Ver. 2019.001

SAFETY TRAINING

For On-Boarding Assignments of Contingent Workers at Kaiser Permanente*

THE FOLLOWING MUST COMPLETE THIS TRAINING:

Contingent workers assigned to Kaiser Permanente clinical facilities, such as Hospitals, Clinics, Medical Office Buildings (MOBs), Ambulatory Surgical Centers, etc.

This includes administrative workers who are assigned to clinical departments. This does not include administrative/office workers who are assigned to administrative-only departments (such as back office or finance.)

This On-Boarding Safety Training is applicable to Kaiser Permanente physicians and employees, as well as, contingent workers on assignment at Kaiser Permanente. In addition to reporting concerns and questions to the Kaiser Permanente manager, contingent workers must also report them to their employer of record.

PLEASE NOTE: DEPARTMENT-SPECIFIC AND FACILITY-SPECIFIC POLICIES AND PROCEDURES ARE ALSO NEEDED – TALK TO YOUR EMPLOYER OF RECORD TO ACCESS YOUR SUPPLEMENTAL INFORMATION.

***THIS MATERIAL IS ONLY TO BE USED FOR INDIVIDUALS WHO ARE ON-BOARDED TO ASSIGNMENTS AT KAISER PERMANETE. OTHER USE IS PROHIBITED.**

KAISER PERMANENTE®

For questions regarding content please contact
National Environmental, Health & Safety
(510) 625-4737

PERSONAL SAFETY

Injury & Illness Prevention & Workplace Safety
Ergonomics
Personal Protective Equipment

This section provides information on how KP supplemental workers can maintain a safe work environment for staff and provides education and training on Illness and Injury Prevention needed to comply with Cal/OSHA Standard 8 CCR 3203 and Joint Commission Standards EC.02.01.01, EC.03.01.01 and HR.01.04.01.

This section provides information on how supplemental workers can prevent repetitive strain injuries and provides education and training needed to comply with Cal/OSHA Standard 8 CCR § 5110

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

IIPP – Workplace Safety, Hazard Reporting

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 worker to take proactive responsibility for safety in their workplace.

Hazard Reporting

Workers 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 **Integrated Safety Committee**
- The **hotline** established at your facility to report hazards anonymously/confidentially.

When you arrive on site, talk to your **KP SUPERVISOR** about how to report unsafe conditions at **YOUR** facility.

EC.02.01.01, 8 CCR 3203

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

Injury Reporting

If you are injured on the job you must report the injury immediately!

Specific procedures will vary by facility. However, as general rules…

- Notify your supervisor and employer of record right away - **no later than the end of your shift**! Call from home if you discover a problem after you leave work.
- 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.
- Complete an injury report with your supervisor and employer of record within 24 hours of the injury.
- Assist your manager with evaluation of the root cause of the injury. Why did it happen? What were the practices or environmental factors which may have caused or contributed to the injury?

If you are injured…

Be prepared to provide ideas for preventing similar injuries. What can other workers learn that might keep them safe? What can be done to reduce the injury risk?

When you arrive on site, talk to your **KP SUPERVISOR** for additional information on injury reporting at **YOUR** facility.

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

Strain Injuries

Strain accounts for the greatest number of worker injuries in a health care setting.

All strain injuries are preventable!

Causes of Upper Extremity Strain Injuries include:

- **Improper materials handling**
- **Incorrect moving of cart by pulling it**
- **Overloaded carts making them too heavy or unstable**
- **Improper patient handling**

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 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!

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

Workplace Safety - Back Care

Tips that will help you avoid back strain from lifting:

- Perform squat lifts bending your knees, not your back.
- If you can't move an object easily with your foot, it's probably too heavy to lift by yourself.
- Keep the object close to your body.
- Don't twist when lifting. Move your feet instead.
- Lift objects only chest high.
- Do not reach or stretch while attempting to lift an object.
- Whenever possible, use mechanical help such as a hand-truck or cart.
- Don't pull heavy loads - push instead.

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

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

The KP Ergonomics Program

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

The following materials, tools, and training programs are available from your supervisor, EH&S or WPS, to help you set up your work area and address your own specific ergonomic issues:

- The pamphlet “Ergonomics for the Computer User”
- The KP Ergonomic Standard Guidance Document and Toolbox
- Self-assessment questionnaires and software tool
- Standard Equipment Lists
- Instructional Videos
- Stretch cards
- ErgoINFO Interactive Website

More information on the Ergonomics Program can be found on the National WorkPlace Safety Ergonomics Page:

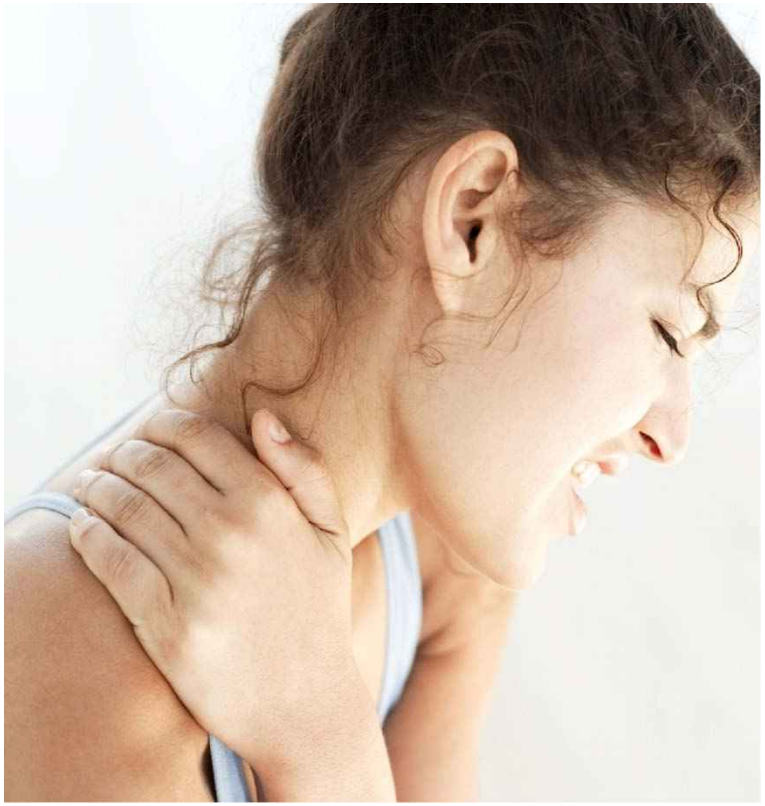
http://kpnet.kp.org:81/wps/national/ergonomics/

8 CCR § 5110

ERGONOMICS

Risk Factors and Symptoms

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



Ergonomic Risk Factors include:

- Repetition
- Extended Duration
- Excessive Force
- Awkward Positions
- Over Reaching
- Poor Environment
- Individual Factors

What happens when you, your task and the environment don't fit?

Musculoskeletal Disorders (MSDs) can occur!

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

8 CCR § 5110

ERGONOMICS

Computer Workstation Ergonomics and ergoINFO

If you work at a computer most of the day -

At most workstations, correcting ergonomic problems is simple and is something that you can do yourself. This link has instructions on how to make adjustments:

http://kpnet.kp.org/ehs/training/ed_KPL_IIPM_Basic_Workstation_Ergonomics.pdf

If you cannot adjust your workstation so that it is comfortable for you, or if you are experiencing pain which you believe is caused by incorrect ergonomics, it is important that you notify your employer of record and find out how to request an ergonomic evaluation at your facility.

ProWorkstation Safety Plus (WSP) and Manual Handling Plus (MHP) are online e-learning tools designed to help Kaiser Permanente contingent workers effectively manage ergonomic risk.

http://kpnet.kp.org:81/wps/national/ergonomics/ergo_tools.htm

WPS has developed the interactive **ergoINFO** tool: http://insidekp.kp.org/ergoinfo/

8 CCR § 5110

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment - Introduction: Types of PPE

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) and **Protective Clothing** (Moisture Resistant Gowns)

Other examples of uses for PPE and the type of equipment used are:

- Respiratory Protection:
  - N95 particulate respirators
  - PAPR (Powered Air Purifying Respirator)
- Eye Protection:
  - Safety Glasses w/Side Shields
  - Goggles
  - Faceshield
  - Shaded Laser Glasses

PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

1910.132(f)(1)(i)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

What PPE is necessary?

You can access a list of commonly performed procedures and the PPE required in the reference materials for this training: 2_ppe_risk_eval_contingent_workers.xls

1910.132(f)(1)(ii)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The limitations of the 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! (It can't help you if you can't find it when you need it, right?)

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 kind of respirator is required.

1910.132(f)(1)(iv)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Maintenance, useful life and disposal

PPE should be disposed of when damaged or soiled.

Contingent workers 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 workers for use unless they've been cleaned and sanitized.

1910.132(f)(1)(v)

INFECTION PREVENTION & CONTROL

Aerosol Transmissible Disease
Bloodborne Pathogens

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

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Before getting started… Questions?

Aerosol Transmissible Diseases

The law requires that you have an opportunity for interactive questions and answers during this training.

- If you reach a point in this training when you do have a question, **STOP** and contact your employer of record.

KP's ATD training was created by National EH&S and content was developed by our national Subject Matter Expert (SME) for Aerosol Transmissible Diseases. Onsite support is provided by your local EH&S and Infection Control departments.

The reference materials for this training provide a summary of elements included in this course and the qualifications of our national Subject Matter Expert: ATD Training Records Addendum_supplemental_workers.pdf

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 employer of record.

8 CCR §5199 (i)(5)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

What is an ATD?

An **Aerosol Transmissible Disease** (or **ATD**) is a disease or pathogen that requires **droplet** or **airborne precautions** to prevent exposure.

