doors/**C**lear hallways of portable equipment and prepare for evacuation
E - Extinguish the fire if small and you have been trained to operate an extinguisher (or **E**vacuate if told to do so by the Incident Commander)

P.A.S.S.

To operate a fire extinguisher, remember to



QUESTIONS?

Talk to your Supervisor or local EH&S professionals.

Fire Extinguishers - The Hazards of Early Stage Fire Fighting

There are things to consider when assessing the risk of trying to extinguish a fire:

- Is the fire too big to use an extinguisher? Portable extinguishers **last for only a short time when activated - less than a minute**.
- Is the air unsafe to breathe?
- Is the area too hot or too smoky?
- Is there a clear evacuation path behind you as you extinguish the fire?

Remember:

- Stand between the exit and the fire to escape if needed.
- Never place yourself or others in jeopardy by attempting to extinguish a fire.
- If it is not SAFE to extinguish a small fire, or if smoke becomes hazardous, leave the area!

Hospital Fire Response – Smoke Compartments

Note: This does not apply to the Regional Labs.

Each floor of a hospital is divided into separate Smoke Compartments. Each smoke compartment is surrounded by walls and doors with added protection against smoke and fire, and will provide a barrier between you and the area which is burning.

You should know the boundaries of your smoke compartment and the smoke compartments adjacent to your unit.

If there is a fire on your unit, you would immediately evacuate yourself, coworkers, patients and visitors into the adjacent smoke compartment. This is known as Horizontal Evacuation.

Note: stairwells in protected buildings are both smoke and fire resistant!

Hospital Fire Response and Evacuation

Note: This does not apply to the Regional Labs.

In the event of fire, **Hospital Employees will not leave the building** unless instructed to do so.

If there is a fire on the unit, **Hospital Departments evacuate in the following order:**

1. **Horizontal** Evacuation (side to side to the next safe smoke compartment on the same floor)
2. **Vertical** Evacuation (going down the stairs to the next safe smoke compartment)
3. **Evacuate** the Building - only under the direction of the fire department or the incident commander.

Familiarize yourself with both the primary and secondary evacuation routes for your unit. Evacuation Maps are posted throughout each facility.

Medical Office Building Fire Response

Unlike hospitals, Medical Office Buildings (MOBs) are not divided into separate Smoke Compartments.

Clinic, Regional Lab and Office Building staff should check with EH&S or Engineering for appropriate evacuation procedures, including the location you should evacuate to.

Familiarize yourself with both the primary and secondary evacuation routes for your unit. Evacuation Maps are posted throughout each facility.

Note: stairwells in protected buildings are both smoke and fire resistant!

Fire Drills

For **COMPLIANCE** with both Joint Commission Standards and NFPA Fire Code, **ALL** employees are **REQUIRED** to participate in fire drills that are conducted regularly by EH&S or Engineering!

Treat a drill like a real Code Red: Stop work and participate in the drill – EVERY TIME!

Fire Drills are conducted at every facility as follows:

- **Hospitals** - 1 drill per quarter per shift
- **Medical Office Buildings which are Accredited** – 1 drill per quarter per shift
- **Medical Offices and other buildings** – at least once per year

Emergency Management: What is an "Emergency"?

DEFINITION OF "EMERGENCY"

An unexpected or sudden event that

- Significantly disrupts the organization's ability to provide medical care inside and/or outside our facility

and/or

- Results in a sudden significantly increased demand for the organization's services.

DEFINITION OF "DISASTER"

- **A catastrophic event** that
  - Disrupts regular operations significantly
  - Can't be managed using established procedures
- Disasters are often
  - Sudden
  - Unexpected
  - Unpredictable
  - Random

The most common feature of disasters is that demand for resources outstrips supply.

CMS Emergency Preparedness

The CMS Emergency Preparedness Rule establishes national preparedness requirements for healthcare entities:

- To plan adequately for both natural and man-made disasters
- To address coordination with outside emergency preparedness systems (regional/state/tribal/local)
- To help healthcare entities adequately prepare to meet demands during disasters and emergency situations

Evacuation of Kaiser Santa Rosa due to approaching wildfire

Depending on your location, your facility/market may have a **Hospital Command Center (HCC), Emergency Command Center (ECC),** or **Regional Command Center (RCC)**; these will be activated if the disaster code is called. Kaiser Permanente facilities use the **Hospital Incident Command System (HICS)** to manage disaster response in the **HCC/ECC/RCC.**

Facilities conduct a **Hazard Vulnerability Analysis (HVA)** every year to determine the greatest threats and focus preparations in the right areas. HVAs are specific to each facility. Accredited facilities must conduct **one to two disaster drills per year, depending on the type of facility.** This is also a requirement of The Joint Commission.

Key Points Regarding Emergency Preparedness

As a KP employee/physician, you have responsibilities for yourself, your department, and your facility.

YOURSELF

1. Review ways to ensure your own personal preparedness
2. Understand how to give/get information in a disaster, including reporting instructions
   - Keep your HR contact info updated
   - Communication channels include KP Alert, community alerts, email, your facility's webpage, and public information broadcasts

YOUR FACILITY

1. Become familiar with policies and procedures on Emergency Preparedness and Disaster Response, including your facility's Emergency Operations Plan and your department's Emergency Response Plan
2. Know who to contact during a potential or actual disaster
3. Participate in disaster training and exercises to improve your response capability
4. Your role and responsibilities during a disaster will depend on what you normally do and may be different
5. Review your facility-specific information at the end of the safety training

You may be working remotely when a disaster occurs in or near your area. Your safety is the top priority. Heed all emergency alerts, including evacuating your home if recommended. If safe to do so, please notify your supervisor or chief that your work schedule has been interrupted and log out of and secure any KP devices you are not bringing with you.

