EMORY HEALTHCARE

EXHIBIT A

STEP 1 – Preliminary Approval from Leadership

Completed?	Form Required	Instructions	Signatures Required From
	Exhibit B - Request and Attestation of Granted Approvals for Sponsor's Invitation	Observer/sponsor signatures will be obtained by the Department – CMO/CNO approval will be obtained by the Office of Observership Credentialing.	Observer Sponsor CMO CNO (optional)

STEP 2 – Application Submission

Applicant submits completed via Department or Electronic application to the Nursing Office of Credentialing.

Completed?	Form/Documents Required	Instructions	Signatures Required From
	Exhibit C – HIPAA Confidentiality and Non-Disclosure Statement	Completed by applicant	Observer
	Exhibit D – Immunization Verifying Documentation	Completed by applicant	Observer
	Exhibit E – Health Screen	Completed by applicant	Observer
	Exhibit F – Sponsor Supervision Agreement	Completed by sponsor	Sponsor Designated Supervisor
	Exhibit G – Release of Waiver of Liability	Completed by sponsor	Observer Sponsor
	Exhibit H – Observership Code of Conduct	Emory Healthcare Pledge included for reference, not for submission.	Observer
	Exhibit I – Observer Required Regulatory Courses	Completed by applicant	Observer
	Government issued photo ID of observer	Passport or driver's license. Attestation form provided for Emory department designee to verify.	Observer Designee
	Exhibit J – (Invasive Procedure Only) – HIPAA authorization	Patient's signed consent to Observership (filed in patient's medical record)	Sponsor Patient
	Observership Credentialing Fee ($150)	Payable to Emory Healthcare via check, money order, credit card or department smart key	Waived

STEP 3 – Final Approval Granted by the Office of Observership Credentialing

The Office of Observership Credentialing will notify the observation site's Security Office to issue an Emory Healthcare photo ID badge. Observer picks up ID badge from Security Office on day of arrival. **(Applicants EHC and EU badge may not be used while observing.)**

Security Office Locations:

Emory University Hospital
2nd floor, D wing, Room D-215
Office: 404-712-5599

Emory University Hospital Midtown
Orr Building, 1st floor
Office: 404-686-4485

Emory Saint Joseph's Hospital
5665 Peachtree Dunwoody
Office: 678-843-7568

EMORY HEALTHCARE

EXHIBIT B
Request and Attestation of Granted Initial Approvals for Observership

This document is a <u>preliminary approval of the invitation only</u> to be completed a month in advance of the start date. Following this approval, other requirements must be submitted to the Office of Observership Credentialing prior to the final authorization, start date, and badge distribution.

Applicant Name: _____

Date of Birth: _____ Age at time of Observership: _____

Home Address: _____

Home/Cell Phone Number: _____

Email Address: _____

Name of School/College: _____

Purpose and Goal of Observership (please write 1-5 sentences):

Sponsor: _____

Observation Site: _____

Observation Period: Start: _____ End: _____

NOTE: Clinical and non-clinical authorizations for an observership must be linked to an affiliation with an EHC Executive or Medical Staff Member with active, Emory clinical privileges. If not linked with a physician, the sponsoring affiliation may also be with a professor or clinical researcher from Emory University School of Medicine or Emory's Nell Hodgson Woodruff School of Nursing with approved, Emory clinical access.

<u>The following individuals must print, sign, and date, signifying the Observer is APPROVED to begin the application process:</u>

Any requested exceptions to the policy herein must be noted on this sheet and approved by the parties listed below.

Observer: _____ (Print) _____ (Signature) Date: _____

Sponsor: _____ (Print) _____ (Signature) Date: _____

Dept. Chair/Chief of Service or Designee: _____ (Print) _____ (Signature) Date: _____

Site Chief Nursing Officer (when appropriate): _____ (Print) _____ (Signature) Date: _____

Site Chief Medical Officer: _____ (Print) _____ (Signature) Date: _____

Upon obtaining ALL signatures, submit to: observership.credentialing@emoryhealthcare.org Phone: *404-686-6919*

EMORY HEALTHCARE

EXHIBIT C
HIPAA Confidentiality and Non-Disclosure Statement

I, , the Observer visiting Emory Healthcare, am aware of the Hospital's Regulations and Policies that are issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

I understand that all patient information, including medical records, other medical information, billing and financial data, is confidential.

I agree to comply with all Hospital policies and procedures, including and without limitation to the Non-Staff Observer Handbook and the Privacy Policies and Procedures implementing the HIPAA Privacy Rule.

I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my Observership immediately terminated and I may be held personally responsible.

I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I shall ask my supervising attending, the Hospital Privacy Officer, or the Hospital Compliance Officer.

I have read and understand Emory Healthcare's Privacy and Security Training Materials and signed the acknowledgement statement. I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my Observership has been completed.

I certify that I have read Emory's HIPAA Policy Regarding Confidentiality of Patient Health Information and have completed the associated Privacy and Security Regulatory Course, outlined on the Non-EHC Staff Regulatory Courses form provided herein.

I understand that no information about any patients I may observe or hear discussed while on the Observership or at any time thereafter may be transmitted to any third party or person via personal recording device, email, text message, posting on any social network or another online site, or via any other written or verbal communication.**Exceptions must be reviewed and approved through Legal, the CMO, and the respective sponsor.*

I understand that photography and videotaping are prohibited.

As a condition of my Observership, I agree to abide by the prohibition on discussing my Observership and agree that Emory Healthcare has the authority to terminate the Observership at any time in its sole discretion. I further agree to indemnify and defend Emory Healthcare and its affiliates for all damages or losses incurred related to my participation as an Observer.

Print Name	Signature	Date

EMORY HEALTHCARE

EXHIBIT D
Immunity History

Provide Verifying documentation for one option per category.

I. Measles, Mumps, and Rubella (MMR)

Option A Two live attenuated MMR vaccines Vaccine #1 _____ Vaccine #2 _____

Option B Proof of individual titers – attach titer document (Positive titers represent immunity)

Rubeola Titer Date _____

Mumps Titer Date _____

Rubella Titer Date _____

II. Tuberculosis (TST=PPD)

Option A T-Spot Serology and/or QuantiFERON TB Gold Blood Test. The result must be current within 3 months of observership start date Last Serology Date _____

For Positive serology, provide documentation with a negative/clear chest x-ray report, treatment received, and a TB symptom questionnaire

Option D For history of bacilli Calmette-Guerin (BCG) vaccination: provide documentation of a T-Spot/QuantiFERON Gold Blood test result within 3 months of observership start date.

III. Varicella (Chicken Pox, VZV) Childhood history of disease is not sufficient.

Option A (two live VZV vaccines) Varivax Date #1 _____ Varivax Date #2 _____

Option B VZV Serologies (attach titer documentation) VZV Titer Date _____
Positive titer = immune, Negative titer = not immune (option A required)

IV. Hepatitis (HBV)

Option A Hepatitis B Vaccination (provide documentation) (three (3) doses required or titers)

Option B Hepatitis B Surface Antibody (HBVSAB) Test Results (provide serology documentation)
Serology Date _____ (positive=immune, negative=non-immune)

Option C Declination of Hepatitis Vaccination – After consultation with an Emory Healthcare Representative

V. Annual Mandatory Flu Vaccine (October-March) please submit influenza verification documentation or submit Emory Healthcare waiver signed by physician or religious leader.

Immunization clearance is required prior to observing in Emory hospitals or clinics.

EMORY HEALTHCARE

EXHIBIT E
Health Screen Form

Applicant Name _____

1. Have you been around anyone with any of the following diseases within the past 30 days?

Chicken pox	Yes ☐	No ☐
Measles	Yes ☐	No ☐
German Measles (Rubella)	Yes ☐	No ☐
Mumps	Yes ☐	No ☐
Influenza	Yes ☐	No ☐

2. Have you had the following symptoms in the past 72 hours?

Fever	Yes ☐	No ☐	If yes, temp degrees F: _____
Conjuctivitis/pink eye	Yes ☐	No ☐	
Vomiting	Yes ☐	No ☐	
Diarrhea	Yes ☐	No ☐	
Cough	Yes ☐	No ☐	
Congestion/runny nose/cold	Yes ☐	No ☐	
Skin sores	Yes ☐	No ☐	
Rash	Yes ☐	No ☐	

3. Have you had any chronic cough (lasting greater than 3 weeks), night sweats, unexplained fevers, loss of appetite, sudden weight loss, blood tinged secretions from the nose or mouth or coughed up? Yes ☐ No ☐
Please describe:

4. In the past 21 days, have you traveled to other countries? Yes ☐ No ☐
Please list all countries you have traveled in:

5. Have you had any contact or exposure to someone ill who has traveled in another country in the past 21 days?

Yes ☐ No ☐

*If any of the above are answered **yes**, the individual must be cleared by the Department of Occupational Injury Management (OIM)*

I certify that the above information is correct.

Print Name _____ Signature _____ Date _____

****

(OFFICE USE ONLY)

Applicant has provided verifying documentation for the following: (as outlined in Exhibit D)

MMR ☐ TB ☐ Varicella ☐ Hep B or Waiver ☐ Seasonal Flu ☐

EMORY HEALTHCARE

EXHIBIT F
Sponsor Supervision Agreement

I, the undersigned, agree to be responsible for supervising _____ (Observer) while he/she observes the activities of the _____ (Clinical/Non-clinical services) during the period of _____ to _____ .

I acknowledge and agree to accept the above named Observer under my supervision and consent that he/she will not be present in any patient care area without me being with him/her or with my designated non-student, non-resident supervisor.

I agree to ensure that the above named Observer shall engage in observation activities only and shall not participate in any patient care activities within Emory Healthcare. These activities include:

• Touching patients	• Advising other care providers, patients or visitors
• Writing on the medical record	• Scrubbing in the Operating Room or any other procedural area
• Accessing the patient medical record	• Performing any professional duties
• Answering questions posed by patients, family, or care providing staff concerning treatment	• Receiving badge access to open doors of clinical areas

I also understand that he/she is not covered by Emory's Liability Program.

I understand it is the expectation that an Observer will leave patient or procedure rooms during emergency situations and am aware that, if in the best interest of the patient, I have the latitude to ask an Observer to leave the patient or procedure room at anytime without explanation.

I understand that should an Observer under my supervision enter into an Emory Hospital or affiliated clinic intoxicated/impaired, it is my responsibility to prevent the Observer from entering patient care areas and immediately inform the respective hospital or clinic CMO who will move forward with the termination of the individual's Observership.

I understand that the entity CMO has the ultimate authority and discretion to terminate the described Observership at any point in time.

I understand that at no point in time will access capability to the patient medical record be granted for Observers.

Should the Observer observe direct patient care or view medical records with the sponsoring physician, a HIPAA waiver/release form (attached hereto) must be signed by that patient. It is the responsibility of the sponsoring physician to that patient to obtain such documentation and file with the department under which the procedure or patient care is performed.

Sponsor Name and Title

Sponsor Signature Date

Sponsor Email Address Sponsor Phone Number

Designated Supervisor Name and Title (non-student, non-resident)

Designated Supervisor Signature Date

Designated Supervisor's Email Address Designated Supervisor's Phone Number

EMORY HEALTHCARE

EXHIBIT G
Release and Waiver of Liability

I, _____, wish to observe the activities of the _____ service or department within Emory Healthcare, Inc. (EHC) from _____ to _____ in furtherance of my personal or educational goals (observership).

I understand that I will not be allowed to perform any clinical activities or other work, including without limitation the touching of any patient, documenting on any medical record, scrubbing in the EHC Operating Room or any other EHC procedural area, and advising of care providers or patients. I further understand that I will be under the supervision of attending physician _____ and agree to remain with the attending physician at all times during my Observership. I agree to adhere to the EHC policies and procedures.

I understand I am not to be involved in the provision of patient care at any time and will remain with my assigned sponsor at all times. I understand that my sponsor can ask me to leave the room at anytime without explanation. It is the expectation that all observers will leave during emergency situations.

I understand that I am not an employee, agent or contractor of Emory Healthcare and as such, I am not authorized to conduct any business on its behalf and am not entitled to receive payment or benefits from Emory Healthcare.

I understand that Emory Healthcare does not provide insurance coverage including, but not limited to, the following: professional medical malpractice, general liability, workers' compensation, or health insurance benefits. I understand that I am not an Emory employee and do not receive employee benefit. I concur that any injury that I may sustain in connection with my participation in the observership shall be covered by my personal medical insurance.

I understand that even though I will only be observing activities in the _____ clinical services I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood born pathogens, biological waste, and dangerous chemicals. I am aware of these risks and voluntarily assume these risks. I release and agree to indemnify and defend EHC from all damages, liability or loss arising from any injury that I sustain related to my participation in the observership.

For and in consideration of EHC allowing me to observe the activities of the _____ services to further my professional and educational goals, I hereby release and forever discharge and agree to indemnify and defend EHC and it's parent and affiliate entities and their respective officers, agents and employees from all claims, losses, demands, rights and causes of action of whatever kind or nature arising out of my observership or observation activities, including but not limited to, those specific risks enumerated above. In addition, I understand and take sole responsibility for any personal belongings I bring with me to Emory.

I understand that EHC may terminate my observership: (i) at any time in its sole discretion; or (ii) if I violate the terms of this agreement or EHC Policies or Procedures.

I have read this document carefully and I voluntarily choose to participate in the observership activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Observer Name (print)	Signature	Date

EMORY HEALTHCARE

EXHIBIT H
Code of Conduct

When participating in the observership, I will…

- Arrive promptly
- Accurately represent my position and role
- Appreciate the limits of my role as an Observer
- Ensure patients give informed consent for shadowing freely and without undue influence
- Respect patients' right to refuse to have visitors present
- Treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation
- Maintain strict confidentiality about patient information
- Maintain honesty and integrity by being forthright in my interactions with patients, peers, physician supervisors, and staff
- Ensure patient safety by remaining at home if I am ill
- Report concerns about patient safety to the appropriate individual
- Behave in an appropriate, professional, courteous manner at all times
- Not initiate or accept patients' invitations to engage in social relationships
- Dress and act professionally
- Not abuse drugs or alcohol
- Be aware of and follow the policies, procedures and guidelines of my sponsoring institution
- Wear the Observer's ID Badge at all times
- Maintain patient and employee confidentiality

I agree to follow the Code of Conduct described above and to adhere to Emory Healthcare's Pledge attached hereto

Observer Name (print)	Signature	Date

EMORY HEALTHCARE

EXHIBIT H
Code of Conduct

Our Pledge

We will treat each other the way we want to be treated.