- **"Droplets"** are relatively large in size (>5 microns) and generally travel short distances (less than 6 feet).
- **"Airborne particles"** are very small particles, may be solid or liquid, and include evaporated droplet residues called "droplet nuclei." These particles are so small that they can remain suspended in the air and travel long distances on air currents.

The infectious organisms that cause ATDs can be spread by either of these!

Signs and symptoms of ATDs that require further medical evaluation include:

- **Fever** with **rash**
- **Fever** with **cough**
- **Fever** with **night sweats**
- **Unintended weight loss**
- **Headache** or **neck stiffness** or **sensitivity to light**
- **Fatigue**

8 CCR §5199 (i)(4)(B)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Modes of transmission

Modes of Transmission (2 types):

1) Droplet ATDs are spread by large droplets containing infectious microorganisms and are generated when an infected person talks, coughs or sneezes. Droplets travel short distances, generally less than 6 feet (2 meters). Disease transmission can occur when these droplets enter the eyes, nose or mouth of a susceptible person. Note that a person might also get infected by touching a surface or object that has microorganisms on it and then touching their eyes, mouth or nose.

Examples: Diphtheria, Mumps, Pertussis, Rubella, Influenza, Meningitis, Ebola

2) Airborne ATDs are spread by very small infectious particles generated when a person talks, coughs or sneezes. These small particles can remain suspended in the air and travel on air currents. Disease transmission can occur when these small infectious particles are inhaled by a susceptible person.

Examples: Chicken Pox, Measles, Tuberculosis, novel or unknown pathogens (must treat as airborne until they are further characterized)

8 CCR §5199 (i)(4)(C)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Source control procedures

Source Control Procedures:

Using posters and/or direct communication, educate visitors and patients to cover nose and mouth with a tissue when they cough or sneeze, and to perform hand hygiene after contact with respiratory secretions.

Provide respiratory “etiquette stations” at facility entrances and public waiting areas, stocked with hand sanitizer and tissue and/or surgical masks.

8 CCR §5199 (i)(4)(C)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Example of an Airborne Infectious Disease – Tuberculosis

TB (Tuberculosis) is a contagious airborne disease caused by the organism known as *Mycobacterium tuberculosis*. TB is spread from person to person by a germ carried on tiny particles in the air (droplet nuclei) when someone with untreated, active TB coughs, sneezes or talks. It can infect any part of the body but the lungs are the most common site of infection.

- Anyone exposed to M. tuberculosis can become infected. Groups of **people more likely to become infected with TB include**:
  - Persons with HIV
  - Residents of long term care facilities
  - Persons who abuse drugs or alcohol
  - Foreign-born persons from high TB prevalence areas (such as Asia, Africa, Russia, Eastern Europe and Latin America)
  - Medically underserved low-income populations.
- Health care workers who provide services to high risk groups are themselves considered to be at high risk for contracting TB.
- **Signs and symptoms** of TB infection include:

Productive, persistent cough for more than 3 weeks

Fever

Weakness

Fatigue

Loss of appetite

Unexplained weight loss

Night sweats

Bloody sputum

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Example of a Droplet Disease with partial airborne precautions (INFLUENZA)

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year. Flu vaccine is available through KP, free of charge, for all KP employees, contingent workers and volunteers.

- Health care workers who provide services to patients with influenza are considered to be at high risk for contracting Influenza
- Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.
- Based on CDC and CA Department of Public Health (CDPH) recommendations, staff and physicians should wear an N95 or more protective respirator when performing aerosol-generating procedures on suspected or confirmed influenza patients. An airborne infection isolation room should also be used when feasible.
- Most healthy adults may be able to infect others beginning one day before symptoms develop and up to 5 to 7 days after becoming sick
- **Signs and symptoms** of influenza include:
  - Fever or feeling feverish/chills
  - Cough
  - Sore throat
  - Runny or stuffy nose
  - Muscle or body aches
  - Headaches
  - Fatigue (very tired)
  - Some people may have vomiting and diarrhea, though this is more common in children than adults

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Example of a Droplet Disease with full airborne precautions – Ebola

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. Ebola is feared because of its high mortality. Although Ebola is a Droplet Disease, airborne infection isolation and respirator use are required for all patient care to reduce risk of transmission.

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 with blood or body fluid.

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

Fever	Vomiting	Diarrhea
Severe headache	Stomach pain	Weakness
Joint and muscle aches	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 should contain any potential spread.
- **Healthcare workers who will care for patients with suspected or confirmed Ebola will receive additional training.**

AEROSOL TRANSMISSIBLE DISEASES (ATD)

ATD Exposure Control Plan

Your facility's **ATD Exposure Control Plan**:

- Describes specific methods the facility uses to control exposures
- Identifies job classifications at risk of exposure
- Describes procedures to be followed in the event of an exposure including medical follow up and incident investigation
- Describes procedures for training and recordkeeping

A link to your facility's ATD Exposure Control Plan can be found in your facility-specific training (link at the end of this module). Or you can contact the Department Manager or Environmental, Health & Safety, Infection Prevention and/or Employee Health.

Contingent workers are invited to provide input as to the Plan's effectiveness - use the link above to determine the appropriate contacts at your medical center.

8 CCR §5199 (i)(4)(D)

AEROSOL TRANSMISSIBLE DISEASES

Activities that may expose you to an ATD

Exposure to an **ATD** **may occur when**:

- You are in the same room or within 6 feet (in open space) of a suspected or confirmed ATD patient or handling patient materials that may be contaminated with infectious particles.
- You are performing or present during a task that may generate aerosolized ATD pathogens, including tasks performed on specimens in a lab or at autopsy.
- You enter the room of a patient on Airborne Isolation Precautions within an hour after the patient has left the room.

For more information, see the NEH&S matrix of tasks and procedures involving ATD exposure:

ATD Matrix:

http://kpnet.kp.org/ehs/training/ed_ATD_Matrix_of_Tasks_and_Procedures.pdf

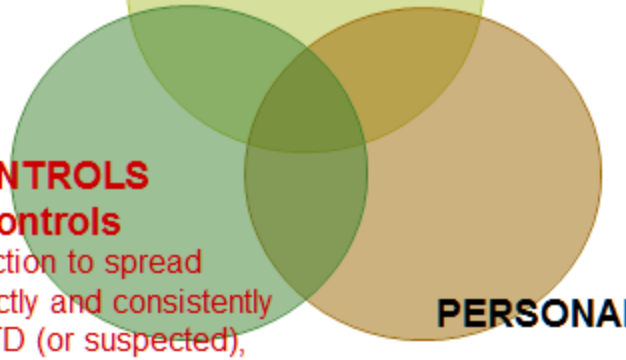
8 CCR §5199 (i)(4)(E)

AEROSOL TRANSMISSIBLE DISEASES

Methods to prevent exposure – Hierarchy of Controls

ENGINEERING CONTROLS:
Ex: Airborne Infection Isolation (AII) Room
Use: Isolates patients and their infectious particles from other patients and staff outside of the room
Limitations: Doesn't protect anyone inside the room with the patient; only effective when room is functioning properly

Click here for more information on Engineering Controls:
http://kpnet.kp.org/ehs/tb/tb_engineering_controls.htm



ADMINISTRATIVE CONTROLS
Ex: Work Practice Controls
Use: Reduces potential for infection to spread
Limitations: Must be followed correctly and consistently
- Promptly identify patients with ATD (or suspected), and place surgical masks on them
- If airborne ATD is suspected, use All room
- If droplet ATD is suspected, use private room

PERSONAL PROTECTIVE EQUIPMENT

Click here for more information on Work Practice Controls:
http://kpnet.kp.org/ehs/tb/tb_work_practices.htm

The next slides contain more information on PPE

8 CCR §5199 (i)(4)(F)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Methods to Prevent Exposure - Personal Protective Equipment (PPE)

Basis for selection: PPE creates **physical barrier protection** from exposure to ATD pathogens, including facial protection for droplets and respiratory protection for airborne particles.

Examples of types of PPE:

- Gloves
- Gown or apron (impermeable)
- Surgical mask for ATDs requiring Droplet Precautions
- Respirator (N95 or Powered Air Purifying Respirators) for ATDs requiring Airborne Precautions

Your facility's **ATD Exposure Control Plan** includes a "**Matrix of Tasks and Procedures Involving Occupational Exposure and Exposure Controls,**" which shows the work practices and PPE required for each task that has potential for exposure to an ATD. Here is a link to this matrix:

ATD Matrix

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

8 CCR §5199 (i)(4)(G)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Methods to prevent exposure – PPE: Respiratory Protection (N95)

N95: Use an N95 or equivalent respirator* with a known or suspected TB or other Airborne Infectious Disease patient, when entering the room of a patient on Airborne Isolation Precautions, or within an hour of when the room was occupied by the patient.

*Note: Some facilities have shifted to all-PAPR use.

In order to correctly choose and wear an N-95 respirator, you must be fit tested for that type of respirator. **Fit testing must be repeated annually**.

8 CCR §5199 (i)(4)(F),(G)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Methods to prevent exposure – PPE: Respiratory Protection (PAPR)

Powered Air Purifying Respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through an air-purifying filter to remove airborne contaminants and deliver filtered air to the user. (Note: Maxair CAPR = type of PAPR)

Contingent workers who participate in **high hazard procedures*** performed on ***patients suspected or confirmed to have*** an **Airborne Infectious Disease** **must wear a PAPR** or equivalent protection during the procedure, including when the procedure is performed in a negative pressure isolation room.