Hazard Vulnerability Analysis and Drills

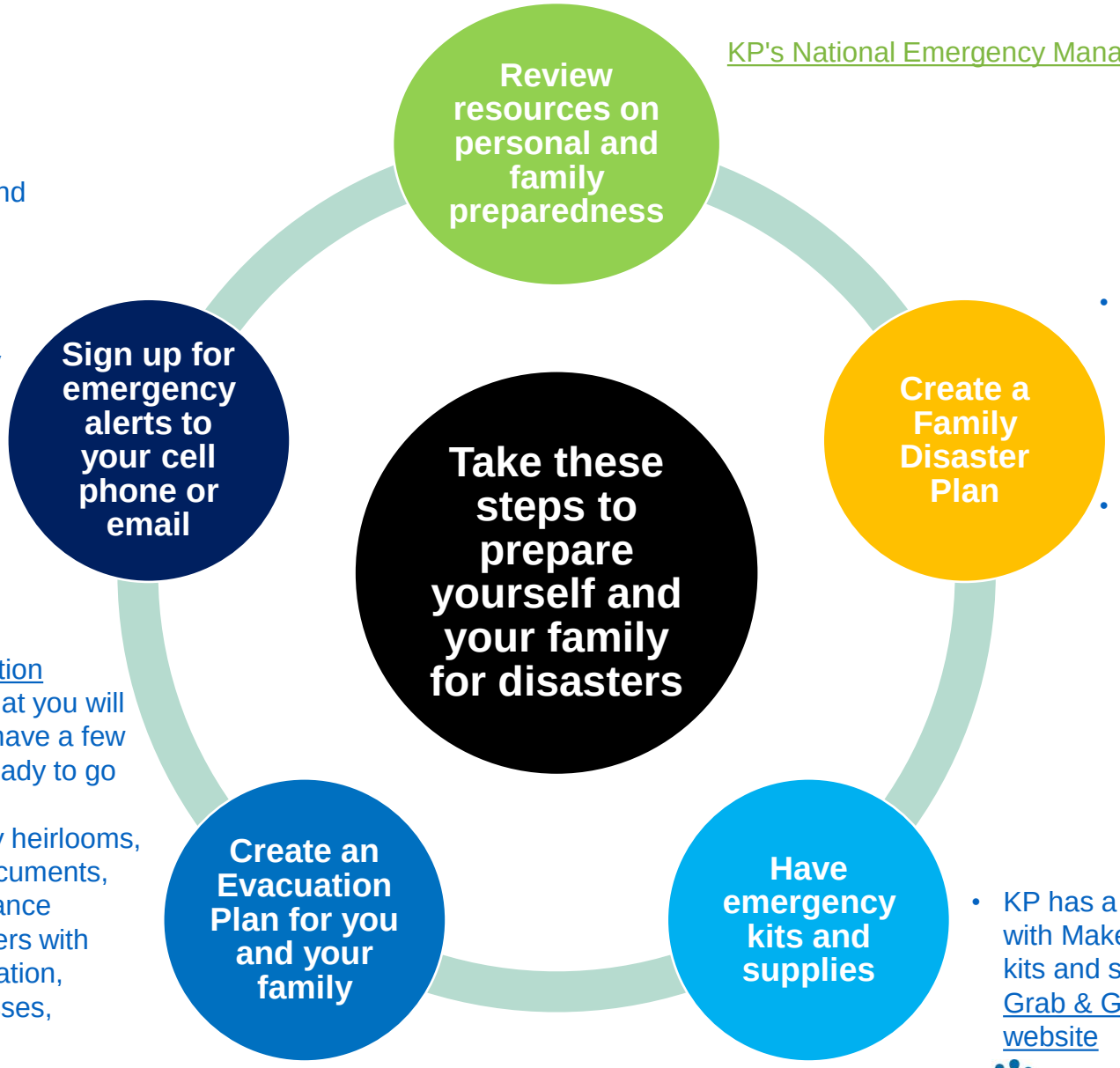
Medical centers conduct a Hazard Vulnerability Analysis (HVA) every year to determine the greatest threats, so they can focus preparations in the right areas. **HVAs are specific to each facility**, its locations, operations, and threats (internal or external).

The **Facility-Specific Supplement** at the end of this training contains the top risks to **YOUR** medical center based on recent vulnerability analyses.

Each medical center or medical office building must conduct **at least one disaster exercise a year. All Hospitals** are required to perform **at least two disaster exercises each year.**

Drills are designed to prepare the facility for the greatest risks identified on its **HVA**.

Your Personal Disaster Preparedness



KP's National Emergency Management Page

- Sign up for emergency alerts such as wildfires, severe weather and other events at NIXLE
- Check with your local public safety agencies for additional alerts.

- Designated meeting places in case your family is not together when a disaster occurs
- Communication plan, including an out of area/state contact person to help coordinate

- Have an Evacuation plan consider what you will grab if you only have a few minutes to get ready to go
- Examples: family heirlooms, photographs, documents, passports, insurance policies, computers with important information, medications/glasses, cash

- KP has a discount with MakeSafe for kits and supplies: Grab & Go Kits website

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Potential Hazards

Familiarize yourself with the priority hazards for your facility. A few hazards are listed below:

WILDFIRE:

Your Emergency Operations Plan has a section that includes emergency evacuation procedures

- Maps of exit paths are posted in your facility including marked exit doors and stairs to designated areas outside the building

FLOODING:

Flooding is a hazard in many areas, including coastal areas and in burn scars from prior wildfires

POWER OUTAGE:

Become familiar with your facility's power outage policy and procedures

Health Effects of Wildfire Smoke

Wildfires are increasingly common, and the particulate matter from wildfire smoke can travel long distances

- The main harmful pollutant for people is particulate matter (the tiny particles suspended in the air)
- Particulate matter can irritate the lungs and cause persistent coughing, wheezing, or difficulty breathing
- Particulate matter can also cause more serious problems including reduced lung function, bronchitis, worsening of asthma, heart failure, and early death
- The Air Quality Index (AQI) is used by the Environmental Protection Agency (EPA) to report air quality

Air Quality Index (AQI) Values	Levels of Health Concern	Colors
When the AQI is in this range:	*..air quality conditions are:*	*...as symbolized by this color:*
0 to 50	Good	Green
51 to 100	Moderate	Yellow
101 to 150	Unhealthy for Sensitive Groups	Orange
151 to 200	Unhealthy	Red
201 to 300	Very Unhealthy	Purple
301 to 500	Hazardous	Maroon

How to Reduce Exposure to Wildfire Smoke

Take steps to reduce your exposure to wildfire smoke during episodes of poor air quality:

- Minimize all outdoor activities if you see or smell smoke, even if you're healthy
- Stay indoors as much as possible with doors and windows closed

If you cannot avoid being outside, wear a NIOSH-approved N95 respirator if AQI for PM 2.5 exceeds 150

- One-strap paper dust masks and surgical masks do not protect against the fine particles in smoke.
- Don't use bandanas or towels (wet or dry) or tissue held over the mouth and nose

Kaiser Permanente's approach to reducing wildfire smoke exposure at work:

- **Engineering Controls**: KP has indoor air filtration systems. These are carefully monitored during episodes of poor outdoor air quality
- **Administrative Controls**: KP may use administrative controls to reduce exposure to poor outdoor air quality, such as relocating outdoor work or changing work schedules
- Control by **Respiratory Protective Equipment**: When the AQI for PM2.5 exceeds 150, employees working outdoors should wear a NIOSH-approved N95 respirator

Critical Contingency Surge and Crisis Care Guidelines

The COVID-19 pandemic brought significant patient surges to our medical centers.

Guidelines for the management of critical surge and crisis care were developed throughout the healthcare world, including in all Kaiser Permanente markets.