We will…

- treat everyone as professionals and with respect and dignity
- greet each other by name
- welcome and encourage new team members
- be honest and open in all interactions
- be respectful of everyone's privacy
- be culturally and racially sensitive

We will not…

- raise our voices in anger or use sarcasm or profanity
- be passive-aggressive
- make culturally or racially derogatory remarks
- undermine each other's work
- criticize each other and Emory in public spaces

We will cultivate a spirit of inquiry.

We will…

- ask "why" when we have questions or concerns, especially about safety
- ask for a pause when we think someone is about to make a mistake or do something unsafe
- thank each other for raising concerns
- declare our openness to the inquiry of others

We will not …

- respond with anger or sarcasm when someone requests a pause
- intentionally belittle or respond in a threatening or condescending manner when someone asks a question
- tolerate rudeness
- stifle learning

We will defer to each other's expertise.

We will…

- encourage each other to offer different perspectives
- recognize that all members make important contributions to the team
- seek help when we don't know the answer

We will not …

- belittle or ignore the ideas and perspectives offered by each other
- assume that expertise is overruled by age, profession, or rank

We will communicate effectively.

We will…

- listen thoughtfully and ask for clarification when we don't understand
- check that others have understood when we say something important
- remain respectful with our body language and tone of voice
- remain calm when confronted with or responding to stressful situations
- use scripts, read-back, repeat-back, or other techniques where appropriate to reduce the chance of misunderstanding

We will not …

- stifle clarifying questions
- interrupt our team members unnecessarily
- say "it's not my job" or "it's not my responsibility"

We will commit to these behaviors in support of Emory Healthcare Care Transformation

We will…

- encourage and support each other
- hold each other accountable for the behaviors identified in this Pledge

EXHIBIT I
Observer Required Regulatory Courses

The following regulatory courses (found as an attachment to this page) must be reviewed by the applicant prior to the Observer's start date. After reading through the two applicable courses, the applicant must sign below, verifying that he/she has read, understands, and accepts accountability for complying with all material through the entirety of their time with Emory Healthcare.

Topics include, but are not limited to:

1. Hazard Communication
2. Standard Precautions

Additional training for clinical areas may be required and will be specified prior to the individual's start date.
The regulatory courses may be accessed by using the link below:

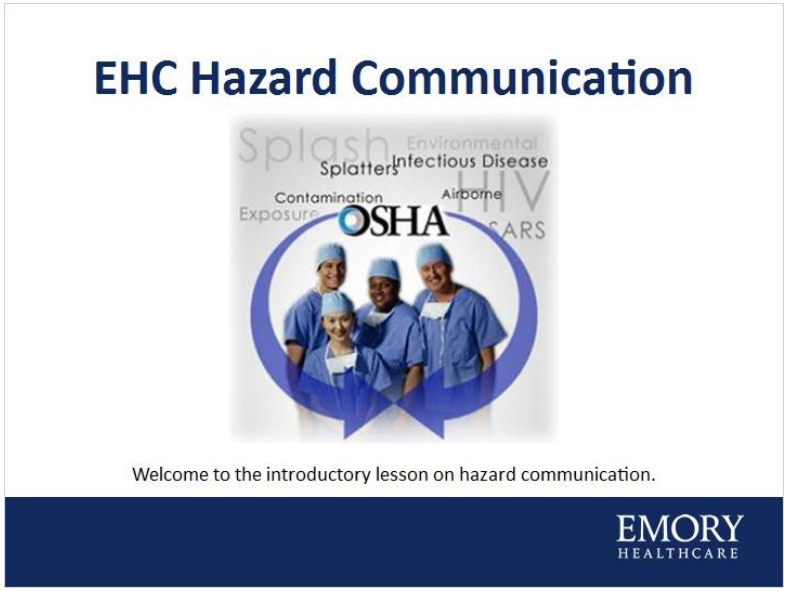
I, _____, confirm that I have read all the required Regulatory Courses, as outlined above. I understand that I will be held accountable for complying with these rules, regulations, and practices, and am aware that any breach of rules may result in immediate termination of my visitation/Observership.

_____	_____	_____
(Print) Observer Name	Signature	Date

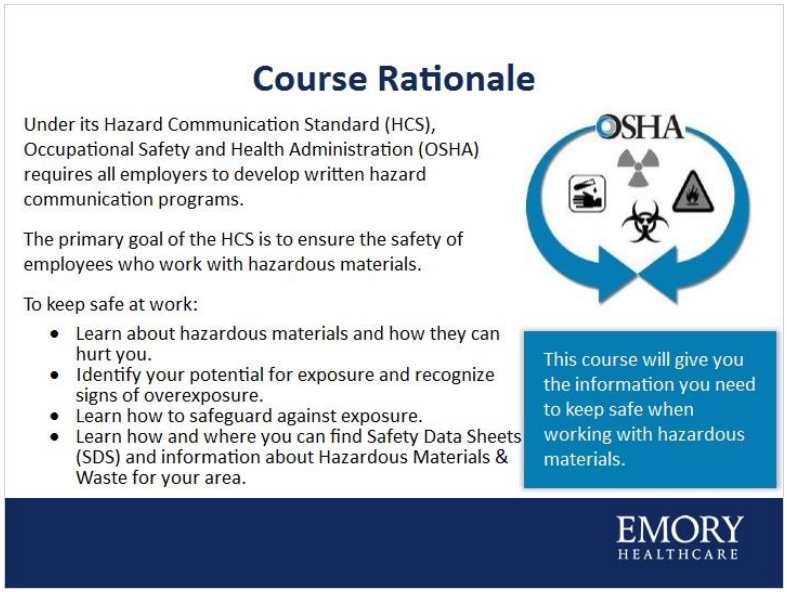
EHC Hazard Communication

1. EHC Hazard Communication

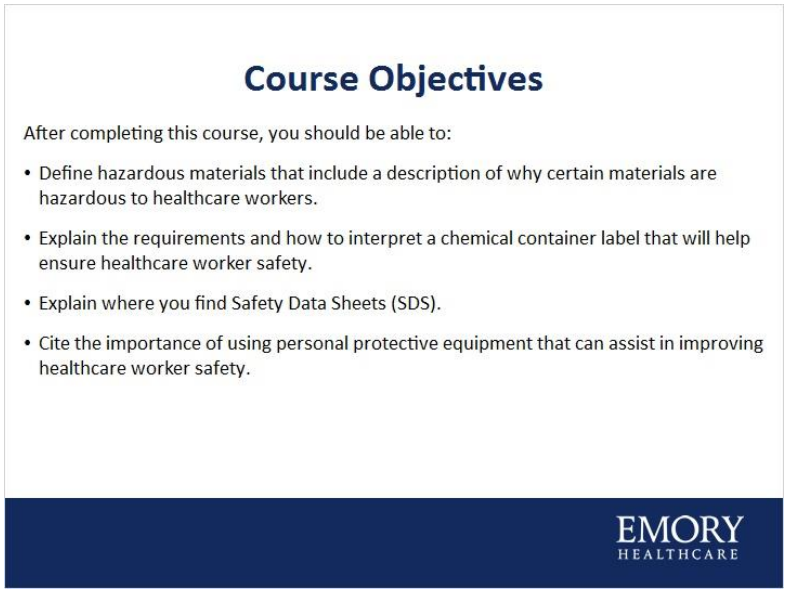
1.1 Introduction: Lesson 1



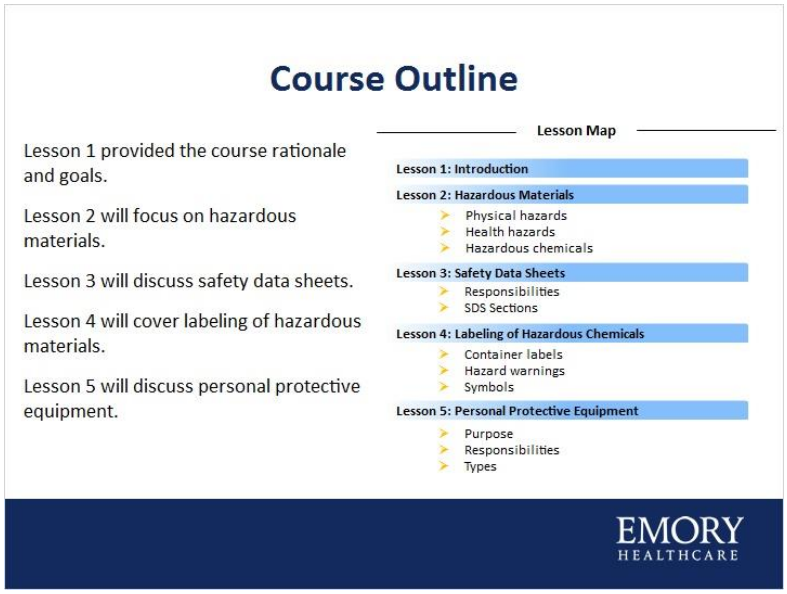
1.2 Course Rationale



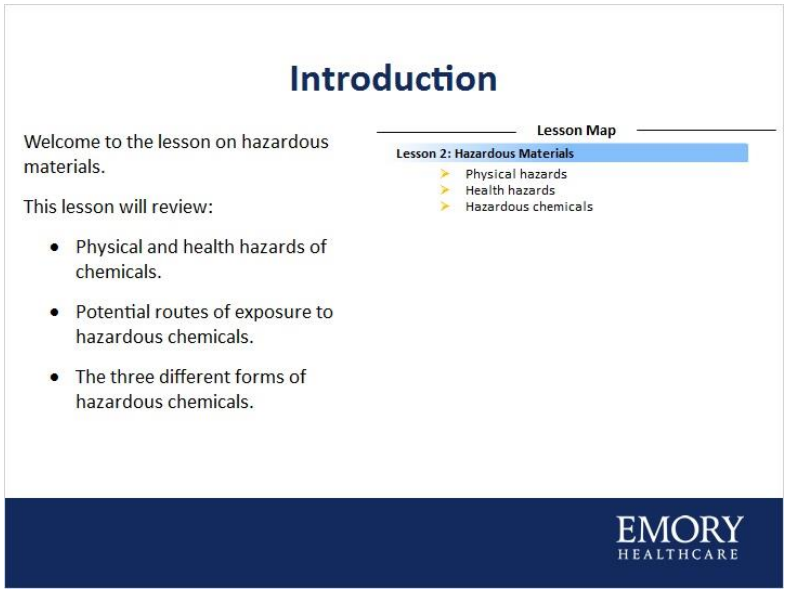
1.3 Course Goals



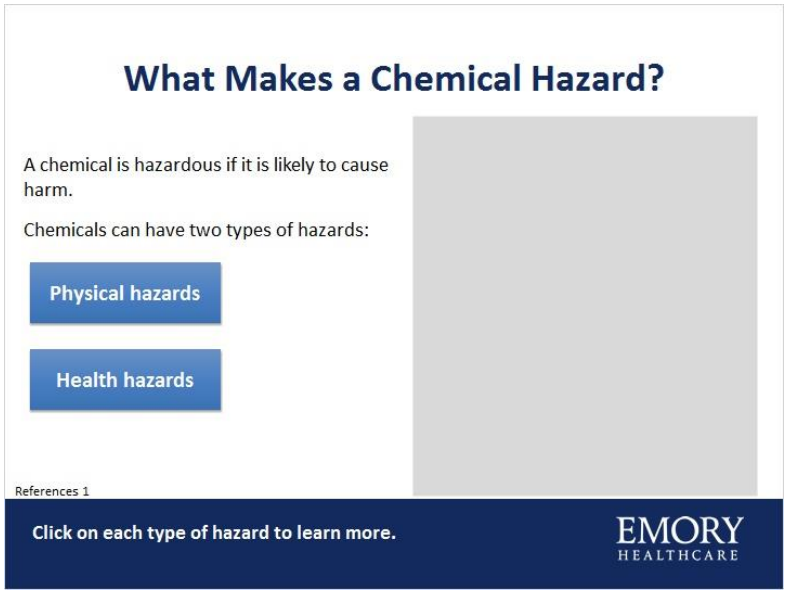
1.4 Course Outline



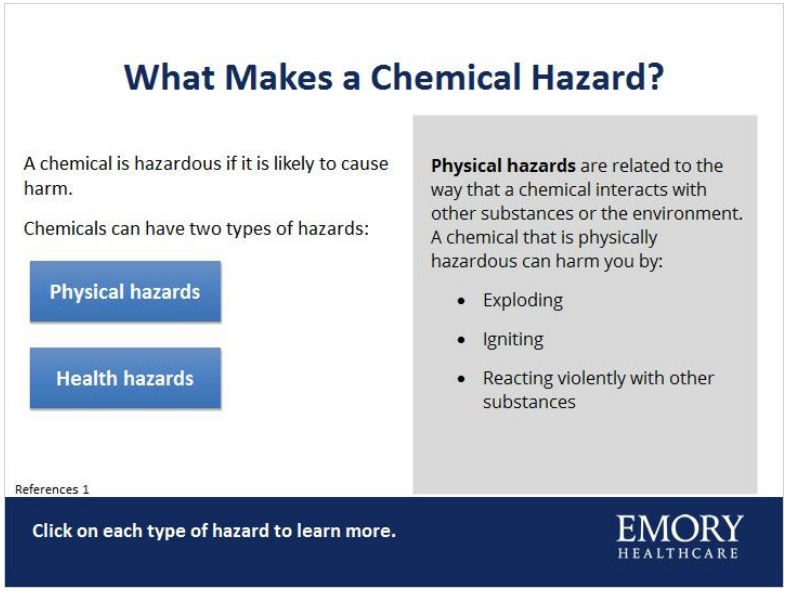
1.5 Introduction: Lesson 2



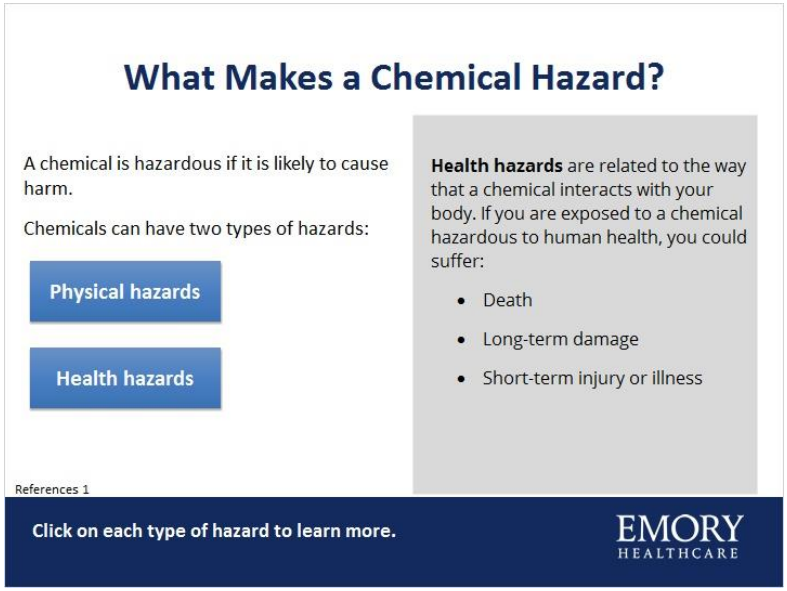
1.6 What Makes a Chemical Hazardous?