***High hazard procedures** are **aerosol-generating procedures** performed on an individual who has a suspected or confirmed ATD, including:

- Sputum induction
- Laryngoscopy and bronchoscopy
- Endotracheal intubation and suctioning
- Aerosolized administration of Pentamidine or other medications
- Autopsy, clinical, surgical and laboratory procedures that may generate aerosols

Loose fitting PAPRs do not need fit testing, but staff and physicians using PAPRs must receive initial and annual training.

8 CCR §5199 (i)(4)(F),(G)

AEROSOL TRANSMISSIBLE DISEASES

Decontamination and disposal of PPE

Remove any PPE before leaving the patient room/work area or when the PPE becomes contaminated or torn and place it in appropriate containers for storage, washing, decontamination or disposal.

The exception is your respirator, which must be **removed after** leaving the patient room.

Consider the front of the respirator and facemask contaminated after use. Dispose of your N95 in regular trash after use.

Decontaminate and store PAPRs according to your facility and/or departmental procedures.

Always wash your hands after the removal of PPE!

8 CCR §5199 (i)(4)(F),(G)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Respiratory Protection Program

If you are assigned to wear an N95 or PAPR respirator for protection from exposure to ATDs, you become a participant in your facility's Respiratory Protection Program and must complete:

1) An initial medical evaluation with Employee Health (e.g., questionnaire)

2) Initial and annual respiratory protection training

3) Initial and annual fit testing for N95 users only

For information regarding your facility's Respiratory Protection Program, including the method for providing this training, talk to your Supervisor or contact Environmental, Health & Safety, Infection Prevention or Employee Health.

8 CCR §5199 (i)(4)(I)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

TB surveillance

Employee Health Services is responsible for performing **TB surveillance**:

- All health care workers are **screened** initially **upon hire** and **annually** thereafter.
- Medical follow-up is provided for TB conversions.
- **Screenings are conducted every three months if two** or **more conversions** occur in one department or group.
- Note that immune-compromised individuals can have a false negative TB test result.

8 CCR §5199 (i)(4)(H)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Vaccines for ATDs

Employee Health Services is responsible for administering vaccinations:

- Vaccines are a safe and an effective means of preventing some ATD transmission
- Vaccinations are available at no cost to contingent workers
- If you don't have your vaccination records, a simple blood test will determine if you have immunity

The following links will give you more information* on specific vaccines:

Click for information about the Tetanus, Diphtheria (Td) with Pertussis (Tdap) vaccine

Click for information about the Varicella (Var) vaccine

Click for information about the Influenza, trivalent inactivated (TIV) vaccine

Click for information about the Influenza, live, attenuated (LAIV) vaccine

Click for information about the Measles, mumps, rubella (MMR) vaccine

* From the VIS (Vaccine Information Statements) web site: http://www.immunize.org/vis/

AEROSOL TRANSMISSIBLE DISEASES (ATD)

ATD Exposure Incident: Reporting and Medical Follow-up

ATD Exposure Incident:

- **An exposure incident** occurs when there is an **unprotected** airborne, eye or mucous membrane exposure to aerosols (airborne or droplet) from a patient with an ATD or to the patient's infected fluids or tissue.
- Contact Infection Prevention or Employee Health if you have questions concerning your exposure.

Reporting an ATD Exposure Incident:

- **ALL** exposure incidents **must** be reported to your manager **immediately**.
- **Proceed to Employee Health** as soon as possible for appropriate evaluation and medical follow-up.

Post-Exposure Evaluation:

A **Post-Exposure Evaluation** is performed to determine the nature and extent of exposure, including circumstances of event, source patient information and other details. It may also involve testing of exposed employee, contingent worker or physician.

Medical follow-up may involve:

- Testing
- Preventive therapy: medications or vaccinations
- Other procedures if indicated (for example, a chest x-ray)

8 CCR §5199 (i)(4)(K)

AEROSOL TRANSMISSIBLE DISEASES (ATD)

Patient Surge Situation

Epidemics or other events may create a **surge situation**. For this training to be compliant, you must know your facility's procedures under these circumstances, including the plan for:

1. **Receiving** and **treating surge patients**
2. How to **access supplies** needed for the response including PPE and respirators
3. How to **coordinate** with emergency response personnel from other agencies
4. Patient **isolation** procedures
5. **Decontamination** facilities and procedures
6. Surge procedures for handling of **specimens**, including specimens from persons who may have been contaminated as a result of a **release of a biological agent**

Procedures 1 through 3 will be covered during your facility's **disaster drills**, which will include a surge scenario at least annually. The details of procedures 4 through 6 will be developed by the **local Command Center** on a situation-specific basis and communicated to all affected staff.

General guidance for procedures 1 through 5 can be found in your facility's **Emergency Operations Plan**. Protocols for the handling of specimens will be determined by the local Command Center, including representatives from Infection Prevention with guidance from the local Public Health Agency, on a case-specific basis.

To access YOUR facility's Emergency Operations Plan and find specific information regarding the items listed above, talk to your Department Manager or contact **Environmental, Health & Safety/Safety Operations, Infection Prevention, Employee Health and/or members of your Emergency Management Committee.**

8 CCR §5199 (i)(4)(L)

BLOODBORNE PATHOGENS

Before getting started… Questions?

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 employer of record.

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. Onsite support is provided by your local EH&S and Infection Control departments.

The reference materials for this training provide a summary of elements included in this course and the qualifications of our national Subject Matter Expert: BBP Training Records Addendum_supplemental_workers.pdf

By continuing forward in this training, I understand that I have the right to get answers to questions about this material; and that means contacting my employer of record.

1910.1030(g)(2)(vii)(N),(viii)

BLOODBORNE PATHOGENS

OSHA's Bloodborne Pathogens Standard

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

Appropriate engineering controls are selected and implemented to prevent contingent worker 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. **Contingent workers are required to use safe devices that are provided.**

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

For your reference, a copy of the Federal (national) standard can be accessed by clicking here:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

1910.1030(g)(2)(vii)(A)

BLOODBORNE PATHOGENS

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 be as long as 14 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

BLOODBORNE PATHOGENS

BBP Modes of Transmission

The modes of BBP transmission to healthcare workers are:

1. **Needlesticks**/punctures
2. **Splashes** to the eyes or mucous membranes
3. **Cuts** or contact with non-intact skin (percutaneous)

1910.1030(g)(2)(vii)(C)

BLOODBORNE PATHOGENS

The BBP Exposure Control Plan

Each Kaiser facility maintains a

Bloodborne Pathogen Exposure Control Plan.

Your Facility's plan…

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

There will be a link to a copy of your facility's **BBP Exposure Control Plan** in your facility-specific training. Or a copy can be obtained from Environmental Health & Safety, Infection Prevention or Employee Health Services (http://kpnet.kp.org/ehs/ehs_community/).

1910.1030(g)(2)(vii)(D)

BLOODBORNE PATHOGENS

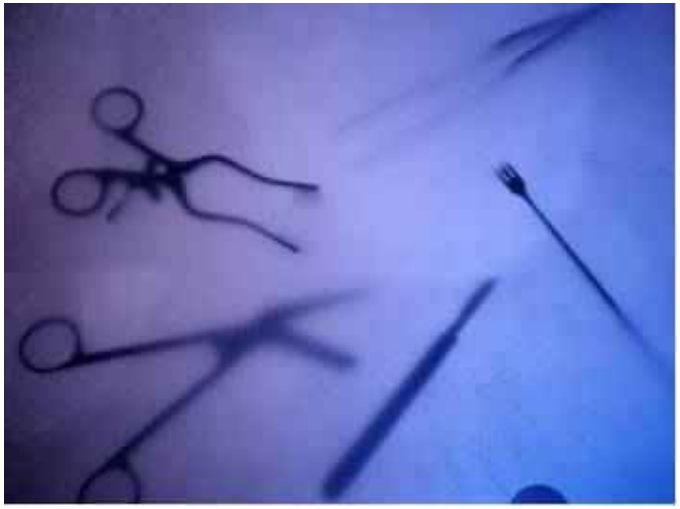
Activities That May Involve BBP Exposure

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

Including:

- Blood drawing
- Suctioning
- Cleaning up blood or body fluid spill

Click here for a list of **commonly performed procedures** that may lead to exposure to BBPs:
http://kpnet.kp.org/ehs/training/ed_BBP_Matrix_of_Tasks_and_Procedures.pdf



1910.1030(g)(2)(vii)(E)

BLOODBORNE PATHOGENS

Prevention of BBP Exposure

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

- **Handle blood/body fluids of all patients as potentially infectious.**
- Decontaminate hands between all patient contact, after specimen contact and after removal of gloves.
- Use safe needle devices for injection, IV starts, blood draws, and use the needleless IV tubing systems. Use of safe needle devices is required by OSHA with only a few exceptions. **A limitation of safe needle devices** is that the majority of devices have **safety features that must be actively engaged by the worker** in order to be effective.
  Contingent workers are required to use safe devices that are provided!
- Place used sharps in sharps container immediately after use. Do not recap or manipulate needles.

In addition…

- Handle all laboratory specimens as potentially infectious
- Hepatitis B vaccine must be offered to all contingent workers at risk for blood or body fluid contact, and is strongly recommended for all workers. Talk to your employer of record for more information.
- 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 body fluids.

1910.1030(g)(2)(vii)(F)

BLOODBORNE PATHOGENS

Personal Protective Equipment (PPE)

PPE protects the skin, eyes, mouth or other mucous membranes during normal use and during the entire length of time the PPE is worn.

Examples of PPE are:

- Gloves
- Gowns and/or disposable plastic aprons
- Masks
- Face shields
- Protective eyewear

Click here for a list of **commonly performed procedures and the PPE required**:
http://kpnet.kp.org/ehs/training/deeplinks/redirects/kpl_bbp_ppe_matrix.htm

Also note:

- Disposable gloves cannot be washed or decontaminated for reuse.
- Contingent workers 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 dripping or caked with blood or other infectious material, should be discarded in a biohazard container (or in a chemo container if the PPE is contaminated by 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 worker exposure and for informing you of the proper use, location, removal, handling, cleaning, decontamination and disposal of PPE** used at your worksite.