These guidelines:

- Detail strategies to maximize space, staff, and supplies to care for a critical surge of COVID and other patients
- Include operational plans and algorithms for data-driven ethical resource allocation should critical resources become scarce
- Were developed in coordination with a broad group of medical experts as well as healthcare regulatory and governing agencies

For additional information, please contact your medical center Ethics leadership.

Standardized Emergency Codes

Note: This does not apply to the Regional Labs. They may use different codes.

Hospitals in **California** are working together to improve patient safety by using a standardized set of emergency codes. The use of standardized emergency codes and “plain language” has simplified emergency response for staff and physicians who may work in multiple hospitals.

Please **CLICK AN ICON BELOW** to view your market’s standardized codes.

COLORADO MARKET	MID-ATLANTIC MARKET
GEORGIA MARKET	NCAL MARKET
HAWAII MARKET	NORTHWEST MARKET
KP WASHINGTON	SCAL MARKET

Additional Emergency Management Training Available

CMS Rule training: Search for “Centers for Medicare and Medicaid Services Emergency Preparedness”

In KP Learn (search KP Learn for “KPNC”)

- Home, Family, & Staff Disaster Preparedness
- Emergency Management 101
- Medical Center Surge Management
- Mass Casualty Triage / MassCATT
- Using KP HealthConnect Disaster Tools
- Disaster Drilling in KP HealthConnect
- Design & Facilitate Emergency Management Exercises

Additional Resources

Emergency Preparedness Resources

- Ready
- do1thing
- CDC Emergency Preparedness and Response
- Red Cross
- FEMA

Flooding Resources

- FEMA Flood Map Service Center
- American Red Cross Flood Safety

Air Quality Resources

- AirNow.Gov Air Quality Where You Live
- AirNow.Gov Wildfire Info
- Air Quality Action Chart

ELECTRICAL & EQUIPMENT SAFETY

Lockout/Tagout (for Affected & Other Employees)
Medical Equipment
Utilities Safety

Completion of this course complies with Federal requirements for training of affected and other employees with regard to control of hazardous energy under Federal Standard 29 CFR 1910.147 and California 8 CCR §3314.

Completion of this course in conjunction with orientation and review of any facility or department-specific procedures with regard to Medical Equipment Management will provide employees with education and knowledge needed for compliance with Joint Commission Standard EC.02.04.01.

Completion of this training module in conjunction with orientation and review of any facility or department-specific procedures with regard to Utilities Management will provide employees with education and knowledge needed to comply with Joint Commission standard EC.02.05.01.

Purpose and Use of Energy Control (LOTO)

There are machines and equipment in our workplace which require periodic servicing and maintenance. To prevent unexpected start-up of these machines/equipment or uncontrolled release of energy that could injure employees, All Kaiser Permanente facilities have implemented a Hazardous Energy Control Program to prevent injury to employees. This program in known as Lockout/Tagout (LOTO).

What is "Lockout/Tagout"?

- Lockouts and Tagouts are the ways maintenance personnel **control hazardous energy** from being released when they are **working on a piece equipment**.
- Sources of potentially hazardous energy include:
  - Electricity
  - Compressed Air
  - Oxygen or Other Gases
  - Open flame
  - Steam
  - Hydraulic Line Forces
  - Radiation Sources including x-ray laser light sources from laser surgical machines
  - Spring Tension

Energy Control Procedures and Prohibitions

A **LOCKOUT** is a **physical lock** that holds a switch in the off position or holds shut a valve so hazardous energy cannot be released while the maintenance is occurring.

A **TAGOUT** is a **paper or plastic tag** that is placed on a breaker/switch, or valve that warns other people not to operate it. Tagouts are used when a Lockout cannot be used.

How this applies to YOU:
Lockouts and Tagouts protect lives and ensure human safety. You may be working in or walking through an area where a Lockout or Tagout is being used.

If you see one, **DO NOT TOUCH IT!** Someone's **life may be at stake**!

Who are “Affected” Employees and “Other” Employees?

You are an “**Affected**” employee if…

- **You to operate or use a machine or equipment** on which cleaning, repairing, servicing, maintenance, setting-up or adjusting operations are being performed under Lockout or Tagout

You are an “**Other**” employee if…

- You to work in an area in which such activities are being performed under Lockout or Tagout.
  - For example, in Radiology, if you work around certain MRI or CT Scan equipment
- The appropriate department **will notify you when equipment needs to be locked out or tagged out**, and any other information you will need to remain safe.
  - For example: Engineering or Kaiser Clinical Technology

Retraining Requirements

Affected employees require retraining when there is a:

- Change in job assignment.
- Change in machines, equipment or processes that present new hazards.
- Change in energy control procedures.

Lockout/Tagout Questions?

If you see a problem with a tagout (e.g., torn or ripped, fallen off), **inform your supervisor/team leader** and the **maintenance person identified on the tag** immediately.

If you have any other questions or concerns about the Lockout/Tagout program, contact your local EH&S Department or your National Environmental, Health & Safety team.

Medical Equipment Clinical Technology

"ClinTech" is the department responsible for the management of the maintenance of all medical equipment at Kaiser Permanente facilities - regardless of ownership.

Some of the responsibilities of these departments include:

- Maintaining current, accurate inventories of all medical equipment
- Monitoring and acting on medical equipment hazard notices and recalls
- Conducting electrical safety testing on medical equipment
- Conducting scheduled preventive maintenance of all medical equipment

Note that **at most medical centers**, **ClinTech** does **not** maintain or repair:

- Wheel chairs
- Call lights
- Patient lifts
- Beds
- Patient Mechanical Scales
- Sphygmomanometers
- High Level Disinfection Units (GUS, Steris)
- TVs
- OR Tables

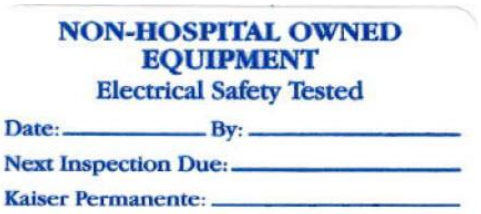
Typically these items will be maintained by the facility's Engineering Department or an outside contractor.

Medical Equipment Preventive Maintenance (PM) Tags

Prior to use of medical equipment, staff **must inspect the PM Tag** to ensure that its **preventive maintenance is current** (not expired).

Equipment with outdated PM tags must be immediately reported to your supervisor and/or ClinTech. Remove from service and make it available for the performance of the PM.

Patient equipment should have inspection stickers. Individual pieces of Medical Equipment can be identified by the color-coded Equipment Identification Number (EIN) Sticker, which will look similar to one of the following:



Malfunctioning Medical Equipment

Malfunctioning Equipment Tags

- **Medical Equipment which malfunctions must be tagged** with a malfunctioning equipment tag **and moved to a location where it will not be used.**
- **Contact ClinTech** to report the equipment malfunction. Tags on equipment should describe the exact problem so that proper repair can be promptly arranged.
- Staff should never “tag” equipment with a piece of paper marked “broken”. Identifying that is “broken” doesn’t really describe what is wrong with the equipment.