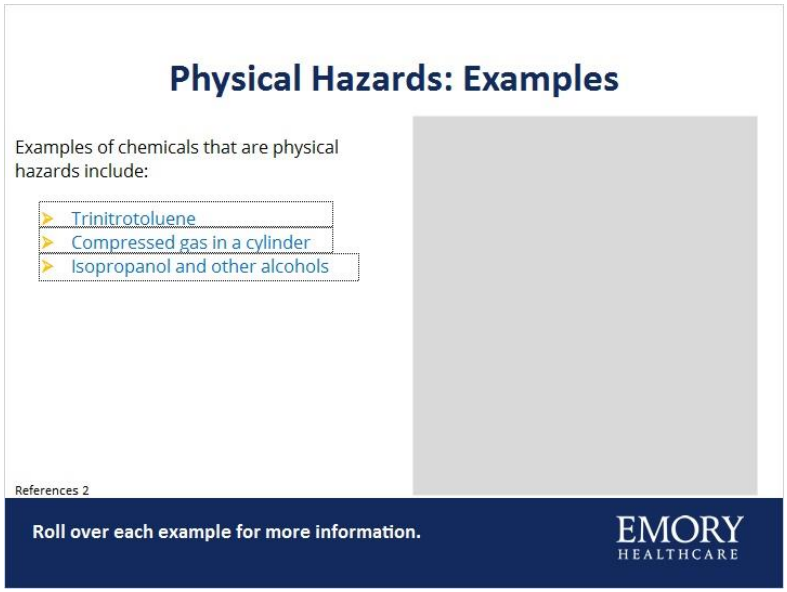
Physical hazards (Slide Layer)



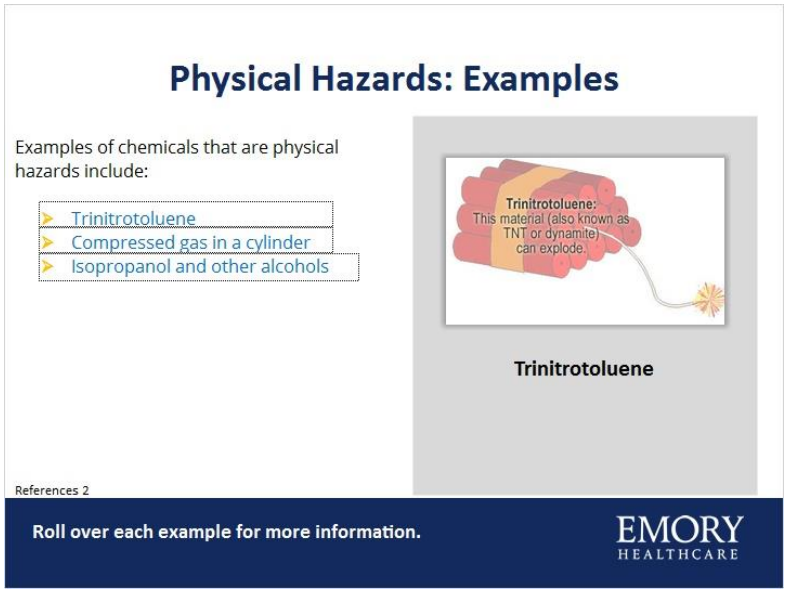
Health hazards (Slide Layer)



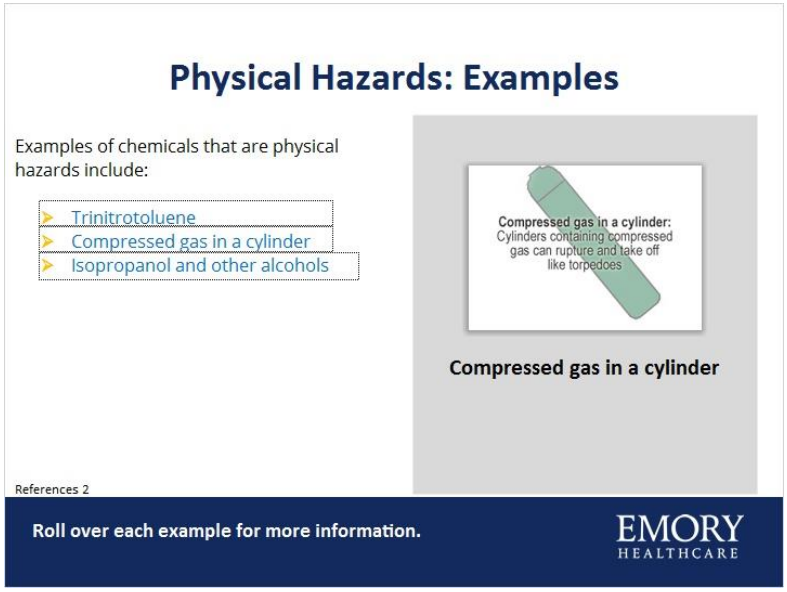
1.7 Physical Hazards: Examples



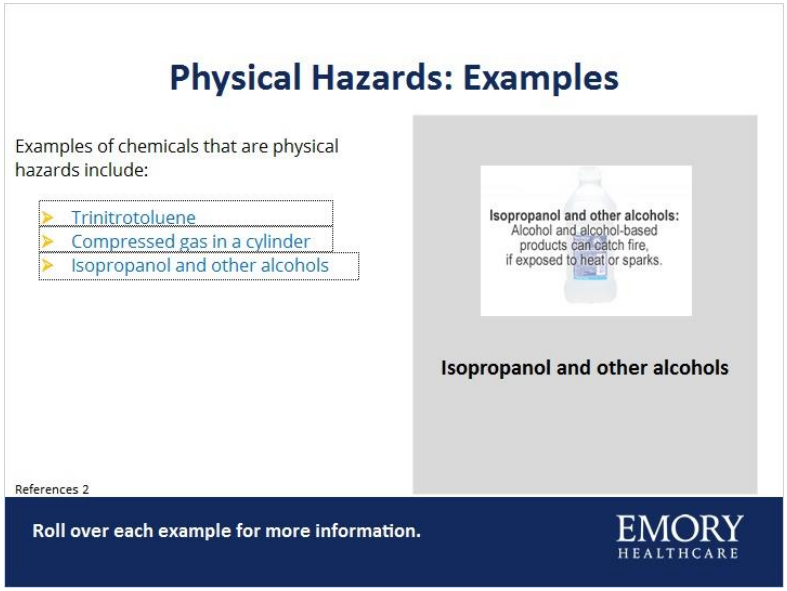
Trinitrotoluene (Slide Layer)



Compressed gas in a cylinder (Slide Layer)

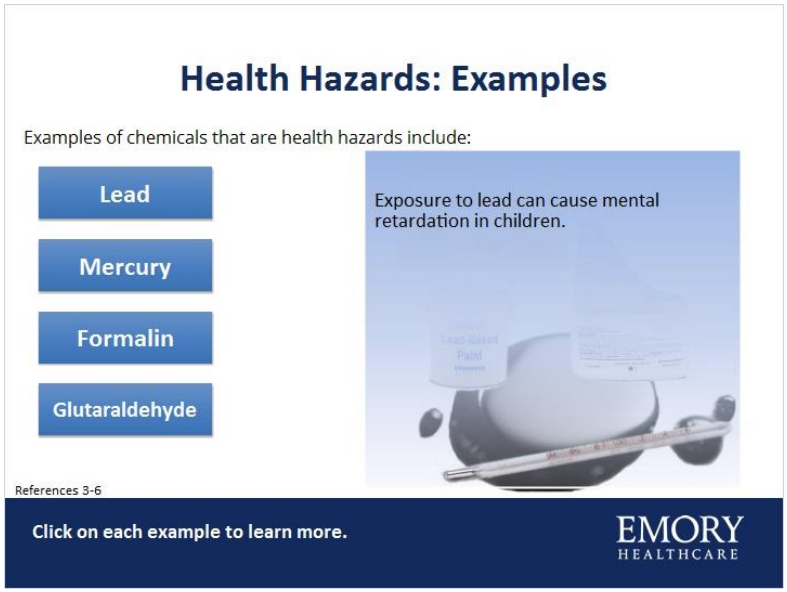


Isopropanol and other alcohols (Slide Layer)

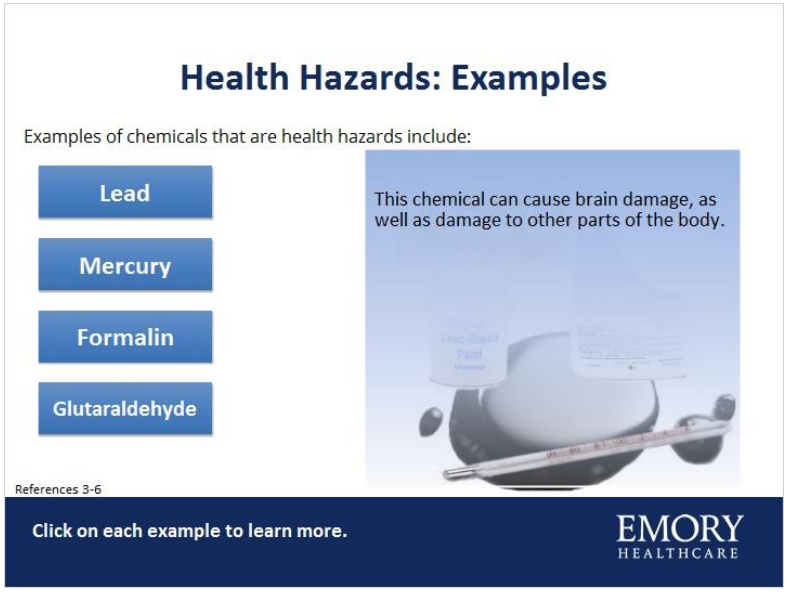


1.8 Health Hazards: Examples

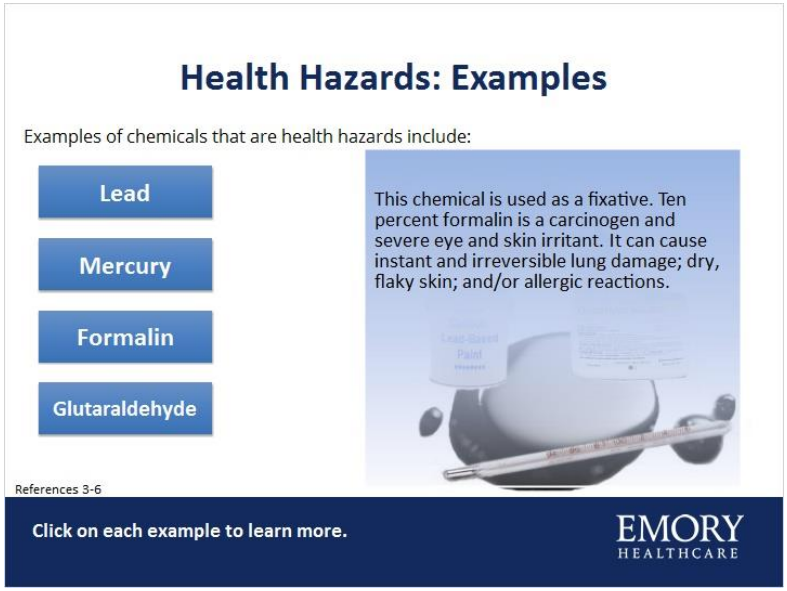
Lead (Slide Layer)



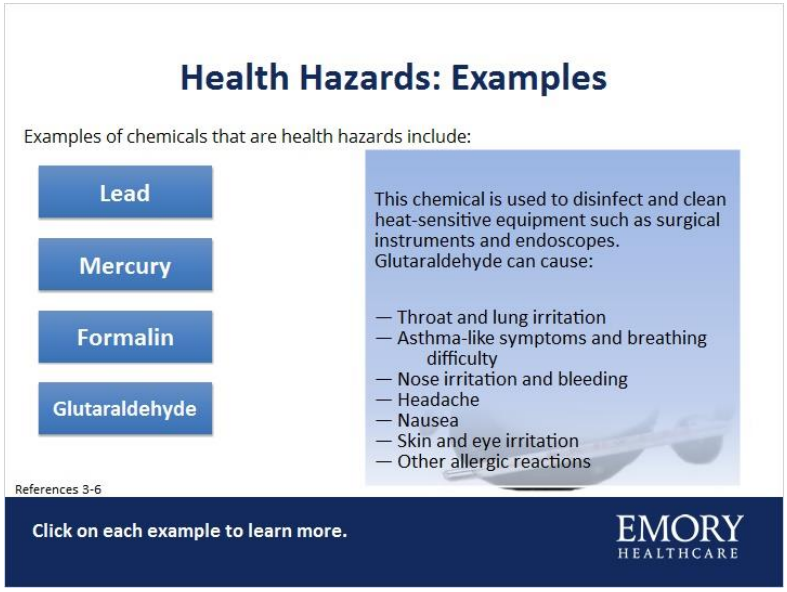
Mercury (Slide Layer)