BLOODBORNE PATHOGENS

Explanation for Selection of PPE

Your job responsibilities are reviewed for areas that may involve exposure to bloodborne pathegons.

Selection of Personal Protective Equipment (PPE) is based on the type and degree of risk associated with the task being performed.

Any concerns about PPE (what type to use, proper training, etc.) should be discussed with your employer of record.

1910.1030(g)(2)(vii)(H)

BLOODBORNE PATHOGENS

Actions to take in an Emergency

- 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.

Also:

- **Notify your KP supervisor**
- Go to the nearest Emergency Department/Urgent Care **IMMEDIATELY - within the first 2 hours of exposure**
- **Notify your employer of record** as soon as is practical

- Contingent workers who have had an exposure are offered a medical evaluation immediately with appropriate follow-up. The most obvious exposure incident is a needlestick. However, when blood or other infectious material come in contact with your eyes, nose, mouth, other mucous membrane, or non-intact skin, this is also considered an exposure incident and should be reported to your KP supervisor and employer of record immediately.

1910.1030(g)(2)(vii)(J)

BLOODBORNE PATHOGENS

Actions to take in an Emergency (Region Specific)

Colorado	**IMMEDIATELY** notify your KP Manager and page Employee Health at 303-203-9093.
Georgia	**IMMEDIATELY** notify your KP department manager and Employee Health. Report to Internal Medicine (within 2 hours). Complete incident report in BBP red book and fax report to Employee Health.
MAS	**IMMEDIATELY** notify Employee Health and your KP 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.
Hawaii	**IMMEDIATELY** notify your KP supervisor/manager or person in charge and you will be directed for evaluation and treatment. ALL blood and body fluid exposures MUST be seen by Occupational Health Services as soon as possible.
NW	**IMMEDIATELY** during business hours, contact Employee Health at 50-3950. After hours, on weekends and holidays, contact Employee Health at 50-3950 and follow voicemail instructions.
WA Region	**IMMEDIATELY** notify your KP department manager/supervisor or person in charge and page Employee Health at 206-344-9375. Go to Connections, APE Page and follow instructions.

BLOODBORNE PATHOGENS

Post-Exposure Procedure

In the event you are exposed to any blood or other infectious materials, **it is CRUCIAL that you report any exposure incident to your department manager within the first 2 hours of exposure** to facilitate immediate intervention that **can deter the development of HBV, HIV other potential infections.**

Information which will be needed to report BBP exposure includes…

- The name and medical record number of the source patient (if known)
- The type and level of 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

Contingent workers who have had an exposure are offered an immediate medical evaluation with appropriate follow-up. The most obvious exposure incident is a needlestick. However, when blood or OPIM come in contact with your eyes, nose, mouth, other mucous membrane, or non-intact skin, this is also considered an exposure incident and should be reported to your supervisor and employer of record immediately.

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

1910.1030(g)(2)(vii)(K)

BLOODBORNE PATHOGENS

Post-Exposure Medical Evaluation

Post-exposure medical evaluation consists of:

- Counseling
- Appropriate lab work and treatment in line with current US Public Health Service recommendations and regional policies and procedures.
- At the time exposure, baseline HIV testing will be offered to you. Follow-up HIV testing may also be recommended if there is a concern that you had a significant exposure to HIV.
- Chemoprophylaxis (drug therapy) may be recommend after a high risk exposure.
- Evaluation of any reported illness in the future to determine if the symptoms may be related to HIV or HBV development.

1910.1030(g)(2)(vii)(L)

BLOODBORNE PATHOGENS

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.

1910.1030(g)(2)(vii)(M)

CHEMICAL SAFETY

Hazard Communication

Managing Hazardous Materials

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 supplemental workers 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

Information

The Federal Hazard Communication Standard requires employers 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 coming in contact with hazardous chemicals.

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**
- ✓ **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** (http://kpnet.kp.org/ehs/ehs_community).

Or, wait until 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.

1910.1200(h)(2)

HAZARD COMMUNICATION

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**.

IRRITANTS are chemicals that cause slight inflammation or discomfort to the body. They are not corrosive, but cause a reversible inflammatory effect on the skin or mucus membranes by chemical action only at the site of contact.

Examples	Pictogram
Disinfectants that contain hydrogen peroxide or bleach; acetic acid (5%); hydrogen peroxide (3%); Lugol's solution (10% potassium iodine); Monsel's solution (20-22% ferric subsulfate)	

SENSITIZERS are chemicals that can cause the development of an allergic reaction in normal tissue or respiratory response after repeated exposure to the chemical. Sensitization develops over time. When a worker is first exposed to a sensitizer, there may be no obvious reaction.

Examples	Pictograms
High level disinfectants that contain hydrogen peroxide, paracetic acid or are aldehyde-based; latex rubber	**RESPIRATORY Sensitizer**  **SKIN Sensitizer**

1910.1200(h)(3)(ii)

HAZARD COMMUNICATION

Chemical Hazards That May Be Found In the Work Area

CORROSIVES are chemicals that cause obvious damage to living tissue. They cause visible destruction of, or irreversible alterations in, tissue, mucus membranes or the eyes by chemical action or burn at the site of contact on direct contact or inhalation.

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

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

Examples	Pictogram
Medical gas; oxygen; cryogenic liquids	

1910.1200(h)(3)(ii)

HAZARD COMMUNICATION

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.

Examples	Pictogram
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. For example 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	Pictogram
Nitrous oxide (cryogenic liquid); oxygen (gas); silver nitrate sticks (solid)	

1910.1200(h)(3)(ii)

HAZARD COMMUNICATION

Chemical Hazards That May Be Found In the Work Area

TOXICS are chemicals that contain poisonous substances. **TOXICS** disrupt cellular reproduction.

A **CARCINOGEN** is a substance capable of causing cancer in living tissue.

A material that is **TOXIC TO REPRODUCTION** is known or suspected to cause a negative impact on reproductive functions (male or female), on a developing fetus, or may transfer harmful effects via lactation.

A **GERM CELL MUTAGEN** is a substance that may cause changes to DNA (mutations) in the germ cells of humans (eggs or sperm) that can be transmitted to your offspring.

A **TARGET ORGAN TOXIC** is a chemical that can cause harm or damage in specific organs of the body. These can be either by a single exposure or by prolonged or repeated exposure.

If you work with these agents/chemicals/drugs, talk to your supervisor and / or safety department to obtain department and hazard specific training.

Examples	Pictograms
Acute Toxic: a substance that can cause damage after a single dermal (skin), ingestion (swallowing) or inhalation (breathing) exposure	
Carcinogens, Reproductive Toxicants, Germ Cell Mutagens, Specific Organ Toxics	

1910.1200(h)(3)(ii)

HAZARD COMMUNICATION

Pictograms and Hazards

Health Hazard

- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity

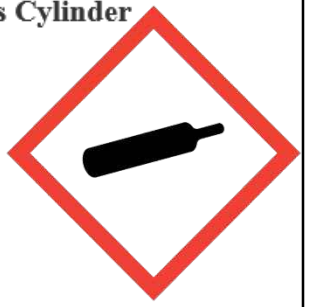
Flame

- 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)

1910.1200(f); (h)(3)(iv)

HAZARD COMMUNICATION

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.

Examples of engineering controls include:

- Well-ventilated work areas
- Ventilation hoods
- Closed-loop devices

Examples of 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)

Consistent and proper use of the correct PPE is a crucial part of safe handling of hazardous chemicals.

- Make sure everyone, including visitors, wears appropriate eye protection where chemicals are handled
- Wear appropriate gloves (nitrile or others, depending on the chemical) to avoid potential contact with toxic materials; inspect the gloves before each use, wash them before removal, and replace them periodically or between procedures
- Contact your manager/supervisor for PPE options

1910.1200(h)(3)(iii)

HAZARD COMMUNICATION

Labeling Systems: Primary 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;
- Signal word, either "danger" or "warning";
  - Danger indicates more severe hazard
  - Warning indicates less severe hazard
- Hazard statement(s);
  - Standardized and assigned phrases that describe the hazard(s) as determined by hazard classification
    - Examples:
      - Causes eye irritation
      - Flammable aerosol
- **Pictogram(s), presented on the next slide;**
- Precautionary statement(s);
  - Prevention
    "Wear protective gloves"
  - Response
    "If inhaled remove person to fresh air"
  - Storage
    "Store in well ventilated place"
  - Disposal
    "Waste must be disposed of in accordance with federal, state and local environmental control regulations" and,
- Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.

You may find in your workplace some primary labels with an older format, which do not have the pictograms or signal words. These older primary labels provide very similar hazard information. If there are currently such labels, they will be replaced by the newer primary labels before mid year 2016

HAZARD COMMUNICATION

Primary Label Example

SAMPLE LABEL

CODE _____
Product Name _____

Product Identifier

Company Name _____
Street Address _____
City _____ State _____
Postal Code _____ Country _____
Emergency Phone Number _____

Supplier Identification

Hazard Pictograms

Signal Word
Danger

Keep container tightly closed. Store in a cool, well-ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measures against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispose of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO_2) fire extinguisher to extinguish.

First Aid
If exposed call Poison Center.
If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.

Precautionary Statements

Highly flammable liquid and vapor.
May cause liver and kidney damage.