Not using the tags or not following the proper procedures could jeopardize patient safety!

Safe Medical Devices Act (SMDA)

Medical Equipment failure or malfunction that causes or contributes to patient injury, illness or death must be reported, as required by the Federal Drug Administration (FDA). In these instances, a Responsible Reporting Form (RRF) should be completed. All equipment involved in such an incident must be sequestered by ClinTech for investigation.

Utilities

Utilities Failures

There are a number of utilities in use at a hospital, and any of these may fail. Your facility may experience **electrical failure, flooding/sewer failure, medical gas failure, medical vacuum failure, hi-pressure steam failure, elevator failure or communications failure**. These systems are maintained by the Facility Services department at each medical center.

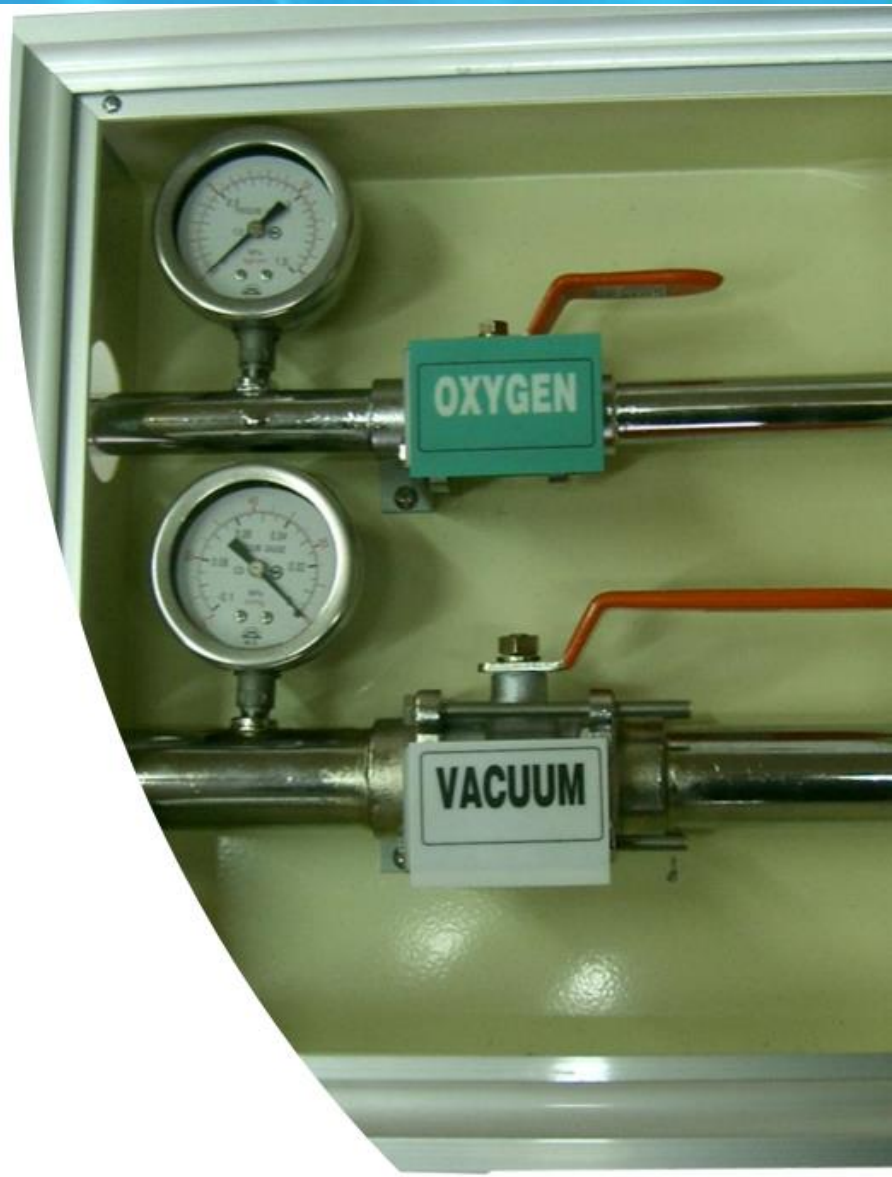
Review your facility's Rainbow Chart, or contact your supervisor or **EH&S Department** to learn what to do in any of these utility failure situations.

Utilities

Medical Gases/Compressed Gas Cylinders

Staff in departments with piped medical gases should know what your department's responsibilities are with regard to emergency medical gas shut off.

Know the location of the shut-off valves and the rooms they control. If unsure of your responsibilities, discuss with your supervisor or contact your Engineering department.



Utilities

Electricity – General Safety Tips:

- Do not use “cheater” adapters or multiple adapters. **Extension cords should be no longer than 10 feet** and used only in **temporary** emergency situations.
- Always disconnect plugs from wall by grasping the plug, not the cord.
- Equipment in patient care areas in a Hospital must have a 3-prong plug and be plugged into a 3-wire receptacle.
- At most facilities, electrical outlets which are connected to the back-up generators are colored RED. Red outlets are to be used primarily for life support equipment. At some hospitals, all outlets connect to back up generators. You should know which outlets in your area connect to back up power and your building’s emergency procedures in the event of power loss.
- Don’t plug microwaves or refrigerators into power strips.

Remove equipment from service if…

- There is evidence of overheating.
- Someone has received a shock from the equipment.
- Any wire is frayed, worn, burned, cut, or warm.
- It has been dropped or is physically damaged.
- Switches or knobs are loose or do not turn from one position to another, or do not consistently produce the expected result when operated.
- Liquid has been spilled on it.

If in question, do not use!

WASTE MANAGEMENT AND DISPOSAL
Markets Outside of California

Required Procedures for Protected Health Information Waste, Medical Waste, Hazardous Waste, and Universal Waste

Introduction

This training module details the requirements and processes that all Kaiser Permanente employees, physicians, and contingent employees must follow to properly dispose of waste.

It is important to understand the disposal requirements for each type of waste that you generate.

Waste Disposal Responsibilities

- Every Kaiser Permanente employee, physician and contingent worker is responsible for placing waste into the appropriate waste container.

It is a VIOLATION of regulations for KP to send hazardous or medical waste to solid waste landfills.

- If you are not sure how to dispose of waste, or observe waste that has been improperly disposed, contact your supervisor/department manager, the Environmental Health and Safety (EH&S) professional or Compliance Officer who supports your site.

Compliance Reporting

- Employees must immediately report any improper disposal of hazardous, medical, or PHI waste to their Manager/Supervisor.
- **The Kaiser Permanente Compliance Hotline is also available 24 hours a day, 7 days a week to report waste disposal compliance concerns or issues.** You can include your name or can remain anonymous when reporting situations in your workplace that you think may be illegal or improper.
- The Compliance Hotline telephone number is 1-888-774-9100.
- Concerns can also be reported electronically via: Compliance Hotline

Regulated Waste

This training module provides information on the proper disposal requirements for regulated waste streams.