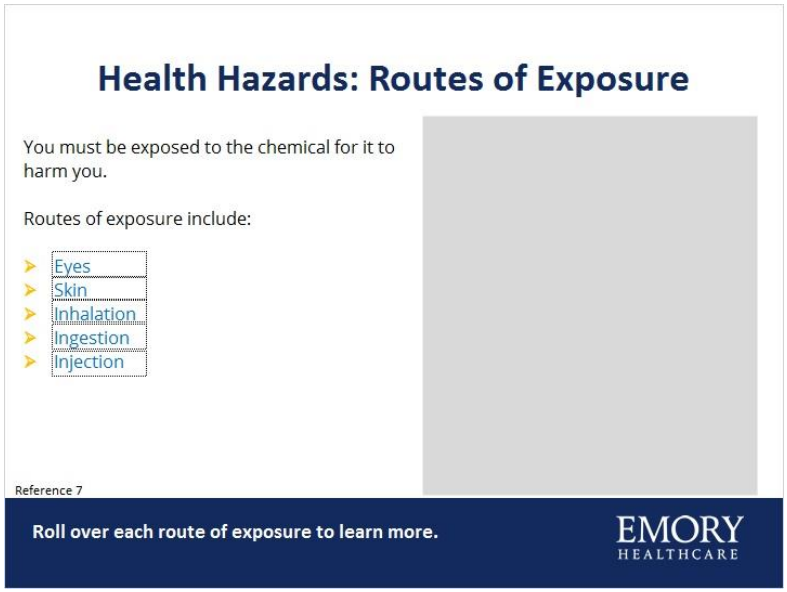
Formalin (Slide Layer)



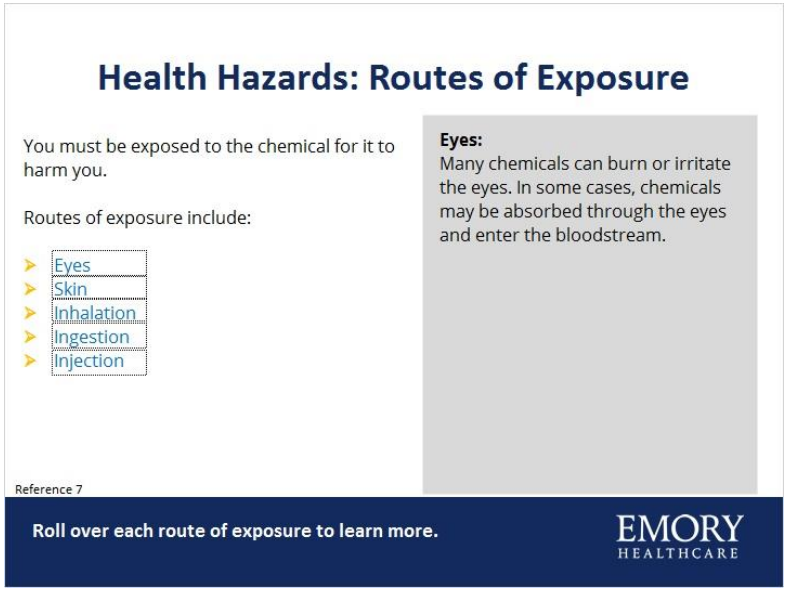
Glutaraldehyde (Slide Layer)



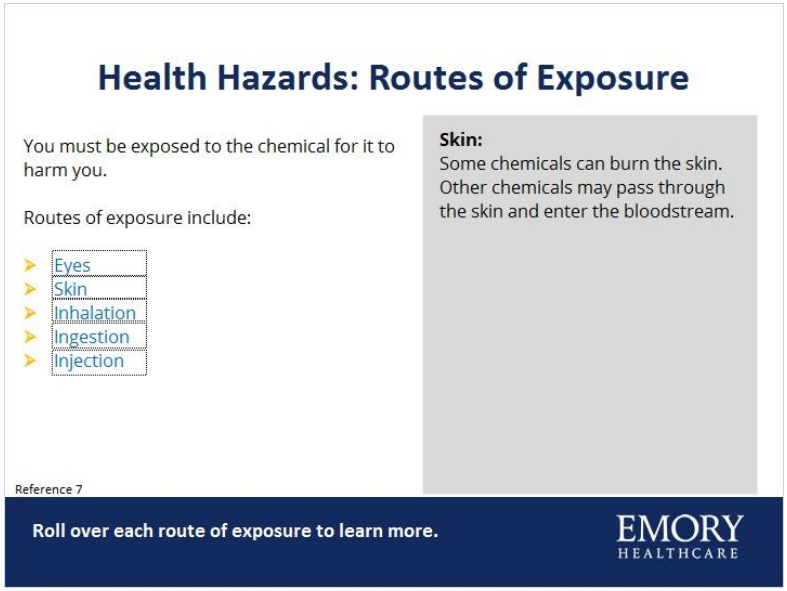
1.9 Health Hazards: Routes of Exposure



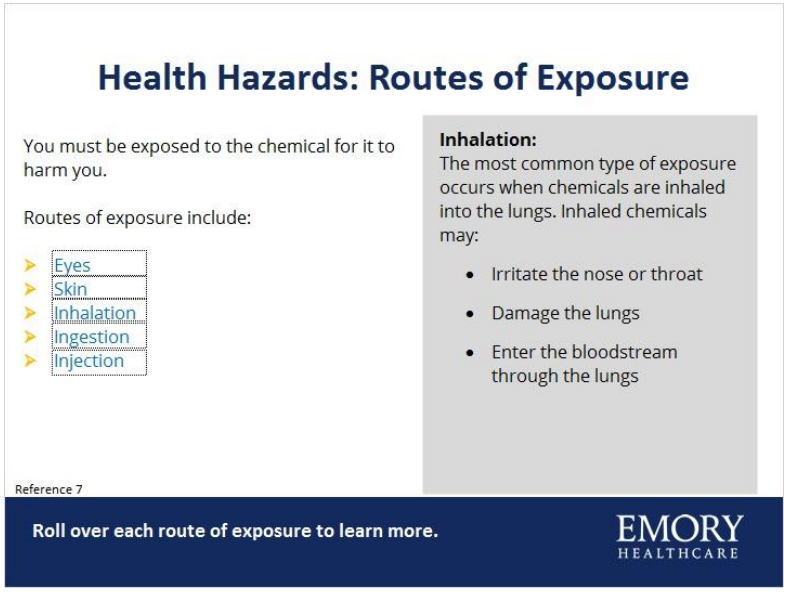
Eyes (Slide Layer)



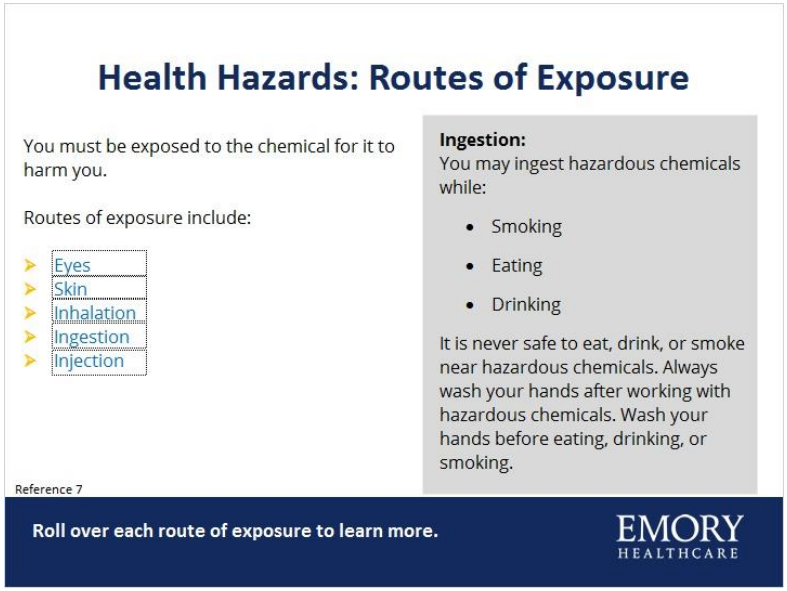
Skin (Slide Layer)



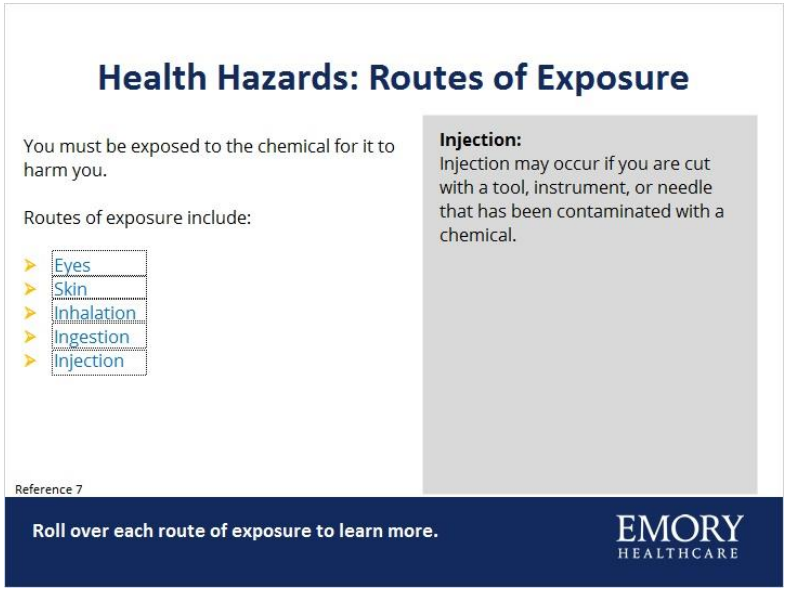
Inhalation (Slide Layer)



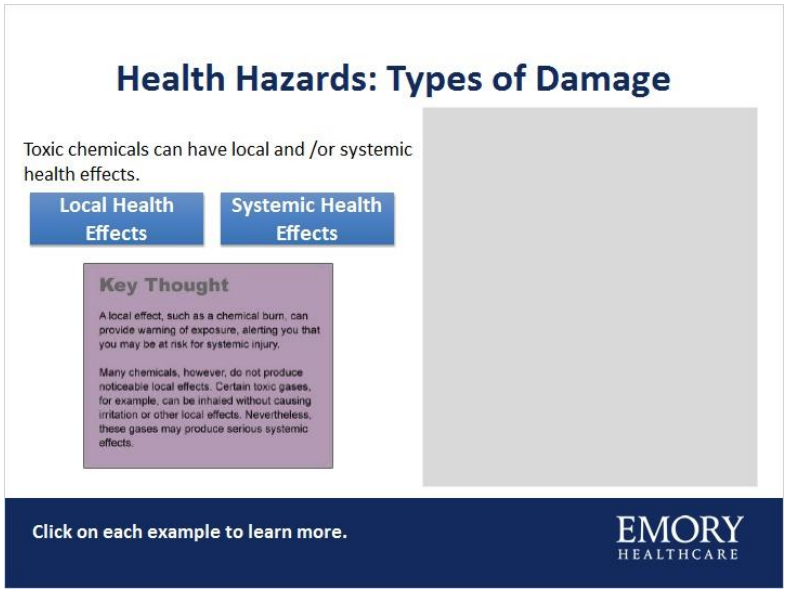
Ingestion (Slide Layer)



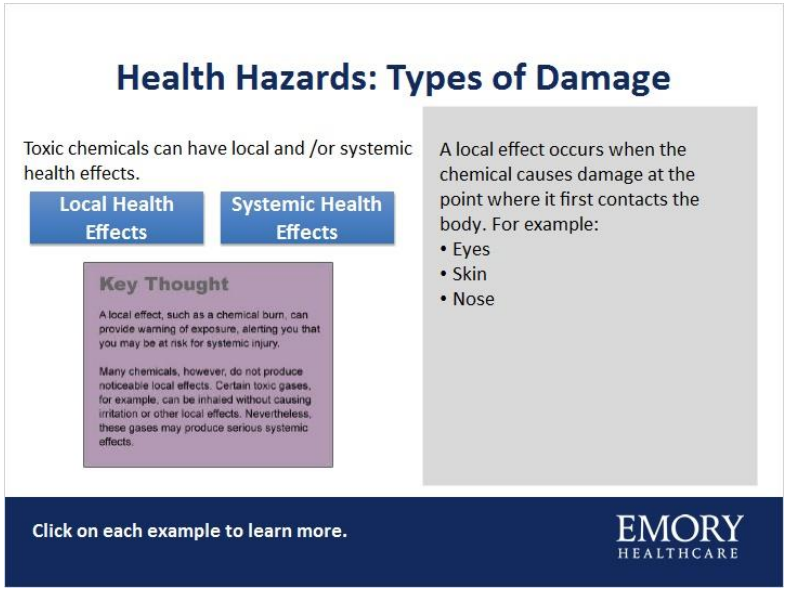
Injection (Slide Layer)