Hazard Statements

Supplemental Information

Directions for Use

_____
_____
_____

Fill weight: _____ Lot Number: _____
Gross weight: _____ Fill Date: _____
Expiration Date: _____

1910.1200(f), (h)(3)(iv)

HAZARD COMMUNICATION

Labeling Systems: Secondary Labels

When hazardous chemicals are transferred from a primary container into a secondary container, 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

The original manufacturer’s label and SDS are used as sources of information.

Workplace Label Example

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

1910.1200(f), (h)(3)(iv)

HAZARD COMMUNICATION

Safety Data Sheets (SDS)

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	:	1-800-328-0026 (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.

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SDSs can be available electronically or as hard copies. If you are not sure how to access an SDS, **contact your supervisor or your facility EH&S Department** (http://kpnet.kp.org/ehs/ehs_community).

1910.1200(g), (h)(3)(iv)

HAZARD COMMUNICATION

Methods of Detecting a Chemical Presence or Release

You may learn about the presence of a hazardous chemical by

- Air sampling reports, for example, Kaiser Permanente's National Environmental, Health & Safety department will conduct periodic monitoring for formaldehyde.
- Continuous monitoring devices, such as those installed for EtO when needed

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.

Additional training may be required. Your facility's EH&S Department will identify those employees/contingent workers who require additional training (http://kpnet.kp.org/ehs/ehs_community).

1910.1200(h)(3)(i)

HAZARD COMMUNICATION

Spill Response

If an accidental 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.

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

- Identify if the spill is an incidental (small) or Emergency (large) spill.
  - Incidental or small spills should be cleaned up immediately. With the proper training, incidental or small spills can generally be cleaned up by departmental staff. Know what the policy is at your facility/region
  - Large or Emergency Response Releases, require response from professionally trained HazMat teams.
- **Isolate, Evacuate, Secure:** Isolate the spill area. Evacuate everyone from the area surrounding the spill, (the entire room if necessary), except those responsible for clean up of the spill. Secure the area.
- **Contain:** Stop the source of the spill, if possible.
- **Personal Protective Equipment (PPE):** If not already worn, put on personal protective equipment as needed, including: gloves, impervious foot covers and apron, chemical goggles with or without a face shield, if splash hazard present.
  - **Respiratory Protection:** response to an incidental spill will not normally require respiratory protective equipment. Your department specific spill response training will train you on the use of respiratory protection if it is required.
- Apply absorbents or neutralizers immediately to keep respiratory exposure within safe limits. Allow time for neutralizers to work before cleaning up.
- **Clean up**: **remember that spill clean up material may need to be disposed as hazardous waste!** Contact your **EH&S Department** (http://kpnet.kp.org/ehs/ehs_community/) for help).

For your reference, you may print this **Hazardous Spills Fact Sheet: http://kpnet.kp.org/ehs/haz_comm/hc_spill_factsheet.pdf**

1910.1200(h)(3)(iii)

HAZARDOUS MATERIALS

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…

- **Don't** 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 instance 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**.

EMERGENCY EYEWASH AND SHOWER

Emergency Eyewash

Use of Emergency Eyewash Equipment

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?***

In areas required to have an emergency eyewashes and/or shower, they must be in accessible locations that require **no more than 10 seconds for the injured person to reach (55 feet maximum)**.

To activate the eyewash, **push or pull the activation mechanism until the water starts**

- Hold your eyes open and rinse for **15 minutes!**

ANSI Z358.1

EMERGENCY EYEWASH AND SHOWER

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.

Also remember…there must always be a **clear pathway to the eyewash**: **ensure no carts or boxes are placed in the way**.

ANSI Z358.1

HAZARDOUS MATERIALS

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**.

E-cylinder

H-cylinders

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 on this link for more information on safe handling and storage of compressed medical gas cylinders

WASTE MANAGEMENT

WASTE MANAGEMENT & DISPOSAL

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

WASTE MANAGEMENT

Introduction

- KP is committed to strictly following the law and our own established policies when it comes to proper disposal of regulated waste.
- It is imperative that Protected Health Information (PHI) , Medical, Hazardous, and Universal waste streams be placed in appropriate waste containers, and not in “regular” trash containers.
- Proper waste management and disposal practices and policies must be followed at all times, at all KP locations, to enable regulatory compliance and ensure safety for members, employees, contingent workers and the community.

WASTE MANAGEMENT

Waste Disposal Responsibilities

- Every Kaiser Permanente employee, physician, contractor and contingent employee is responsible for placing waste into its designated container.

- If you are not sure how to dispose of waste, ask your supervisor/department manager, the Environmental Health and Safety (EH&S) Manager/Safety Operations Leader (SOL) or Compliance Officer who supports your site. If you need assistance in obtaining waste containers, contact your EVS Department.

WASTE MANAGEMENT

Presentation Overview

This training details required waste management collection processes for categories of waste that **must not** be placed in regular trash containers, including:

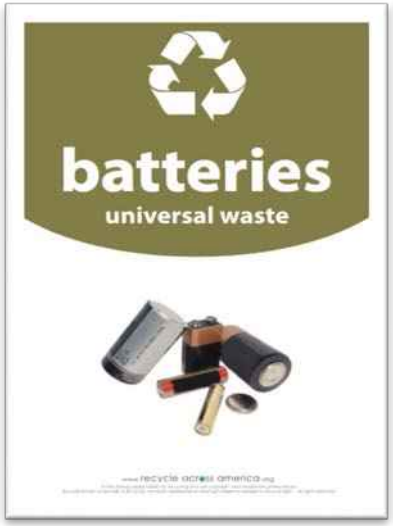
- Protected Health Information (PHI) Waste – confidential individual health information
- Medical Waste – includes biohazardous waste, pathology waste, pharmaceutical waste and trace chemotherapy waste
- Hazardous Waste – specific pharmaceuticals and chemicals
- Universal Waste – batteries, electronic equipment, and lamps

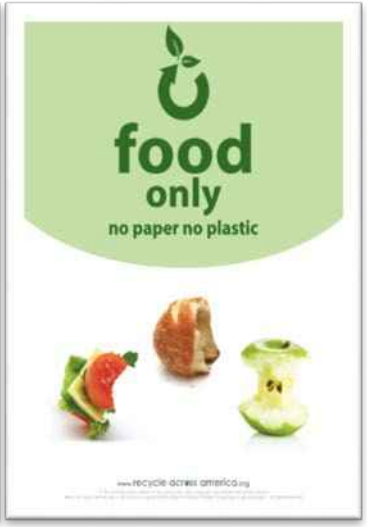
It is important for you to understand the disposal requirements for each type of waste that you generate.

WASTE MANAGEMENT

Standardized Labels

Kaiser Permanente has implemented standardized labels on waste containers. Look for these labels and place your waste in the appropriate container.





WASTE MANAGEMENT

Standardized Labels – Regular Trash

Regular trash labels have also been standardized and placed on all public and KP worker trash containers.

Never place confidential, medical, hazardous, or universal in regular trash containers.
Information on the proper disposal of these waste streams is provided throughout this training module.

KP Facing Trash Container

Member Facing Trash Container

WASTE MANAGEMENT

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, or maintained by a health 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
- The information identifies a member or patient, or there is enough information to be able to identify the individual

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 the these identifiers on a KP document requires the entire document to be considered PHI

PHI information does not have to be recently created to still be PHI under the law.

You should always assume that these documents contain PHI:

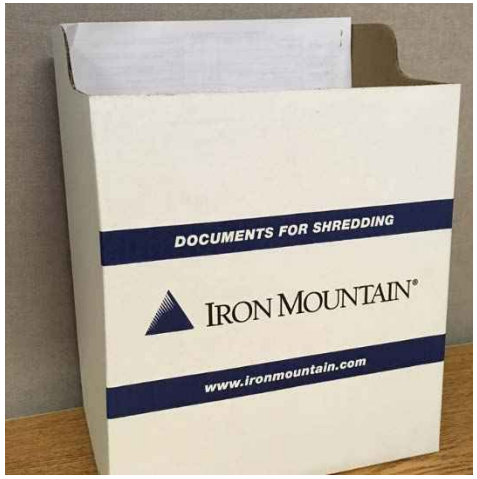
- Patient care documents, questionnaires, encounter lists, care-related faxes
- Medical records, patient medication lists, test printouts, visit notes
- Medical referral forms
- Pharmaceutical prescription forms, labels, and patient medication lists
- Member coverage and benefits information, claims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

WASTE MANAGEMENT

Confidential/PHI Waste Disposal – Shred All **Paper**

KP has adopted a policy to shred all paper to prevent 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 by your facility for secure destruction through shredding.

See examples of containers below.