Regulated waste includes:

- Protected Health Information (PHI) Waste
- Medical Waste
  - Biohazardous Waste
  - Pathology Waste
  - Sharps Waste
  - Trace Chemotherapy Waste
  - Pharmaceutical Waste
- Hazardous and Universal Waste

Overall, a primary message of this training module is that "regulated" waste must not be placed in regular trash containers.

Protected Health Information (PHI)

What is PHI?

Information is PHI (Protected Health Information) when it meets all of the following three conditions:

- the information is created, received, held, maintained or transmitted by a health care provider or health plan;
- the information is related to the past, present, or future physical or mental condition of an individual, the provision of health care to an individual, or the payment for that health care; AND
- the information identifies a member or patient, or other individual, or there is a reasonable basis to believe that the information can be used to identify the individual.

PHI MUST BE CONFIDENTIALLY MANAGED, SAFEGUARDED, AND DISPOSED, REGARDLESS OF WHEN THE INFORMATION WAS CREATED OR HOW OLD THE INFORMATION MAY BE.

PHI identifiers include but are not limited to:

- **patient or member name, medical record number (MRN), demographic information, social security number, or any other information that identifies the individual.**
- Just one of these identifiers on a KP document containing information relating to the individual's health condition, treatment or coverage requires the entire document to be considered PHI.

Protected Health Information (PHI)

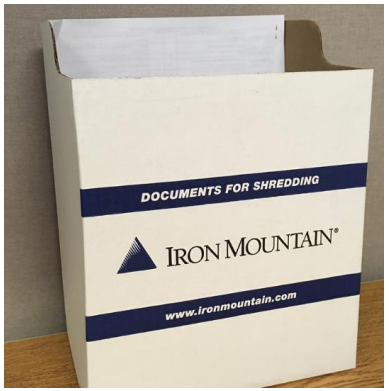
You should always assume that these documents contain PHI:

- After visit summaries (AVS)
- Patient care documents, questionnaires, encounter lists, care-related faxes
- Medical records, test printouts, visit notes, medical referral forms
- Pharmaceutical prescription forms, labels, and patient medication lists
- Member coverage and benefits information, claims and billing records

Protected Health Information (PHI)

KP policy is that all paper waste must be collected as confidential waste for shredding. This prevents PHI or other confidential information from going into the regular trash. You **must** place all paper, DVDs, or CDs into a container that has been designated for secure destruction through shredding.

Example containers:



Desk collector before transferring to locked collection container for shredding

Locked collection container for paper to be shredded

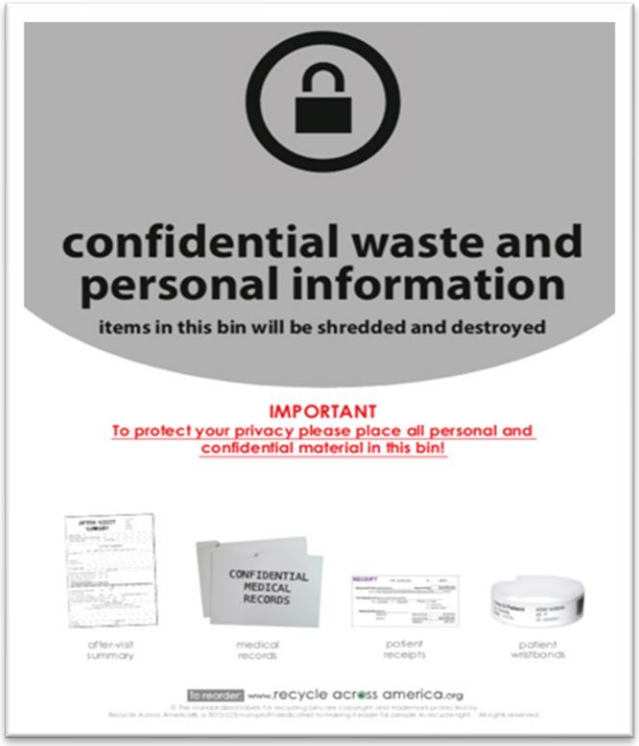
Locked collection container for paper to be shredded

Items That Must Be Discarded In Confidential Waste Containers

THIS **IS NOT** A COMPREHENSIVE LIST OF ALL ITEMS THAT ARE CONFIDENTIAL/PHI WASTE

- All paper (handwritten or printed)
- After Visit Summary (AVS) sheets
- Care-related faxes
- Check-in/Payment receipts
- Claims and billing records
- Dietary tickets
- Encounter lists/ Appointment logs
- Medical records
- Medical referral forms
- Member coverage and benefits information-
- Patient menus
- Patient print out sticker
- Patient safety engineering work orders
- Pharmaceutical prescription forms
- Patient care documents/Medication lists
- Patient questionnaires-
- Post-It sticky notes
- Test orders or result printouts
- Vendor contracts
- Visit notes
- Wrist bands

Look for this label on waste containers when disposing of paper or any item with confidential information:



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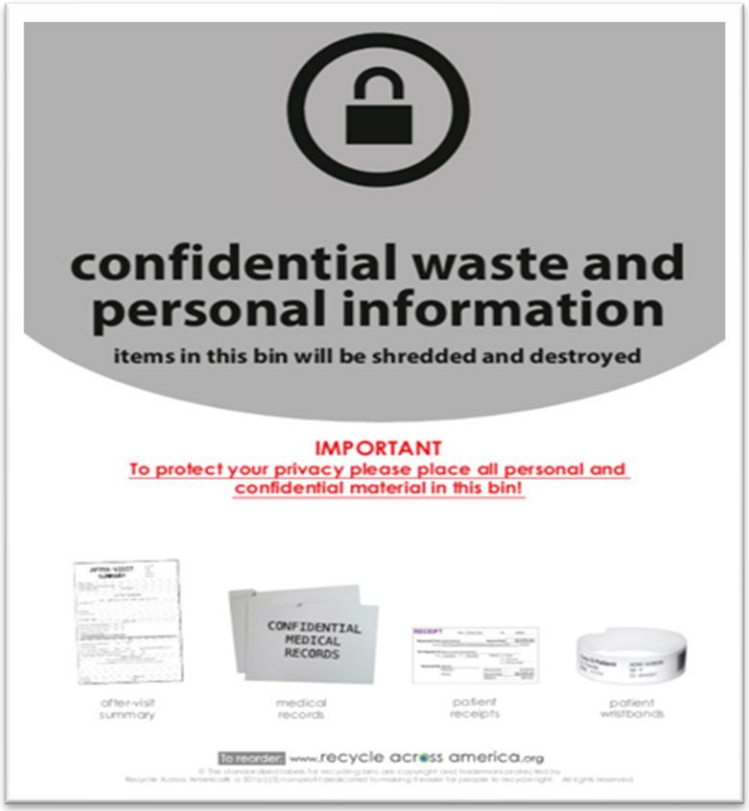
Protected Health Information Disposal

- Do not place PHI waste in regular trash containers.
- Check with your Supervisor, Department Manager, or Compliance Officer if you are unsure of how to dispose of PHI
- If you find or observe confidential/PHI waste improperly disposed outside of a secure container, immediately notify your supervisor or manager.
- Steps should be taken to ensure such waste is safely collected and placed in a confidential waste container.