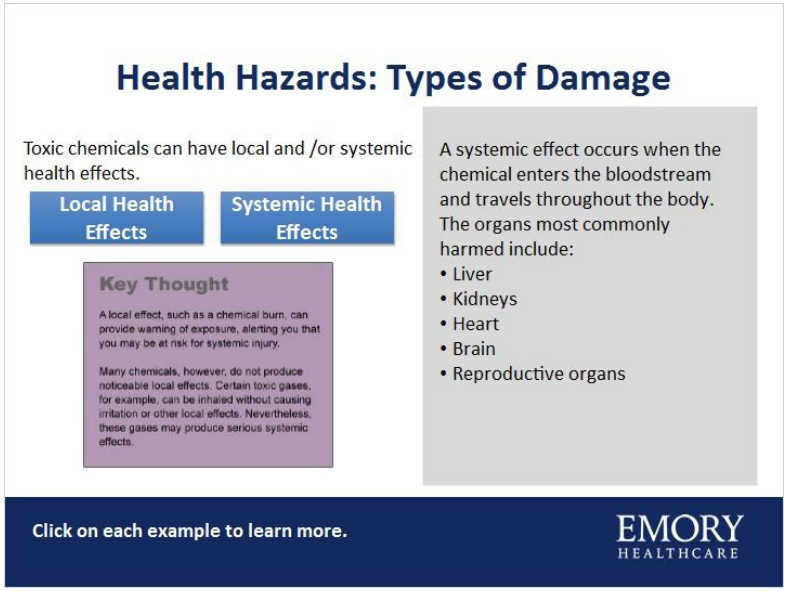
1.10 Health Hazards: Types of Damage



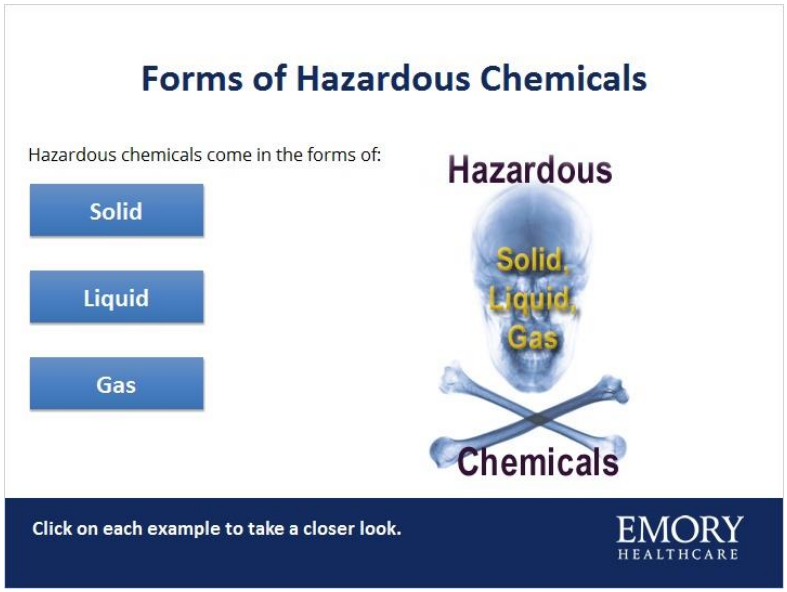
Local Health Effects (Slide Layer)



Systemic Health Effects (Slide Layer)

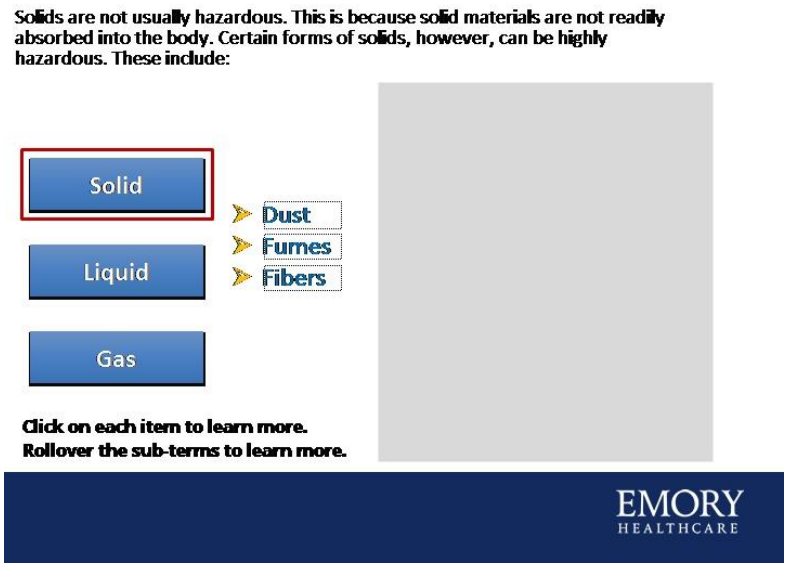


1.11 Forms of Hazardous Chemicals

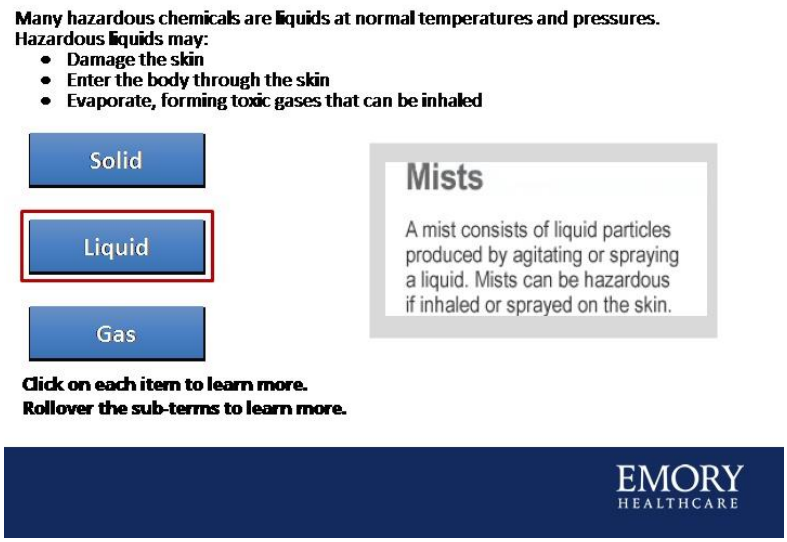


Notes:

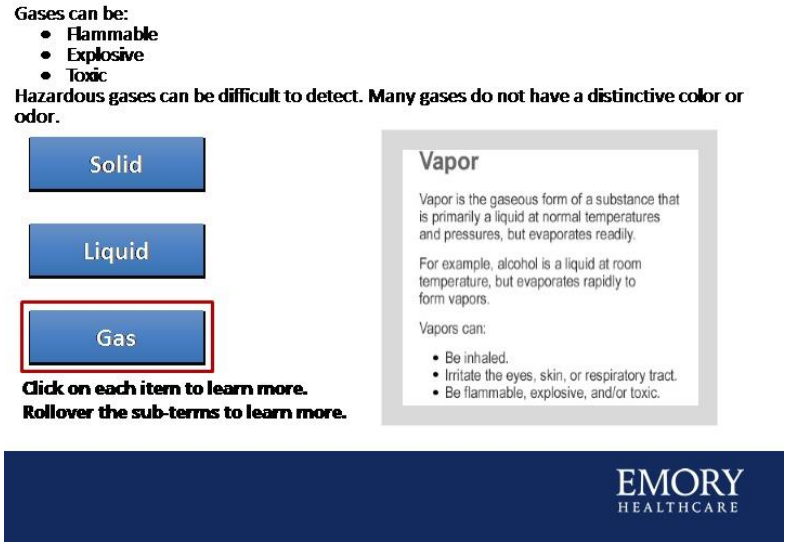
Solid (Slide Layer)



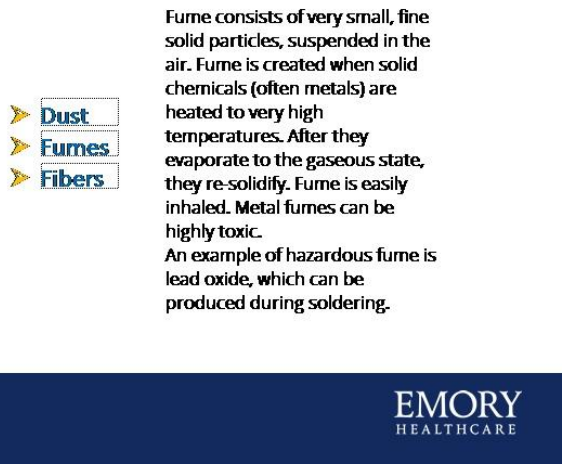
Liquid (Slide Layer)



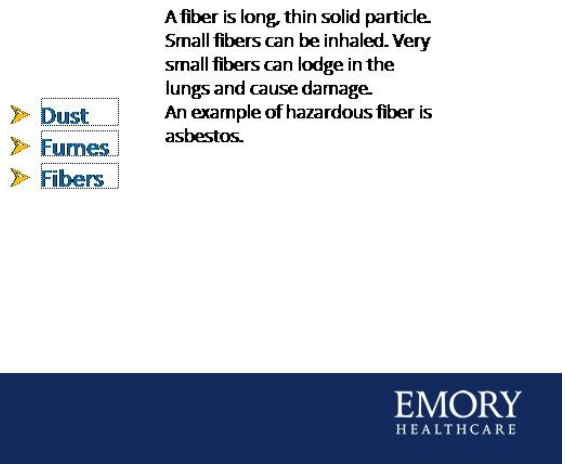
Gas (Slide Layer)



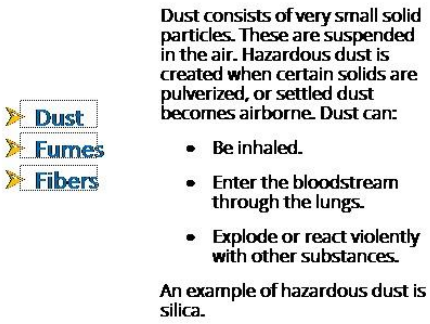
Fumes (Slide Layer)



Fibers (Slide Layer)

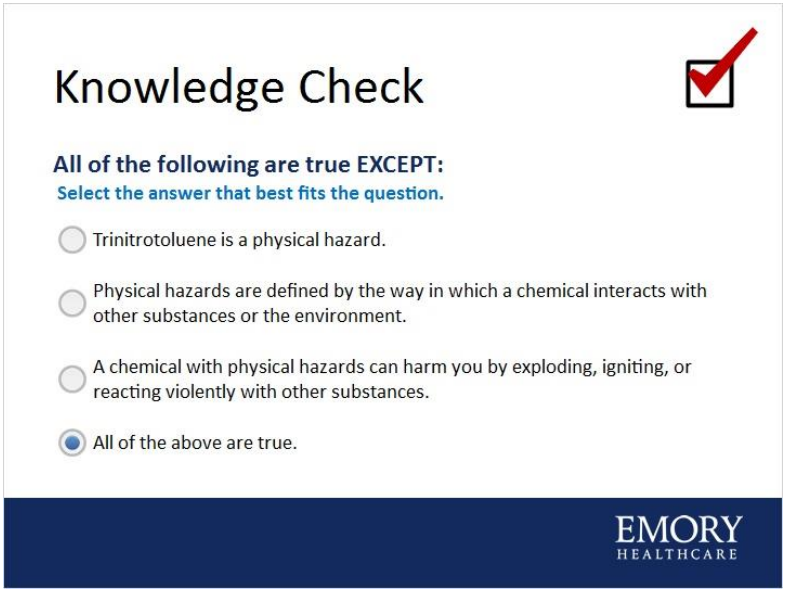


Dust (Slide Layer)



1.12 Knowledge Check

(Multiple Choice, 10 points, unlimited attempts permitted)



Correct	Choice
	Trinitrotoluene is a physical hazard.

	Physical hazards are defined by the way in which a chemical interacts with other substances or the environment.
	A chemical with physical hazards can harm you by exploding, igniting, or reacting violently with other substances.
X	All of the above are true.

Feedback when correct:

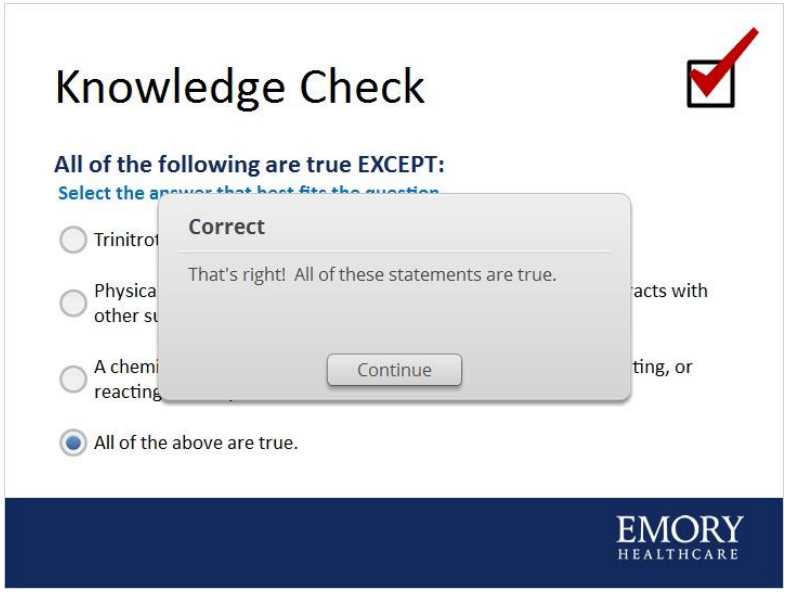
That's right! All of these statements are true.

Feedback when incorrect:

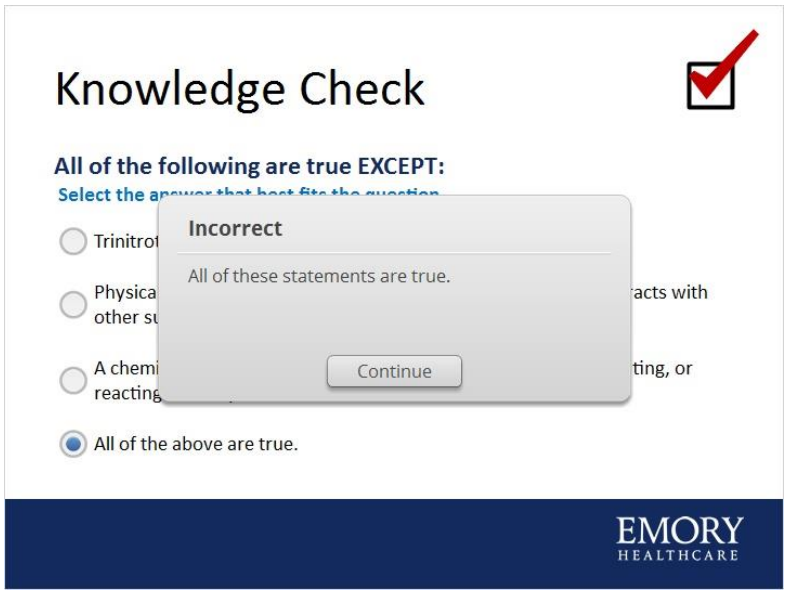
All of these statements are true.