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

WASTE MANAGEMENT

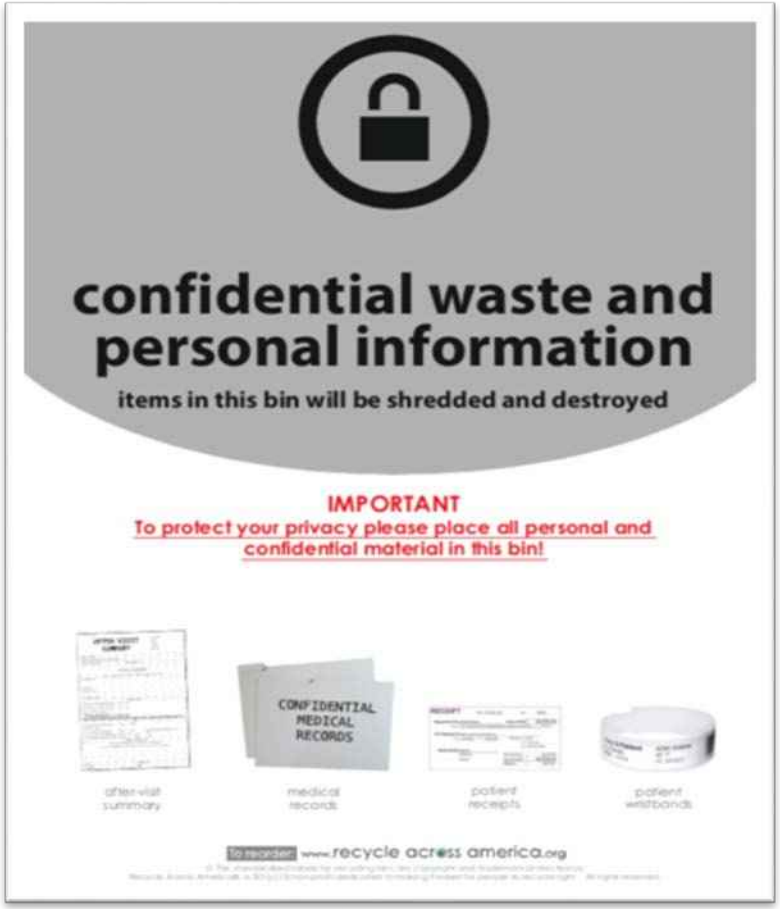
Confidential/PHI Waste Disposal

Examples of items that must be placed in confidential waste containers:

- ❑ All paper (hand written 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

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

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



WASTE MANAGEMENT

Medical Waste — Biohazardous Waste Disposal

What is Biohazardous Waste?

Gauze or bandages with any recognizable fluid blood or dry caked blood.

Examples include:

- ❑ Materials and devices with any amount of visible fluid blood and/or otherwise potentially infectious body fluids.
- ❑ Contaminated single use or disposable speculums without batteries. Speculums with non-removable batteries are hazardous waste.*
- ❑ Blood transfusion bags and/or tubing.
- ❑ Flexible walled suction canisters with free flowing liquids, not solidified.
- ❑ Any waste items with free-flowing body secretion containing blood components (e.g. urine, stools, pleural, peritoneal, amniotic fluids).

* Departments that generate speculums with non-removable batteries will have a dual hazardous/medical waste black container.

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

Waste Container for Biohazardous Waste:

All biohazardous waste must be placed in a RED container labeled with a biohazard symbol, lined with a red bag with a biohazard symbol. Do not place in regular trash container.

WASTE MANAGEMENT

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
- Rigid walled suction canisters, and flexible walled suction canisters with solidifier waste

Departments that Generate Pathology Waste include:

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

Look for for a pathology waste 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 in regular trash container.

WASTE MANAGEMENT

Disposal of any item with a “Biohazard Symbol” label

Any item that is labeled with a biohazard symbol (see image at right) **must** be placed in a biohazard waste container for disposal.

Do not place in regular trash.

Dispose of these items in a red bag biohazard waste container **even if the items are empty or unused**.

Examples of items that may have biohazard symbol label include:

- Specimen bags
- Trays covers
- Laboratory containers

WASTE MANAGEMENT

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
- Trocars
- Pipettes
- Scalpel blades
- Guide wires
- Blood vials
- Broken or unbroken glassware that has been in contact with infectious agents
- Serum bottles

Waste Container for medical waste sharps:

All sharps waste must be placed in a red, blue or clear sharps container, labeled with the word "Sharps" AND the international biohazard symbol. DO NOT place in regular trash container.

Your department may also collect sharps and pharmaceutical waste in the same blue sharps container.

WASTE MANAGEMENT

Medical Waste — Pharmaceutical Waste Disposal

What Is Pharmaceutical Waste?

- **All prescription and over the counter (OTC) medications** that do not require collection as trace chemotherapeutic or hazardous waste*
  - Liquid medications, injectable and oral
  - Pills and tablets
  - All IV bags and tubing, including saline
  - All empty vials, IV sets
  - Patches, lozenges, and medicinal lollipops
- **Hand lotions, soaps, and toothpaste** (unused or partially used). Personal care products are potentially toxic to the fish and wildlife and cannot be placed in regular trash.

* Departments that generate hazardous waste or trace chemotherapy waste will have a designated collection process approved by the EH&S Manager/Safety Operations Leader**.**

Waste container for Pharmaceutical Waste:

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". DO NOT place in regular trash container.

Your department may also collect sharps and pharmaceutical waste in the same blue sharps container.

WASTE MANAGEMENT

Hazardous Waste Disposal

What Is Hazardous Waste?

Hazardous waste includes items that are toxic, flammable, corrosive, or reactive as defined by federal or state regulations.

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 must be segregated so that incompatible materials are not mixed together. For this reason, several hazardous waste containers may be in your department.

Primary examples of the types of hazardous waste containers include: RCRA Healthcare Hazardous Waste Container (Most in One); 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.

Look for a hazardous waste label on the waste container:

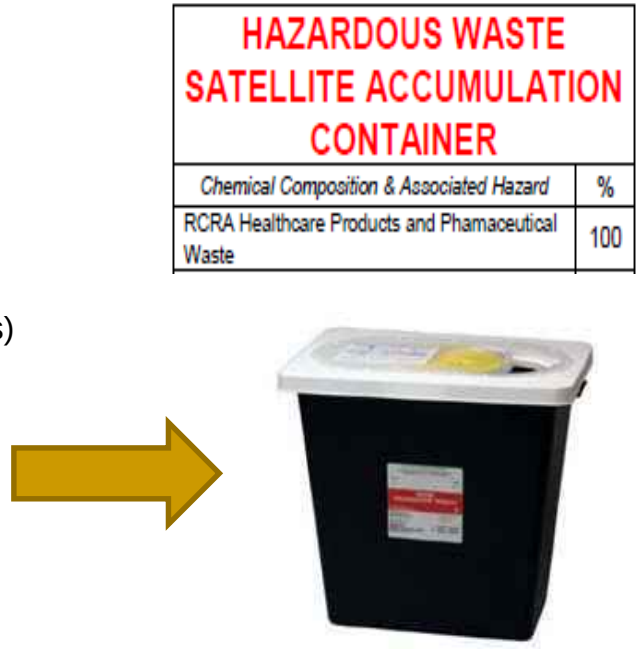
WASTE MANAGEMENT

Hazardous Waste Containers: "Most in One" Black Container

Many, but not all of the types of hazardous waste generated by KP can be placed in the black container labeled "RCRA Healthcare Products Waste." It is more commonly known as the "Most In One" hazardous waste container.

Examples of allowable items:

- Procedure Site Marking Pens/ Skin Dyes
- Insulin vials or pens
- Vaccines: Flu Multi-dose vials, MPSV4-Menomune
- Bulk Chemo Therapy Agents (except Arsenic Trioxide)
- Expired or unused Benzoin tincture and Chloro-prep products
- Expired or partially used surface disinfectant wipe canisters (e.g., Saniwipes)
- Shampoos with Selenium
- Barium
- Silver creams, unused silver wound dressings
- Expired pre-filled formalin containers
- Hand gel sanitizer containers
- Vitamins



The NEH&S "Most in One" Hazardous Waste Fact Sheet can be referenced for more details via the link below:
http://kpnet.kp.org/ehs/waste/waste_haz/hazwaste_most_in_one_container_factsheet.pdf

WASTE MANAGEMENT

Hazardous Waste Containers: Other Types

- **"P-listed Hazardous Waste" Labeled Black Container**

  Examples:

  - All expired or unused product and the empty container of:
    - Arsenic Trioxide – includes iv bag and delivery tubing
    - Epinephrine, powder form only
    - Warfarin
    - Aminopyridine
    - Nicotine
    - Physostigmine, Physostigmine Salicylate

The NEH&S P-Listed Waste Fact Sheet can be referenced for more details via the link below:
http://kpnet.kp.org/ehs/waste/waste_pharmacy/pharm_waste_p_listed_container_fact_sheet.pdf

- **"Aerosol Waste" Labeled Black Container**

  Examples:

  - All unused, partially used, or non-empty:
    - Hand Sanitizer Cans
    - Gebauers Spray Cans
    - Inhalers
    - Spray Paint, Lubricants Cans
    - Compressed Air
    - Smoke detector test spray Cans

The NEH&S "Management of Aerosol Cans" Fact Sheet can be referenced for more details via the link below:
http://kpnet.kp.org/ehs/waste/waste_haz/haz_waste_disposal_aerosol_cans.pdf

WASTE MANAGEMENT

Hazardous Waste Containers: Other Types

“Silver Containing Products Waste” Labeled Black Container

Silver Nitrate Sticks, expired or used

The NEH&S Silver Nitrate Disposal Fact Sheet can be referenced for more details via the link below:
http://kpnet.kp.org/ehs/waste/waste_haz/silver/silver_nitrate_applicator_disposal_fact_sheet.pdf

“Department Specific Bulk Hazardous Waste Stream” Properly Labeled Container

Some departments may have hazardous waste containers specific to the waste generated

Examples:

- Laboratory: Lab solvents hazardous waste container
- Engineering: Used oil hazardous waste container
- Pathology: Formalin with tissue hazardous waste container
- EVS: Bulk volumes of expired hand sanitizers, cleaning chemicals on pallets or in drums

If you have any questions regarding hazardous waste, or are unsure of whether an item is hazardous waste, contact your EH&S Professional or SOL.

WASTE MANAGEMENT

Empty Container Disposal

Use the following criteria to determine how to dispose of “empty” containers of chemicals:

- **Liquids in containers** — chemicals must be completely used, so that no liquid can pour from the container when it is tilted or held upside down.
  - For example, containers of cleaning chemicals or disinfectant wipe canisters that do not meet the definition of “empty” must be placed in a Hazardous Waste container for disposal.