Medical Waste – Biohazardous Waste Disposal

What is Biohazardous Waste?

All materials with blood or other potentially infectious materials (OPIM).

Examples include:

- **Materials and devices with visible fluid or dry blood.**
- Blood transfusion bags and/or tubing.
- Breathing circuits with visible blood
- Gauze or bandages with any recognizable fluid blood or dry caked blood.
- Gowns and Gloves with any amount of visible fluid or dry blood and/or otherwise potentially infectious body fluids.
- Pads, drapes, and sponges with any amount of visible fluid or dry blood and/or otherwise potentially infectious body fluids.
- Suction canisters.
- Blood and body fluids, excretions, exudates, secretions, suctioning, and other body fluids that cannot be directly discarded into the municipal sewer system.
- Any item that is labeled with a biohazard symbol (see image at right) **must** be placed in a biohazard waste container for disposal.
- Specimen bag/Trays covers/Laboratory containers

Look for a medical waste container lined with a red bag and biohazard symbols

Waste Container for Biohazardous Waste:

All biohazardous waste must be placed in a container labeled with a biohazard symbol, lined with a red bag with a biohazard symbol.

DO NOT place medical waste in a regular trash container.

Medical Waste – Pathology Waste Disposal

What is Pathology Waste?

Human specimens or tissues removed from a minor procedure, surgery, or autopsy disposed by KP.

- Bone fragments
- Tissue, skin tags
- Biopsies, surgical specimens, limbs
- Organs and placentas
- Anatomical parts from surgery, obstetrical procedures, autopsy, and laboratory procedures

Example departments that generate Pathology Waste:

- Operating rooms
- Procedure rooms
- Dermatology/Mohs lab
- Labor and Delivery
- Pathology

Look for a pathology waste container lined with a red bag and biohazard symbols

Waste container for pathology waste:
Place in a container lined with a red bag that has a biohazard symbol and is labeled with the words "**Path**" or "**Pathology Waste**", "**Incinerate Only**" AND a biohazard symbol.

DO NOT place pathology waste in a regular trash container.

Medical Waste — Sharps Waste Disposal

What Is Medical Waste Sharps?

Devices that are designed to puncture or capable of puncturing or cutting the skin and that are contaminated with blood or potentially infectious body fluids.

Examples include:

- Needles
- Syringes with or without needles attached
- Lancets
- Pipettes
- Disposable scalpel blades
- Blood vials
- Broken or unbroken glassware that has been in contact with infectious agents
- Glass serum bottles

Waste Container for medical waste sharps:

All sharps waste **must** be placed in a red sharps container, labeled with the word "**Sharps**" AND the international biohazard symbol.

When no fill line is present, the sharps container must be closed and replaced when it is 3/4 full.

DO NOT place sharps waste regular trash container.

Medical Waste – Highly Infectious

- There are some types of infectious agents that have additional collection (pretreat with disinfectant) and disposal requirements (incineration only) beyond standard biohazardous waste requirements.

- Examples of specific infectious agents with special waste handling requirements are:
  - Coxiella burnetii (Q fever)
  - Creutzfeldt-Jakob disease (CJD)
  - Ebola

- If your department will be providing patient care or performing procedures on individuals with highly infectious diseases, consult with your site's Infection Prevention Professional, and EH&S professional for waste management guidance.

Trace Chemotherapy Waste

What is Trace Chemotherapy Waste?

Items that are chemotherapy contaminated in such a volume that cannot be poured or scraped, and any products incidental to the preparation and administration that contain only residual amounts of chemotherapy drugs. These containers meet the empty definition on the next slide (*Hazardous Waste Disposal*).

Examples of trace chemotherapy waste are:

- Personal protective equipment (gowns, gloves, masks, cleaning clothes)
- Wipes
- Barriers
- Production paraphernalia/close system transfer devices
- Empty IV tubing
- Empty IV bags/bottles
- Empty syringes
- Needles (intact and unclipped)
- Empty drug vials
- Any item otherwise contaminated with chemotherapeutic agents via incidental contact.

NOTE: *Bulk chemotherapeutic waste consist of chemotherapeutic waste items that are not "empty". Bulk chemotherapeutic wastes (including materials used to clean up a chemo spill) must be placed in a hazardous waste container, and not in a trace chemotherapeutic waste containers.*

Non-Hazardous Waste: Pharmaceutical Waste

What is non-hazardous Pharmaceutical Waste? Are unused, partially used or expired prescription or over-the-counter medications that are not hazardous waste.

Examples:

- liquid medications, injectable and oral
- pills, capsules, and tablets
- medicated creams/lotions
- eye drops, suppositories
- unemptied IV medication bags
- patches, lozenges, and medicinal lollipops

Pharmaceutical waste that requires collection as trace chemotherapeutic or hazardous waste is addressed in the *Trace Chemotherapeutic and Hazardous Waste* slides.

Where Do You Work?

Click on the Market you work in to get Market-specific waste information.

If you work in Program Office, Shared Services or KPIT employee, select the Market you work in.

Washington

Colorado

Northwest

California

Mid-Atlantic States

Georgia

Hawaii

Non-Hazardous Waste: Pharmaceutical Waste Disposal

Colorado, MidAtlantic, Northwest, Washington ONLY

- All Pharmaceutical Waste must be placed in a blue or blue lidded container that is labeled with the international biohazard symbol and the words "**Incinerate Only**".
- Wall Mounted or Tabletop containers should be used for vials, pills, patches, medicinal lollipops.
- Disposal of pharmaceuticals down the drain is prohibited by federal and state law.

DO NOT place pharmaceutical waste in regular trash.

Non-Hazardous Waste: Pharmaceutical Waste Disposal

Georgia and Hawaii ONLY

- All Pharmaceutical Waste must be placed in a sharps container or other designated container.

- Wall Mounted or Tabletop Containers should be used for vials, pills, patches, medicinal lollipops.

- Disposal of pharmaceuticals down the drain is prohibited by federal and state law.

Hazardous Waste Disposal

Look for a hazardous waste label on the waste container

What Is Hazardous Waste?

Hazardous waste includes items that are toxic, flammable, corrosive, or reactive as defined by federal or state regulations. The disposal of these containers is managed by your EH&S department.