Notes:

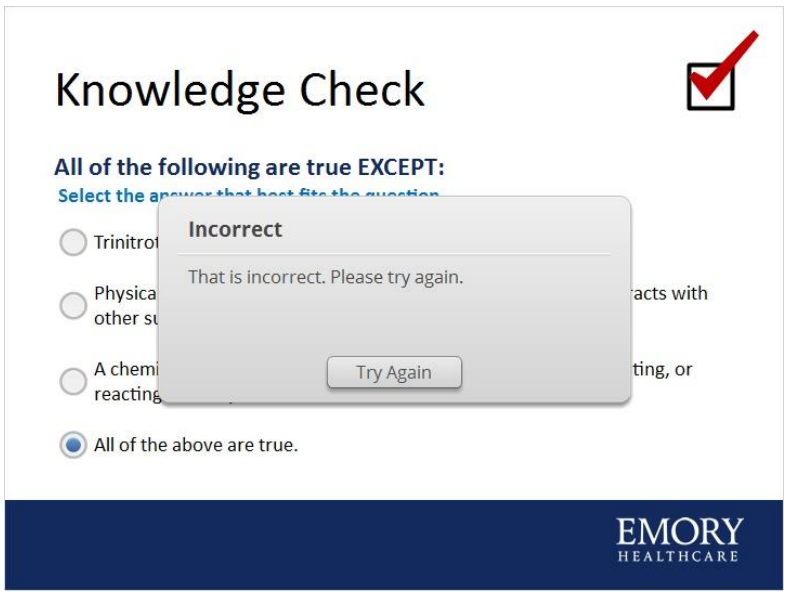
Correct (Slide Layer)



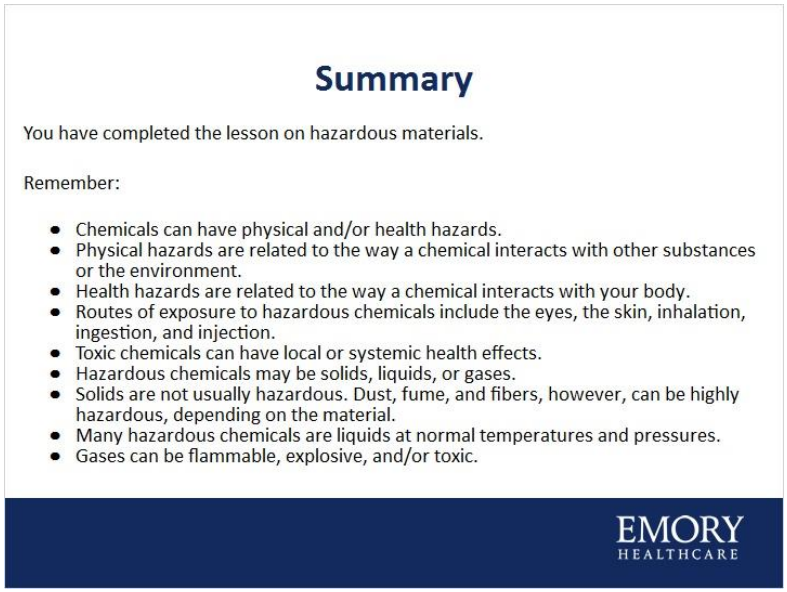
Incorrect (Slide Layer)



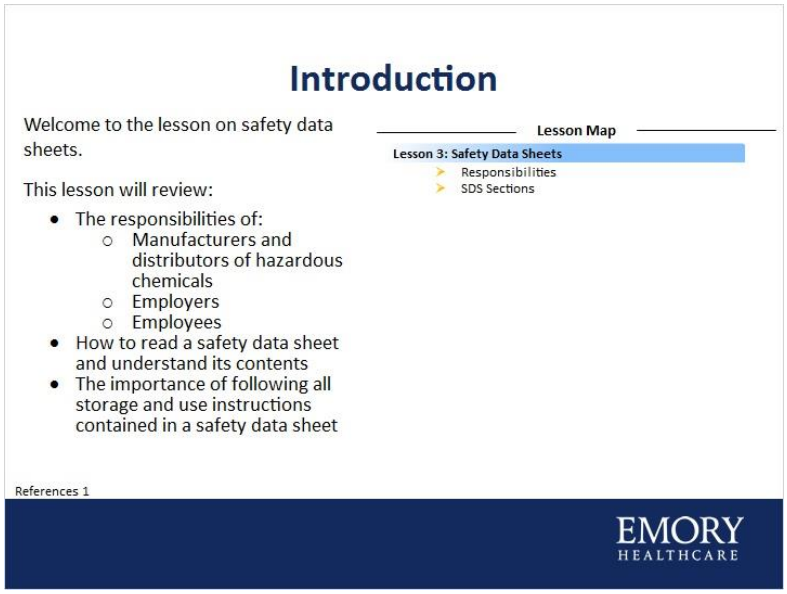
Try Again (Slide Layer)



1.13 Summary

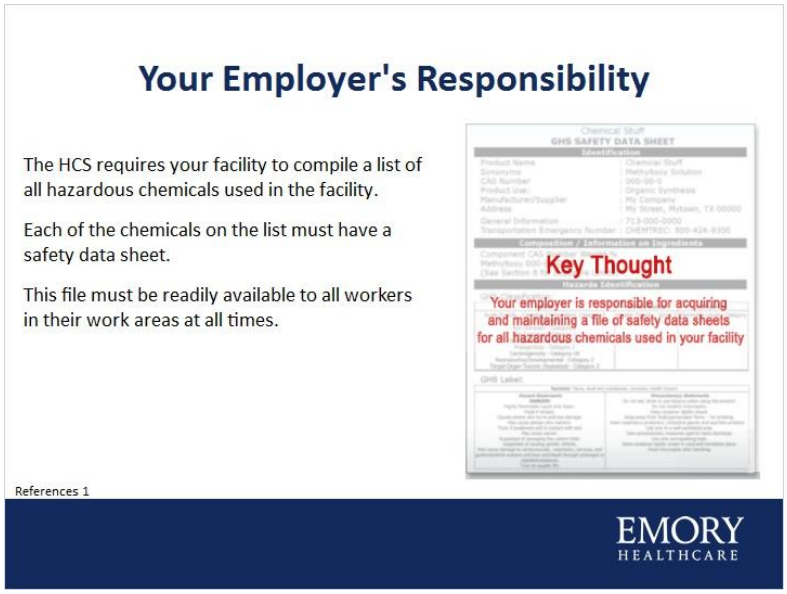


1.14 Introduction: Lesson 3



1.15 The Manufacturer's Responsibility

1.16 Your Employer's Responsibility



1.17 Your Responsibility

Your Responsibility

All employees must know how to obtain information on any chemical they use.

You should know:

- Which hazardous chemicals are used in your work area.
- How to read a safety data sheet.
- Know where to find the safety data sheet
  The safety data sheets are located on EHC Intranet Explorer at http://www.msdsonline.com or go to Quick Links at the bottom of the main page and click on Resources.

Key Thought

You are responsible for knowing where to find SDSs, and how to read them.

Always follow safety data sheet instructions for chemical use and storage.

You must be trained by your employer when you are assigned to work with any hazardous chemical.
You are responsible for reading all safety data sheets before using a hazardous chemical.

References 1

EMORY HEALTHCARE

1.18 Format

Format

OSHA's Hazard Communication Standard specifies the information that has to be on the safety data sheet, but no specific format is required. A 16-section format has been developed and is recommended by OSHA.

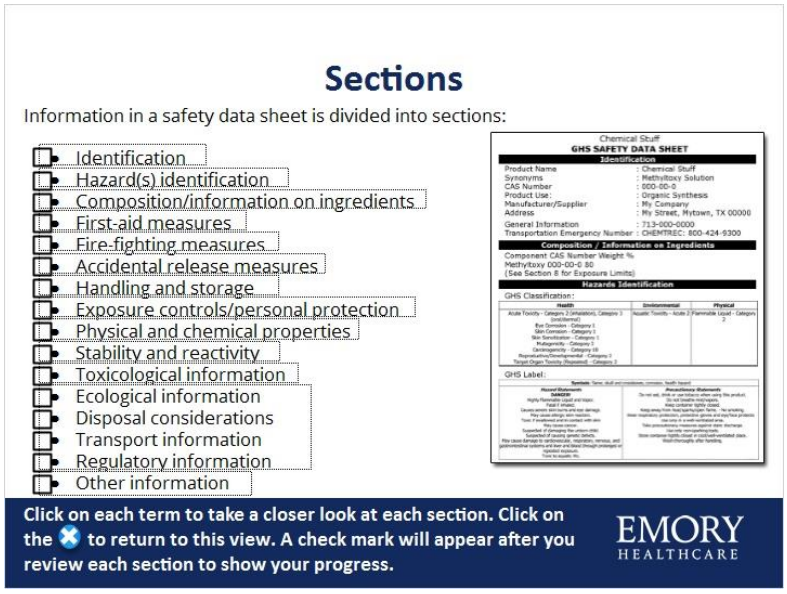
16 Sections recommended by OSHA:

Identification	Physical and chemical properties
Hazard(s) identification	Stability and reactivity
Composition	Toxicology information
First-aid measures	Ecological information
Fire-fighting measures	Disposal considerations
Accidental release measures	Transport information
Handling & storage	Regulatory information
Personal Protection	Other information

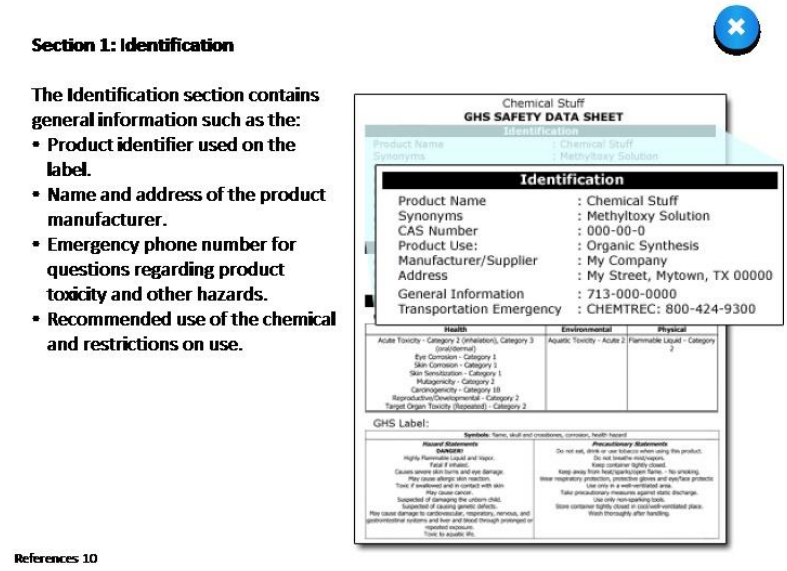
References 9

EMORY HEALTHCARE

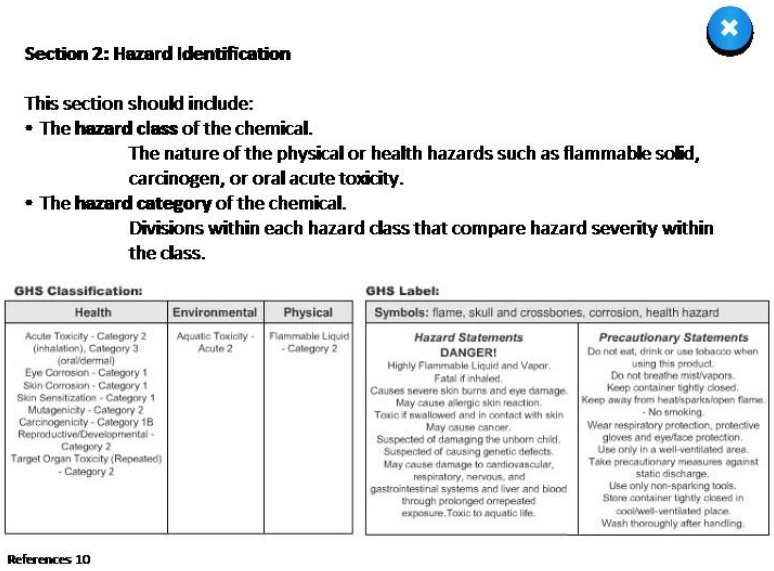
1.19 Safety Data Sheet Sections



Section 1: Identification (Slide Layer)



Section 2: Hazard Identification (Slide Layer)



Section 2: Hazard Identification

This section should include:

- The **hazard class** of the chemical.
  The nature of the physical or health hazards such as flammable solid, carcinogen, or oral acute toxicity.
- The **hazard category** of the chemical.
  Divisions within each hazard class that compare hazard severity within the class.

GHS Classification:

Health	Environmental	Physical
Acute Toxicity - Category 2 (inhalation), Category 3 (oral/dermal) Eye Corrosion - Category 1 Skin Corrosion - Category 1 Skin Sensitization - Category 1 Mutagenicity - Category 2 Carcinogenicity - Category 1B Reproductive/Developmental - Category 2 Target Organ Toxicity (Repeated) - Category 2	Aquatic Toxicity - Acute 2	Flammable Liquid - Category 2

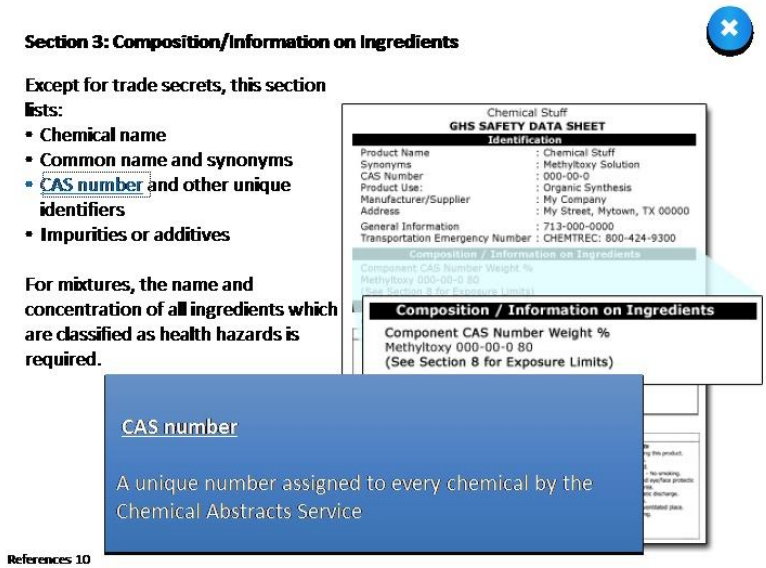
GHS Label:

Symbols: flame, skull and crossbones, corrosion, health hazard

Hazard Statements	*Precautionary Statements*
DANGER! Highly Flammable Liquid and Vapor. Fatal if inhaled. Causes severe skin burns and eye damage. May cause allergic skin reaction. Toxic if swallowed and in contact with skin May cause cancer. Suspected of damaging the unborn child. Suspected of causing genetic defects. May cause damage to cardiovascular, respiratory, nervous, and gastrointestinal systems and liver and blood through prolonged orrepeated exposure.Toxic to aquatic life.	Do not eat, drink or use tobacco when using this product. Do not breathe mist/vapors. Keep container tightly closed. Keep away from heat/sparks/open flame. - No smoking. Wear respiratory protection, protective gloves and eye/face protection. Use only in a well-ventilated area. Take precautionary measures against static discharge. Use only non-sparking tools. Store container tightly closed in cool/well-ventilated place. Wash thoroughly after handling.