- **Solids in containers** — must be completely used with no remaining buildup inside the container.
  - In most cases, containers/tubes of shampoos, creams, lotions, and pastes cannot be completely used to meet the “empty” definition and must be placed in a Pharmacy Waste container.

- **Aerosol containers or compressed gas cylinders** — must be completely dispensed, all pressure released and no residual contents, otherwise they are considered “non-empty” and require disposal in a Aerosol Hazardous Waste container.

Do not place containers of chemicals
(liquid, solid, or aerosol) that are not empty in regular trash!

WASTE MANAGEMENT

Universal Waste — Disposal of Batteries

Do not place batteries in regular trash containers.

This includes all types of batteries: AA, AAA, C, D, 9-volt, Lithium, button cell/hearing aid, rechargeable, and lead acid. Leaking or damaged batteries must be managed as hazardous waste, contact your EH&S professional or SOL 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

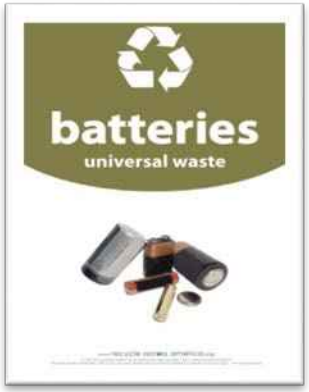
Devices that contain batteries:

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

Waste Container for batteries:

Containers must be labeled “batteries, universal waste” with the accumulation start date.

Look for this box or label when disposing of batteries:



WASTE MANAGEMENT

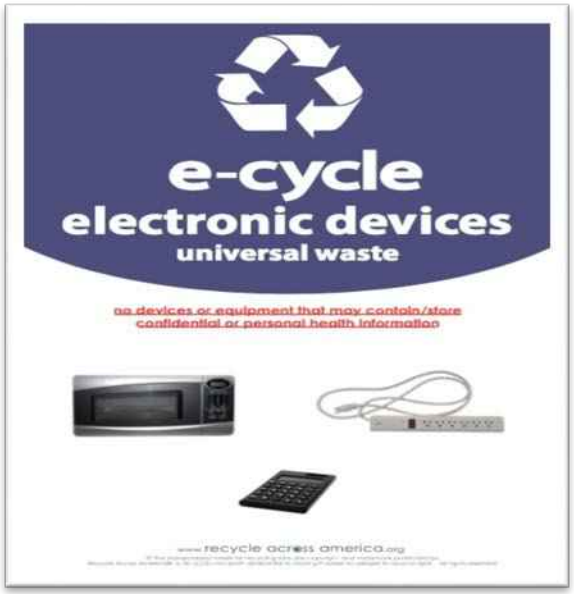
Universal Waste — Disposal of Electronic Devices

Do not place any electronic devices in regular trash containers.

Place electronic devices that are not managed by IT or Clinical Technology Department disposition processes; and that do not potentially contain stored confidential information in a electronic device, universal waste container. For large items use existing processes to contact EVS, Engineering, EH&S or your SOL for disposal.

Examples includes equipment such as power strip extension cords, electric staplers, table top lamps, clocks, printers, televisions, microwaves, and ballasts. This also includes devices that contain unremovable batteries such as: pumps, cautery pens, calculators, glucose monitors, and flash/pen lights.

Look for this label on the waste container:



Waste container for Electronic Devices:

Containers must be labeled “electronic devices, universal waste” with the accumulation start date.

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

WASTE MANAGEMENT

Universal Waste — Disposal of Lamps

Do not place any lamps in regular trash containers.

Examples include:

- Fluorescent tubes and lamps
- Ultraviolet (UV) lamps
- Microscope light bulbs
- High intensity discharge lamps
- Sodium vapor lamps
- LED lamps

Lamp waste is primary generated and managed by the Facility Engineering/Plant Operations or the EVS department. **If you generate lamp waste contact Engineering, Plant Operations or EVS for assistance in disposal.** Waste lamp containers are required to be labeled “Universal Waste” “Lamps” with the accumulation start date.

Waste container for Lamps: Containers must be labeled “lamps, universal waste” with the accumulation start date.

WASTE MANAGEMENT

Principles of Responsibility and Contact Information

- KP's Principles of Responsibility states that all Kaiser Permanente physicians, employees and contingent workers are expected to follow all applicable laws and policies, use good judgment, be accountable for their actions, and conduct business with integrity and with the interests of members and patients in mind.
- KP's *Principles of Responsibility* makes clear that keeping data confidential, private, and secure is essential to:
  - Preserving the trust of our members and patients.
  - Providing quality health care.
  - Complying with federal and state regulations and Kaiser Permanente policies.
  - Protecting our reputation.
- We are all responsible for understanding and following required waste disposal procedures.
- If you have questions, contact your Department Manager, Environmental Health and Safety Professional, Safety Operations Leader or Compliance Officer.

This Waste Disposal information is complex. If you would like to download a copy of the waste slides for future reference, please click here: http://kpnet.kp.org/ehs/training/ed_waste_disposal.pdf

EMERGENCY RESPONSE

Fire Safety
Fire Extinguishers
Emergency Preparedness

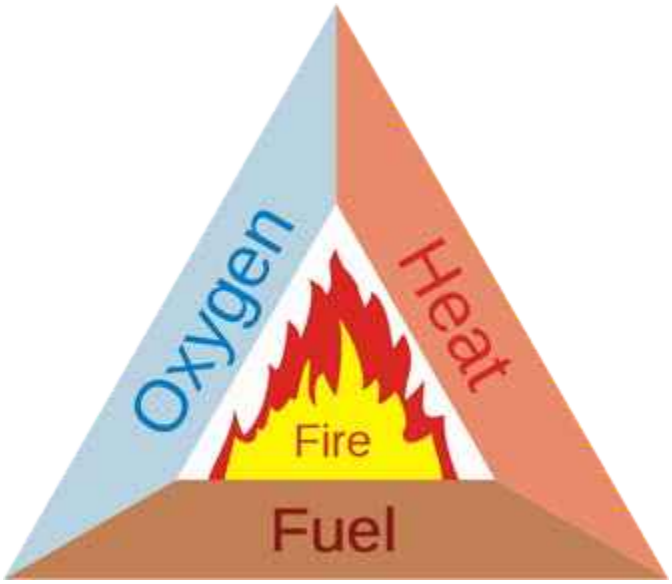
Completion of this section, in conjunction with on-site orientation to facility and departmental procedures with regard to Fire Response Plans, complies with the training requirements of Joint Commission Standard EC.03.01.01 and the requirements of 29 CFR 1910.38 with regard to staff training on Emergency 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 AND EXTINGUISHERS

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 AND EXTINGUISHERS

Fire Safety – R.A.C.E.

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

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

When fire or smoke is discovered remember…

- **R - R**escue/ **R**emove patients and staff from area.
- **A - A**larm - Pull closest fire alarm and follow your facility's procedures for notification.
- **C - C**onfine fire by closing doors. Clear hallways of portable equipment and prepare for evacuation.
- **E - E**xtinguish 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)

R - Rescue/Remove patients & staff

A - Alarm

C - Confine fire/Clear hallways

E - Extinguish or Evacuate

CFR 1910.157, EC.02.03.01

FIRE SAFETY

Code Red Response – Los Angeles Medical Centers

You must review the **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training for information on the acronym used at **YOUR** facility/region to respond to a fire.

For example: the city of Los Angeles has additional Fire/Life Safety training requirements for Hospital staff.

Affected hospitals include:

- Los Angeles/LAMC
- Panorama City
- South Bay
- West LA
- Woodland Hills

Note that healthcare facilities in Los Angeles *DO NOT* use R.A.C.E. for fire response.

In addition, every four years hospital staff in the city of Los Angeles must complete additional training on how to respond to a fire, including use of first aid fire equipment and employee evacuation procedures.

You can contact your facility's **Environmental Health & Safety Department** if you have questions about fire safety.

PORTABLE FIRE EXTINGUISHERS

P.A.S.S.

To operate a fire extinguisher, remember: **P.A.S.S.**

- **P** - **Pull** The Pin
- **A** - **Aim** The Nozzle (at the **base** of the fire)
- **S** - **Squeeze** The Handle
- **S** - **Sweep** It Back & Forth (at the **base** of the fire)

Pull

Aim

Squeeze

Sweep

CFR 1910.157, EC.02.03.01

PORTABLE FIRE EXTINGUISHERS

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!

CFR 1910.157, EC.02.03.01

FIRE SAFETY

Hospital Fire Response

Hospital Smoke Compartments:

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!

FIRE SAFETY

Hospital Fire Response and Evacuation

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.

EC.02.03.01, 29 CFR 1910.38

FIRE SAFETY

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

EC.02.03.01, 29 CFR 1910.38

EMERGENCY PREPAREDNESS

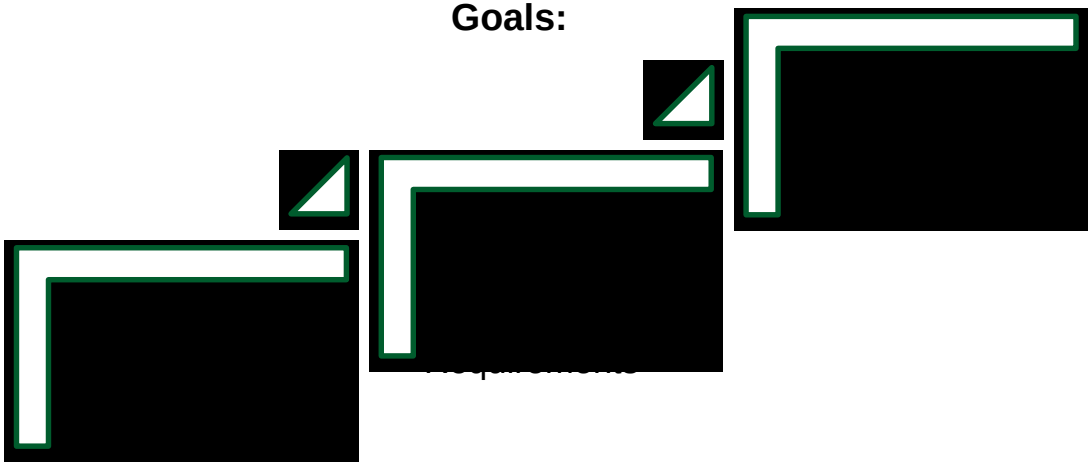
CMS Emergency Preparedness Rule

The new CMS Emergency Preparedness rule establishes national preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinates with federal, state, tribal, regional and local emergency preparedness systems.