Primary examples of the types of hazardous waste containers include: Hazardous Waste Pharmaceutical Waste Container; Aerosol Waste Container; P-Listed Waste Container; and the Silver Nitrate Waste Container.

It is important that you use the correct hazardous waste container and understand the differences between each container type in your department.

Hazardous waste must be placed in designated hazardous waste containers. DO NOT place hazardous waste in regular trash containers or medical waste containers.

Hazardous Waste Collection

- Hazardous waste must be segregated in a properly labeled hazardous waste container so that incompatible materials are not mixed in the same container.

  For example: flammables such as alcohols can't be put in the same container as reactive waste such as silver nitrate sticks, if mixed can cause a fire.

- For this reason, several hazardous waste containers may be in your department to enable collection of different types of waste.

DO NOT place hazardous waste in a sharps container, biohazardous red bag, or regular trash.

Hazardous Waste - Identification

Waste items regulated as “**hazardous waste**” have specific criteria that have specific disposal criteria:

FLAMMABLE

Flash point of 140 F or less

Alcohol solutions, solvents, chloroprep, skin adhesives hand sanitizer

CORROSIVE

pH is <2 or >12.5; produces immediate injury to eyes and skin

Concentrated solutions of acids, bleach

TOXIC

Produces injury, illness or harm if inhaled, swallowed, or with skin contact

High level disinfectants, phenol, heavy metals (i.e., creosol, silver, mercury)

REACTIVE

Explodes when exposed to air, water, or heat

Non-empty aerosol cans or lithium-ion batteries

LISTED ITEMS

Identified by Federal or State regulations

antineoplastic drugs, P-listed drugs, insulin, multi dose flu vaccine vials

Hazardous Waste: RCRA Pharmaceuticals

What are RCRA Hazardous Waste Pharmaceuticals? Are pharmaceuticals regulated under federal hazardous waste regulations for its “chemical characteristic” or is “listed” by regulation.

This is not a comprehensive list of examples:

See your EH&S Department for specific requirements for your department.

- Phenol liquid and expired swabs
- Insulin vials or pens
- Vaccines: Flu Multi-dose vials, MPSV4-Menomune
- Bulk Chemotherapy Agents
- Expired or unused Chloro-prep products or other alcohol-based disinfectants
- Anesthetic Agents (e.g., Sevoflurane or Desflurane)
- Silver creams
- Vitamins
- Lens cleaner
- Cactus Sink or Rx Destroyer

SHARPS are NOT permitted in the hazardous waste container.

Hazardous Waste: Silver Nitrate Sticks

Silver nitrate stick waste, whether used or expired, must be collected in a **Silver Nitrate Stick Hazardous Waste Container.**

DO NOT place silver nitrate sticks in a sharps container, biohazardous red bag, or regular trash.

Hazardous Waste: Aerosols

Non-Empty Aerosol Can still contains the contents and propellant at the time that it is discarded. Non-empty aerosol cans are commonly discarded for a number of reasons such as:

- spray mechanism is damaged or clogged and no longer works,
- propellant has been exhausted, or
- product is no longer wanted or needed.

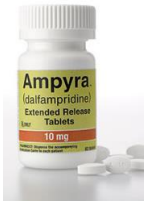
Examples of items that should be placed into an **Aerosol Hazardous Waste Container** or **Universal Waste Non-Empty Aerosol Can Container**:

- Foam hand sanitizer cans
- Gebauer's spray cans
- spray for frozen sections
- meter-dose inhalers
- spray paint, lubricant cans
- compressed air cans
- smoke detector test spray cans
- Pre-Klenz aerosol

Empty aerosol cans are not hazardous or universal waste - they can be disposed of as solid waste (or recycled for the metal content). An empty can is determined to be empty if you push the nozzle and nothing comes out, the nozzle is not clogged, and when you shake the can you do not feel contents moving around inside.

DO NOT place aerosols in regular trash.

Hazardous Waste: P-Listed Waste



- Some specific pharmaceuticals, their empty containers, and production/delivery paraphernalia are classified as “acutely” hazardous waste and are referred to as P-Listed Wastes under hazardous waste regulations.

- If your site is operating under the new Subpart P hazardous waste rule, P-Listed waste can be collected in the RCRA Pharmaceutical Hazardous Waste Container.

See your EH&S/Safety Department for specific requirements for your department.

- P-listed hazardous waste pharmaceuticals have specific requirements for collection, disposal and storage. Here is a list of P-listed pharmaceutical wastes typically generated by KP:

P-Listed Pharmaceuticals
Warfarin & Salts (Concentration > 0.3%)
Arsenic Trioxide
Aminopyridine
Epinephrine POWDER FORM ONLY
Physostigmine Salicylate
Physostigmine

Note: Under revised regulations, Nicotine is no longer classified as P-Listed waste and should be disposed as Pharmaceutical Waste.

Hazardous Waste: Container Management and Labeling

- Hazardous waste containers must be located at or close to where the waste is generated.
- Hazardous waste containers must have properly completed labels that identifies the contents, GHS hazard warnings, and the accumulation start date.
- Containers kept closed at all times, except for when adding or removing waste.
- If a hazardous waste container is nearing full or is full notify your Supervisor.

The following information is **required** to be filled out on each label:

1. Facility name and address
2. Composition of the waste
3. Hazardous properties of the waste
4. Physical state of the waste
5. Accumulation start date
6. Container Full Date (entered when full)

Optional information to add:

7. Waste codes

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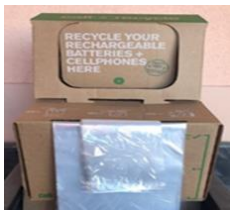
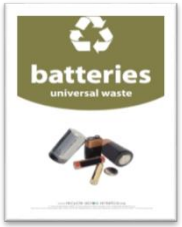
Universal Waste – Battery Disposal





Waste Container for batteries: Containers must be labeled "batteries, Universal Waste" with the accumulation start date.

This specific to non-alkaline batteries, examples include: Lithium, button cell/hearing aid, rechargeable, and lead acid. Leaking or damaged batteries must be managed as hazardous waste, contact your EH&S professional for assistance.

Place batteries in a designated universal waste battery collection container:

- Put battery in a plastic bag (one per bag) or tape terminal ends before placing into the designated container.
- If plastic bags or tape are not available, contact your supervisor.

Devices that contain batteries:

- Do not place device in battery collection containers.
- Remove battery or place battery containing device in an electronic devices waste container.

DO NOT place batteries in regular trash containers.

Universal Waste – Electronic Device Disposal

Electronic items that are not managed by IT or Clinical Technology disposition processes must be collected as Universal Waste.