References 10

Section 3: Composition/Information on Ingredients (Slide Layer)



Section 3: Composition/Information on Ingredients

Except for trade secrets, this section lists:

- Chemical name
- Common name and synonyms
- CAS number and other unique identifiers
- Impurities or additives

For mixtures, the name and concentration of all ingredients which are classified as health hazards is required.

Chemical Stuff
GHS SAFETY DATA SHEET
Identification

Product Name	: Chemical Stuff
Synonyms	: Methyltoxy Solution
CAS Number	: 000-00-0
Product Use:	: Organic Synthesis
Manufacturer/Supplier	: My Company
Address	: My Street, Mytown, TX 00000
General Information	: 713-000-0000
Transportation Emergency Number	: CHEMTREC: 800-424-9300

Composition / Information on Ingredients

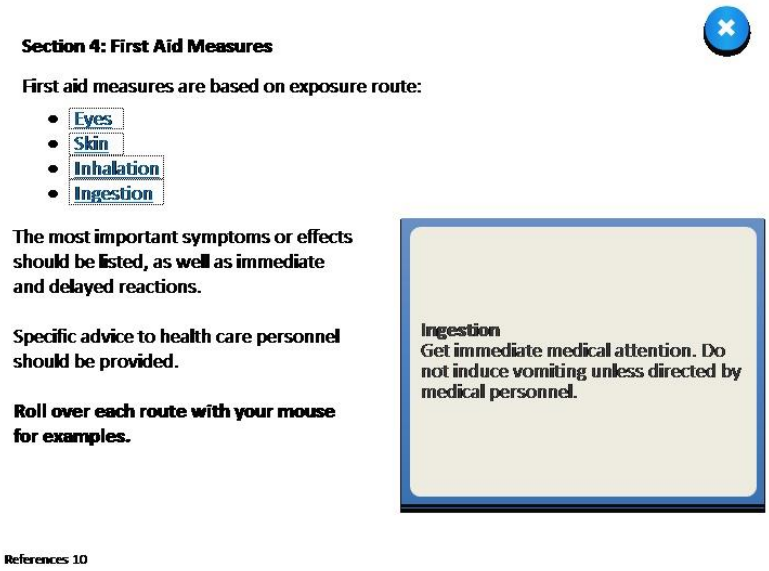
Component CAS Number Weight %
Methyltoxy 000-00-0 80
(See Section 8 for Exposure Limits)

CAS number

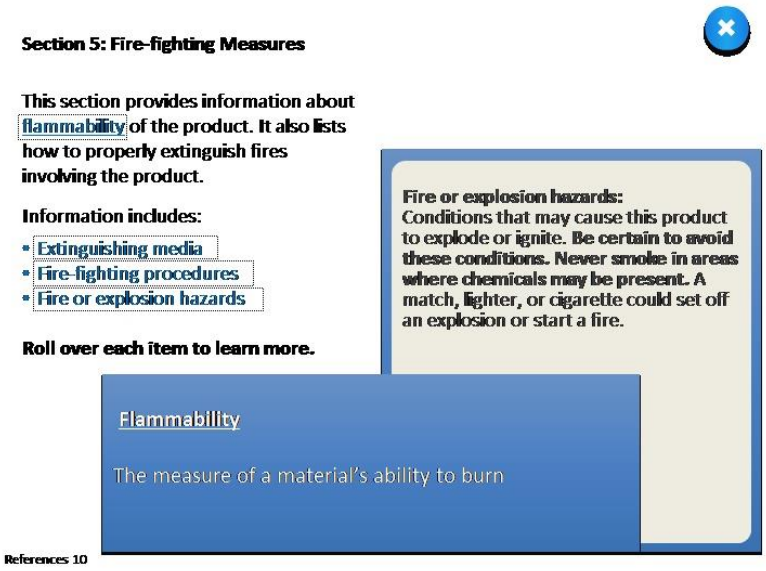
A unique number assigned to every chemical by the Chemical Abstracts Service

References 10

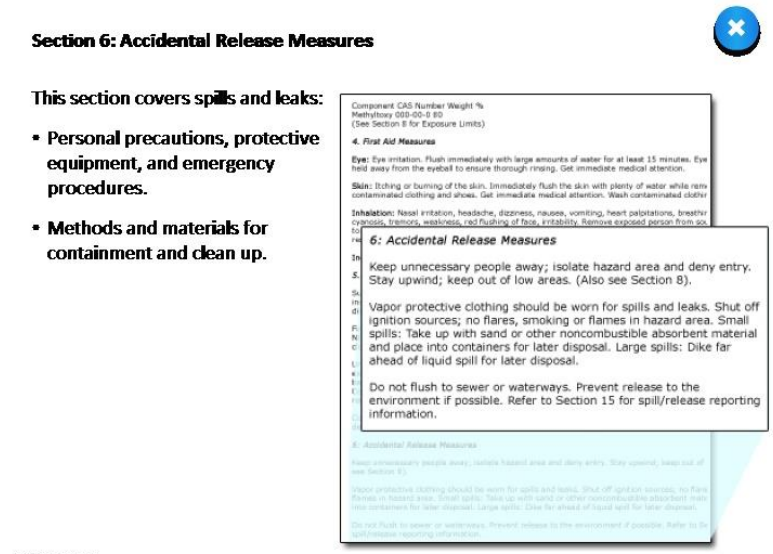
Section 4: First Aid Measures (Slide Layer)



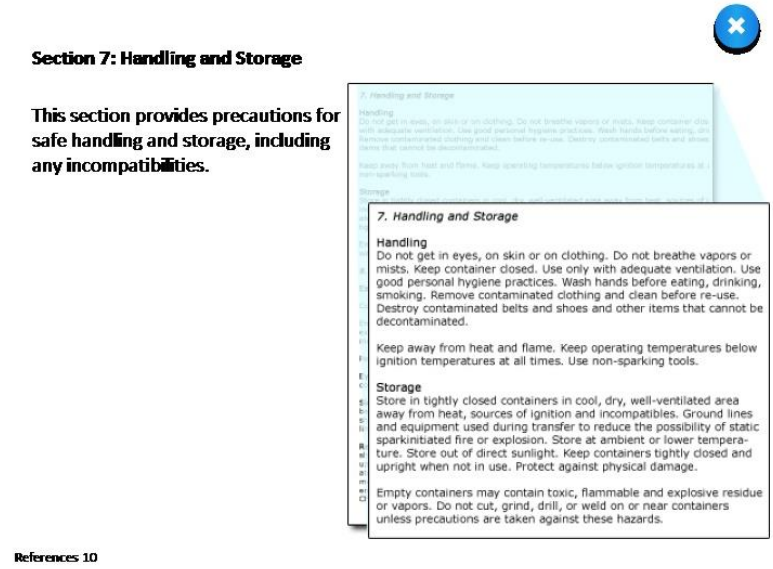
Section 5: Fire-fighting Measures (Slide Layer)



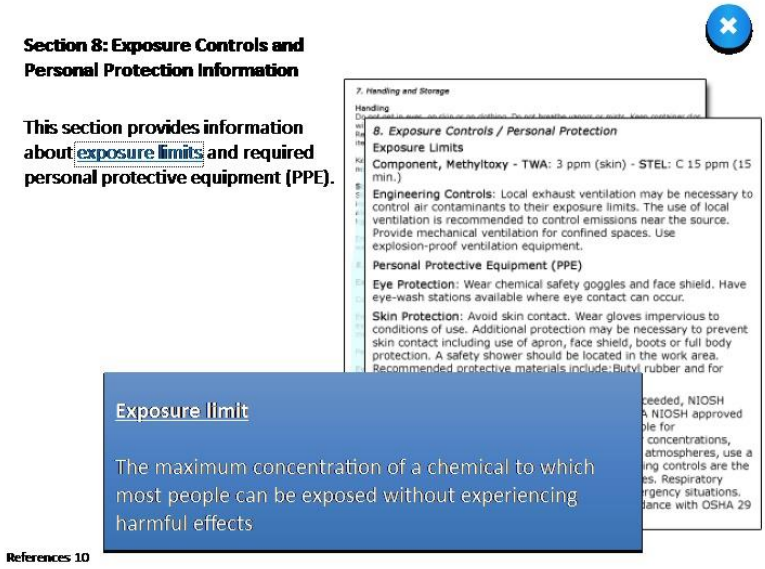
Section 6: Accidental Release Measures (Slide Layer)



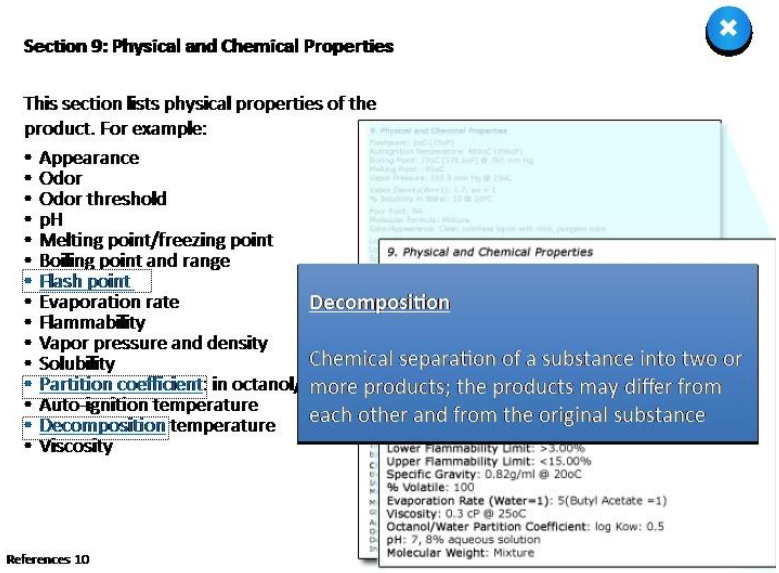
Section 7: Handling and Storage (Slide Layer)



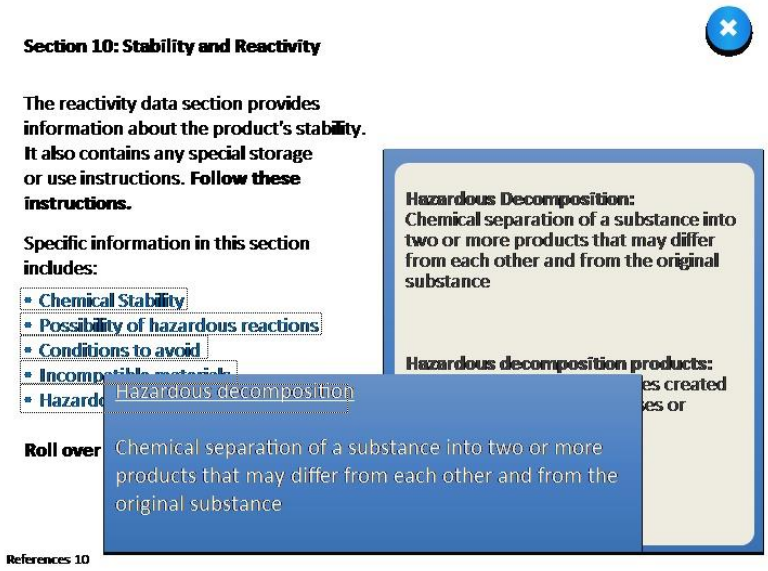
Section 8: Exposure Controls and Personal Protection Information (Slide Layer)



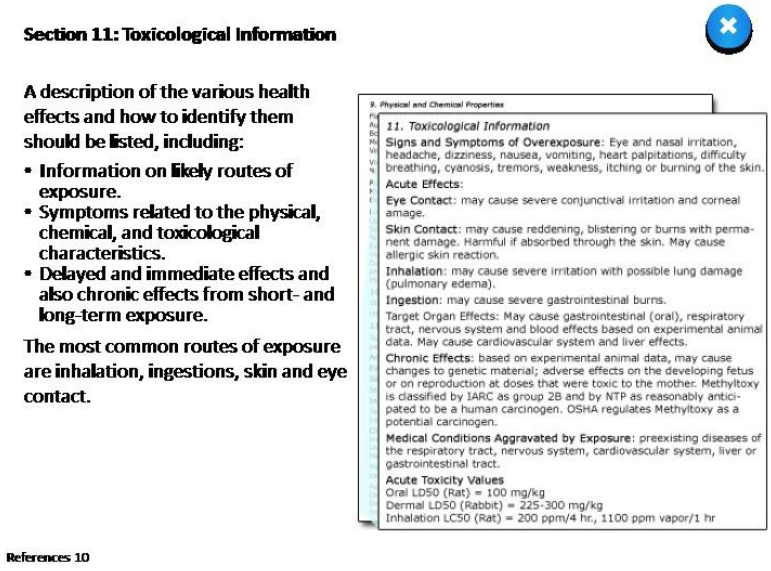
Section 9: Physical and Chemical Properties (Slide Layer)