The Rule also assists providers and suppliers to adequately prepare to meet demands during disasters and emergency situations. The Rule strives to provide consistent requirements across provider and supplier-types, with some variations.

The Rule became effective on Nov. 16, 2016, and CMS began surveying to this new rule across all healthcare facilities on Nov. 15, 2017.

Goals:



EMERGENCY PREPAREDNESS

Key Points Regarding Emergency Preparedness

1. Know the risks and vulnerabilities in your area
2. Know your Department's Business Continuity Plan
3. Become familiar with policies and procedures on Emergency Preparedness and Disaster Response
4. What is the expectation for your response?
5. Know your communications plan
6. What is the succession of authority in your department/area?
7. Participate in disaster training and exercises to improve response knowledge
8. Review and revise your Department's Emergency Response Plan at least once a year
9. Review ways to ensure your own personal preparedness

For more information, visit the National Emergency Management web site:
http://kpnet.kp.org:81/nem/index.html

EMERGENCY PREPAREDNESS

Disasters

The Joint Commission defines a "**disaster**" as "**an unexpected or sudden event**" and also "a natural or human-made event that significantly disrupts the environment of care, or results in a sudden, significantly changed or increased demand for the organization's services."

Commonly within Kaiser Permanente we define a "disaster" as **any unplanned event, inside or outside our facility, that may affect our facilities, staff, patients, or our ability to provide care.**

We have a four-part program to manage disasters that includes:

- **Mitigation**
- **Preparedness**
- **Response**
- **Recovery**

EMERGENCY PREPAREDNESS

Disaster Response Codes

All facilities use **disaster codes**. The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training contains information about the codes for **YOUR** facility.

Examples of internal disasters might be: IT computer system failures, public utility outages, hazardous materials spills, fires.

Examples of external disasters might be: earthquakes, tsunamis, hurricanes, wildfires, terrorist acts, hazardous materials spills near your facility or infectious pandemics.

Each facility/region has developed **Code Flipcharts** (sometimes called Rainbow Charts) which contain basic information on what you should do in response to an emergency.

These charts are posted throughout work areas as staff quick references.

You must familiarize yourself with the codes used at your facility for each type of emergency.

29 CFR 1910.38, EM.02.02.07

EMERGENCY PREPAREDNESS

Emergency Operations Plans

Each medical center has an **Emergency Operations Plan** to manage disaster response.

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training contains specific information about **YOUR** facility's plans, where they are kept and how you can get a copy if you want to read it.

Some critical departments have created department-level Emergency Operations Plans also. Familiarize yourself with any department specific procedures for your work area.

29 CFR 1910.38, EM.02.02.07

EMERGENCY PREPAREDNESS

Roles & Responsibilities During a Disaster

Your role and responsibilities during an emergency will depend on where you work and what you do.

You may be reassigned to new or different duties during a disaster.

See your facility's specific information (link at the end of this section) for what you should do in a disaster:

- If you are at work when a disaster happens, or
- If you are at home when a disaster happens.

Keep your manager and Human Resources current on your contact information for any emergency call-back lists they might maintain.

Communications in a disaster are often difficult. Listen for public information broadcasts on radio and TV, check your facility's web page, and call your staff hotline (if your facility has one).

29 CFR 1910.38, EM.02.02.07

EMERGENCY PREPAREDNESS

Managing the Emergency Response

Depending on your location, your facility/region will have a

- A **H**ospital **C**ommand **C**enter (**HCC**), or
- An **E**mergency **O**perations **C**enter (**EOC**)

This will be activated if the disaster code is called. It's a place for leaders to gather, collect information, make decisions, and manage the response until the crisis is over and the Code is secured.

Kaiser Permanente facilities use the **Incident Command System** (also known as the **Hospital** Incident Command System) to manage disaster response in the HCC/EOC.

The **person in charge** in the HCC/EOC during a disaster is called the "**Incident Commander**." Other managers may be assigned to help in various pre-set roles as needed.

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training will tell you how to locate **YOUR** HCC/EOC and its phone number.

29 CFR 1910.38, EM.02.02.07

EMERGENCY PREPAREDNESS

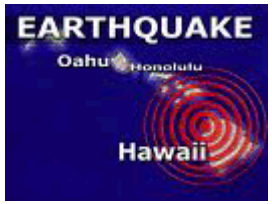
Hazard Vulnerability Assessment and Drills

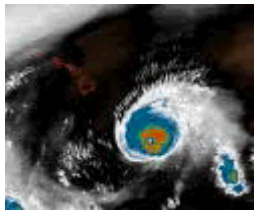
Medical centers conduct a **H**azard **V**ulnerability **A**ssessment **(HVA)** every year to determine the greatest threats, so they can focus preparations in the right areas. **HVAs are specific to each facility**, its locations, operations, and threats (internal or external).

The **FACILITY-SPECIFIC SUPPLEMENT** page at the end of this training contains the top risks to **YOUR** medical center based on recent vulnerability assessments.

Each hospital conducts **at least two disaster drills a year** (this is also a requirement of The Joint Commission).

Drills are designed to prepare the facility for the greatest risks identified on its **HVA** (Hazard Vulnerability Assessment).





29 CFR 1910.38, EM.02.02.07

EMERGENCY PREPAREDNESS

OSHA Emergency Action Plan

Your Emergency Operations Plan also includes OSHA-required emergency evacuation procedures including how to evacuate and accounting for all staff after an evacuation. (The plan also covers how to evacuate patients as part of the process.)

Do not evacuate hospitalized patients until directed to do so

- **by overhead speaker, or**
- **by your manager!**

Posted in your facility are maps of exit paths through marked exit doors and stairs to designated areas outside the building. When you get to your work area find these maps, learn the fire escape routes, and ask your supervisor if you have any questions.

When you get to your work area ask your supervisor about evacuation plans and what your duties are if an evacuation is ordered.

29 CFR 1910.38, EM.02.02.07

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.

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.

LOCKOUT/TAGOUT (AFFECTED AND OTHER WORKERS)

Lockout/Tagout for Affected and Other Workers

Purpose and Use of Energy Control

There are machines and equipment in our workplace which require periodic servicing and maintenance. The unexpected start-up of these machines/equipment or uncontrolled release of energy from them could cause injury to workers (e.g., electrocution). All Kaiser Permanente facilities have implemented a Hazardous Energy Control Program to prevent injury to workers. This program is 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 of equipment.**
- Sources of potentially hazardous energy include low to very high voltage electricity, compressed air, oxygen or other gases, open flames, steam, hydraulic line forces, radiation sources including x-ray laser light sources from laser surgical machines and spring tension.

29 CFR § 1910.147(c)(7)(i)(B)

LOCKOUT/TAGOUT (AFFECTED AND OTHER WORKERS)

Procedures and Prohibitions

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.

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 risk**!

29 CFR § 1910.147(c)(7)(i)(B),(C)

LOCKOUT/TAGOUT (AFFECTED AND OTHER WORKERS)

"Affected" Workers

You are an "**affected**" worker if…

- your **job requires 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, or
- your **job requires you to work in an area** in which such activities are being performed under Lockout or Tagout.

(An example is in Radiology, if you work around certain MRI or CT scan equipment.)

When equipment in your work area needs to be locked out or tagged out, the appropriate department (for example, Engineering or Kaiser Clinical Technologies) **will notify you about the upcoming work and any other information you will need to remain safe**.

29 CFR § 1910.147(c)(7)(i)(B)

LOCKOUT/TAGOUT (AFFECTED AND OTHER WORKERS)

Limitations of Tags

Tagouts have limitations:

- You should be aware that tags are **essentially warning devices** affixed to energy isolating devices and do not provide the physical restraint on those devices that is provided by a lock.

The person who applied the lockout or tagout device is the ONLY person who may remove it!

29 CFR § 1910.147(c)(7)(ii)

LOCKOUT/TAGOUT (AFFECTED AND OTHER WORKERS)

Lockout/Tagout Questions?

Questions or Problems:

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 http://kpnet.kp.org/ehs/ehs_community/ **or** visit the **NEH&S SafetyNet Lockout/Tagout Resources** page: **http://kpnet.kp.org/ehs/loto/**.

ACCESS TO EXPOSURE RECORDS

Worker 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). Records of any testing for occupational exposure to hazardous chemicals will be maintained by the facility's safety department.

Federal law requires that contingent workers be notified of the existence of worker exposure records at the start of employment and at least annually thereafter, and this section is your notification.

Responsible Persons

When you arrive at your assignment, contact the facility's EH&S Department if you have questions about workplace exposure records.

Right to Access Records

You have the right to review your exposure records.

Access to the Standard

Talk to your employer of record to access a copy of the standard and its appendices.

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

1910.1020(g)(1)(iii)

SAFETY & ENVIRONMENT OF CARE TRAINING (INITIAL)

Quiz

The Quiz consists of 16 questions.

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.

Good Luck!