Examples include:

- power strip extension cords
- electric staplers
- tabletop lamps, clocks
- televisions, microwaves
- light ballasts
- devices that contain unremovable batteries such as: pumps, cautery pens, calculators, glucose monitors, and flash/pen lights
- any electronic device with an on/off switch
- circuit boards
- light switches with dimmer controls
- GFI outlets
- electronic hand towel dispensers or soap/gel dispensers
- LED lamps and bulbs

Electronic devices that potentially contain or store confidential information must be given to IT or Clinical Technology (as appropriate) for proper disposal.

DO NOT place any electronic devices in regular trash containers.

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Recycling and Composting

Check with your EVS or EH&S Department to find out what can and can't be collected for recycling or composting at your location.

- Waste that can typically be recycled includes cardboard, cartons, and plastic.
- Compostable wastes might include organic materials such as food waste, paper towels, and yard waste.
- Non-recyclable items such as Styrofoam or plastic bags in a recycling container can cause the entire contents of the container to be rejected for recycling and the waste can end up in the landfill.
- Paper collected as confidential waste will be recycled after it is shredded.

DO NOT place food waste in recycling container, place food in a composting container when available (or in regular trash if composting not available).

DO NOT place paper waste in a recycling container, place it in a confidential waste container.

Waste Minimization

- Minimizing the volume of regulated waste that is generated benefits the environment and makes it simpler to comply with regulations.

- Below are some methods to minimize the amount of waste that you or your department can consider:
  - Use non-hazardous alternatives that meet performance requirements when available.
  - Practice inventory control. Use first-in, first-out inventory flow.
  - Do not buy more than needed to avoid exceeding expiration dates.
  - Eliminate unnecessary components of pre-packaged clinical procedure kits.
  - Printing double-sided.
  - Collect eligible single use medical devices for reprocessing/remanufacturing.

Additional Information

If you would like to download a copy of this presentation for future reference, please click here: Waste Management Training

Additional waste disposal information, including fact sheets, can be found on the KP National Environmental Health and Safety SafetyNet website.

NOTIFICATIONS

Right to Access Exposure Records

Completion of this section complies with Federal requirements for Notification of Employee Access to Exposure Records under 29 CFR 1910.1020 and California requirements for 8 CCR 3204.

Access to Exposure Records

Location and Availability of Records

Kaiser Permanente maintains records of any occupational exposure to harmful chemical or biological agents (or testing for them). An example is testing for staff or physician exposure to TB. Certain records are maintained by the Employee Health Department, while records of any testing for occupational exposure to hazardous chemicals will be maintained by the facility's safety department.

Federal law requires that employers notify their employees (including physicians) of the existence of Employee Exposure Records at the start of employment and at least annually thereafter.

This section is your notification!

You have the right to review your relevant exposure records and Kaiser must make available a copy of the standard and its appendices to its employees. To access a copy please click below:

- **OSHA Standard 29 CFR 1910.1020**
- Standard's **Appendix A**
- Standard's **Appendix B**

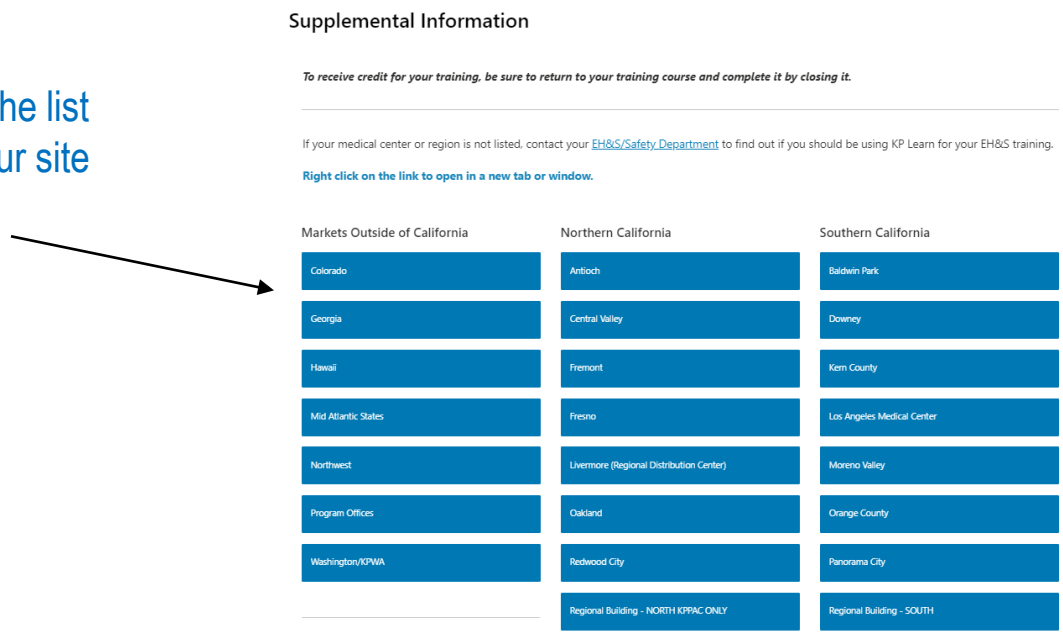
NOTE: Before finishing this training, you must know how to contact your Employee Health Department which is responsible for maintaining and providing access to Employee Exposure Records.

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training will tell you how to find **YOUR** facility's Employee Health Designee.

Supplemental Information

Click here for your Facility/Market Specific Supplemental Information

Scroll through the list and click on your site



There is information specific to your facility or market that must also be reviewed. Print the material for reference if you're able. You can also contact your **EH&S Department** to obtain a copy.

After you have opened the link to your facility/market specific supplemental information, return to this course and go to the final slide.

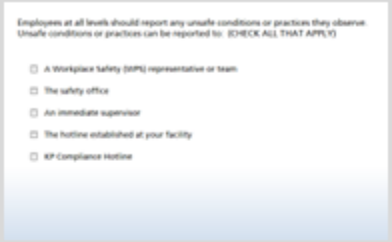
Quiz

To receive credit for the course, you must pass the Quiz with a score of 80% or better.

If you do not pass the quiz, you may take it again.

NOTE: The course will remain in your Enrollments until you "SUCCESSFULLY" pass the quiz.

Good Luck!



NW HI Clinical Safety Training

Quiz - 18 questions

Last modified: Saturday, December 16, 2023 at 12:24:26 PM

Properties

On passing, 'Finish' button:	Goes to slide
On failing, 'Finish' button:	Goes to slide
Allow user to leave quiz:	At any time
User may view slides after quiz:	Any time
Show quiz in menu as:	Single Item

Edit in Quizmaker

Edit Properties

Quiz Finished

YOU PASSED THE QUIZ!

Please move to the next slide for an optional survey. Be sure to close this course to receive credit for the training.

Training Survey

Thank you!

Help us improve our training by completing a survey at the link below.

Training Survey

Please exit the course by clicking the “X” in the top right corner to receive credit for this training.