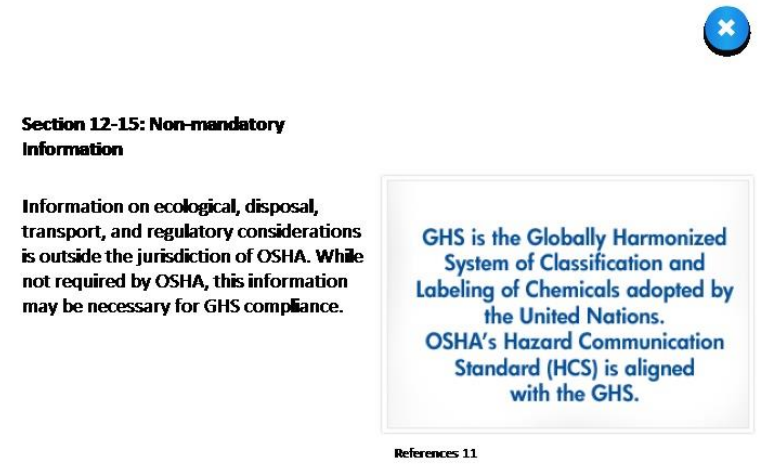
Section 10: Stability and Reactivity (Slide Layer)



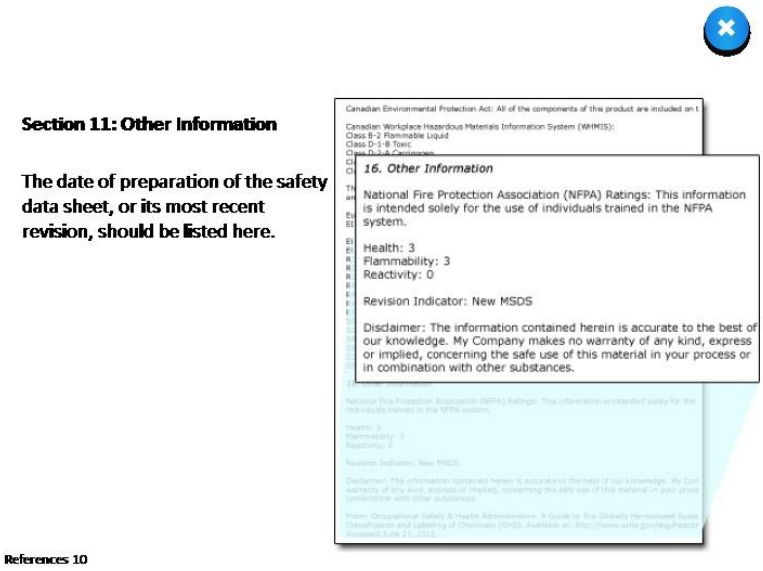
Section 11: Toxicological Information (Slide Layer)



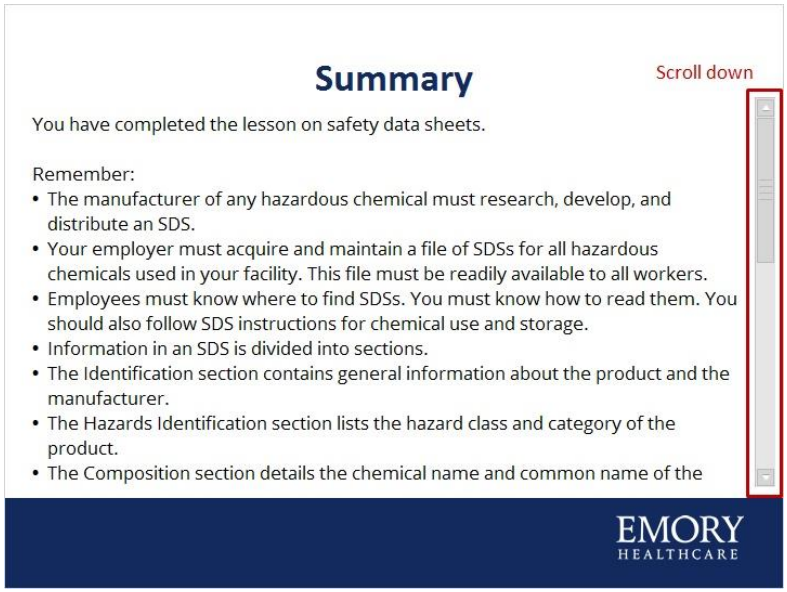
Section 12-15: Non-mandatory Information (Slide Layer)



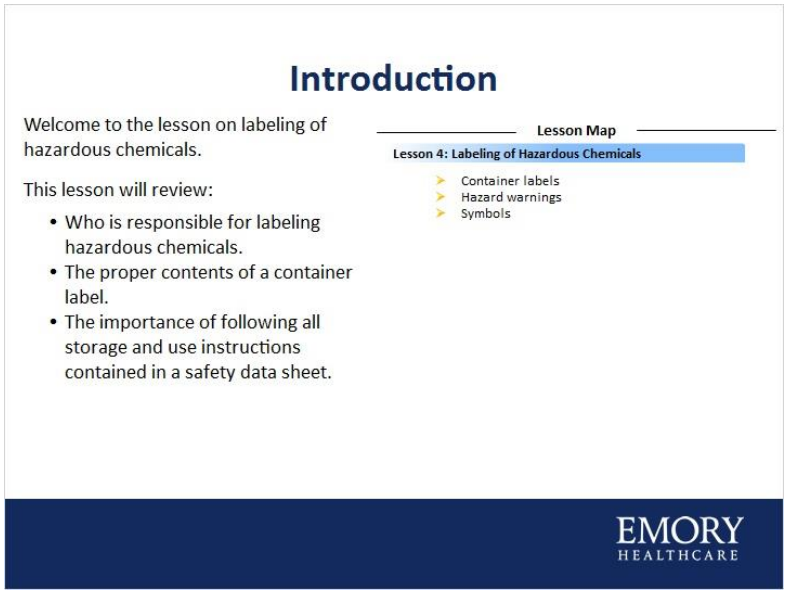
Section 16: Other Information (Slide Layer)



1.20 Summary



1.21 Introduction: Lesson 4



1.22 Container Labels: Manufacturer Responsibilities

Container Labels: Manufacturer Responsibilities

OSHA standards require chemical manufacturers and importers to label all containers of hazardous materials.

Labels must be written in English.

A label must include the following information:

- Product identifier
- Signal word
- Hazard statement(s)
- Pictogram(s)
- Precautionary statement(s)
- Name, address, and telephone number of the manufacturer

References 12

EMORY HEALTHCARE

1.23 Product Identifier

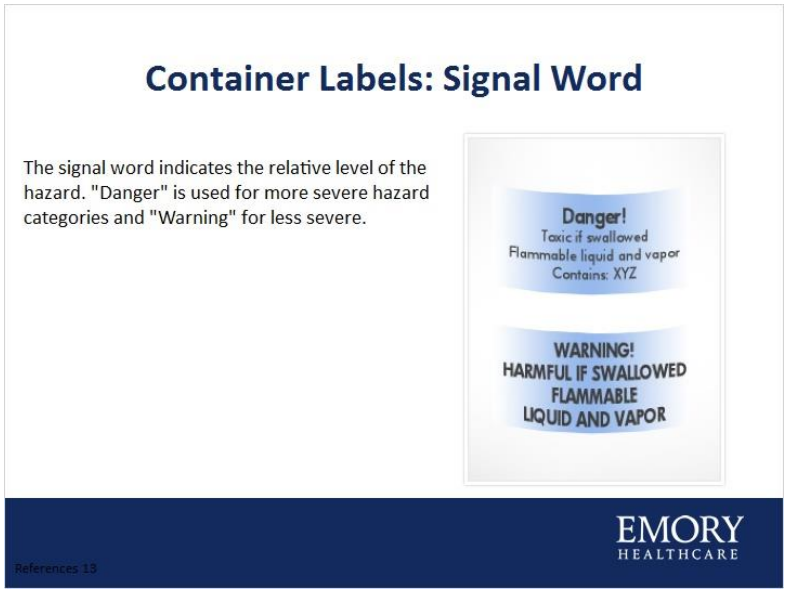
Container Labels: Product Identifier

The Product Identifier on the label should match that used on the SDS.

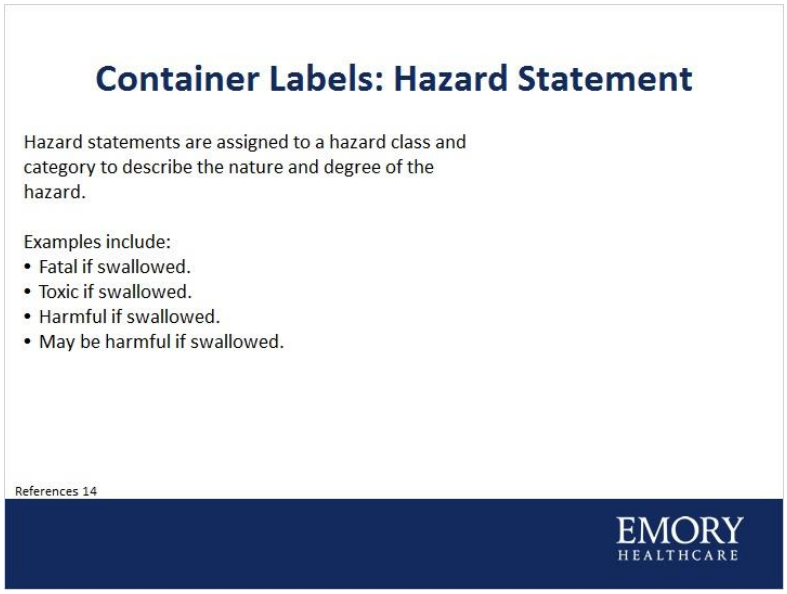
References 13

EMORY HEALTHCARE

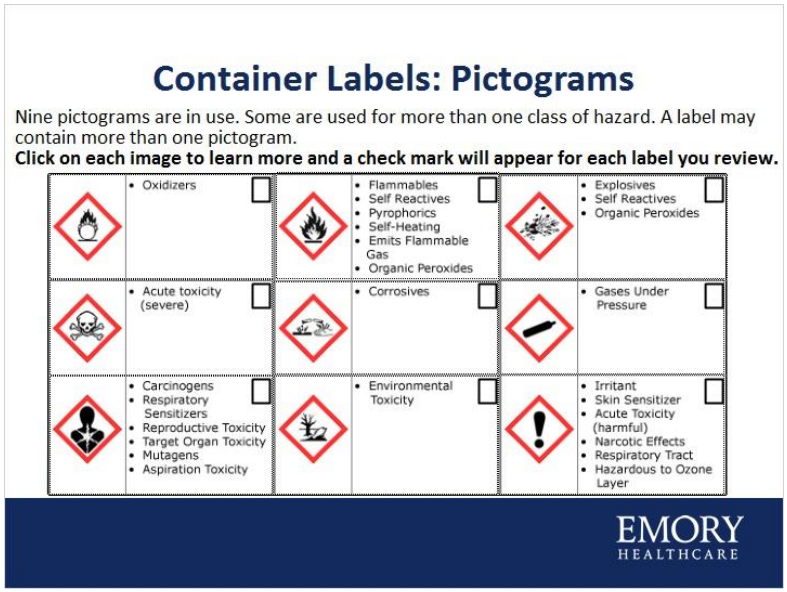
1.24 Container Labels: Signal Word



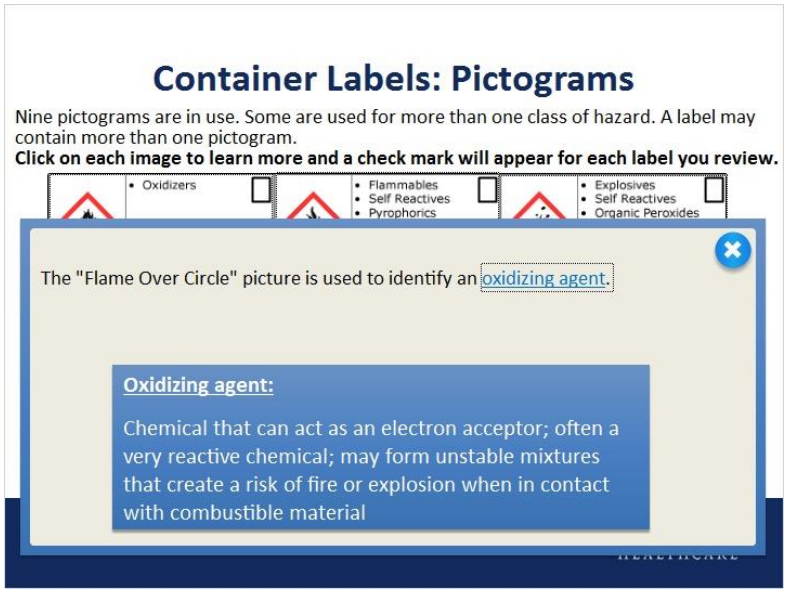
1.25 Container Labels: Hazard Statement



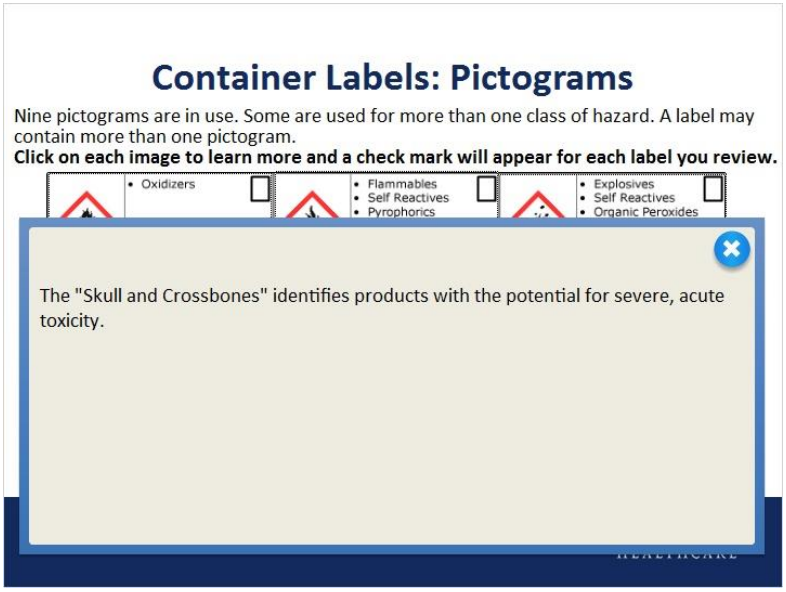
1.26 Container Labels: Pictograms



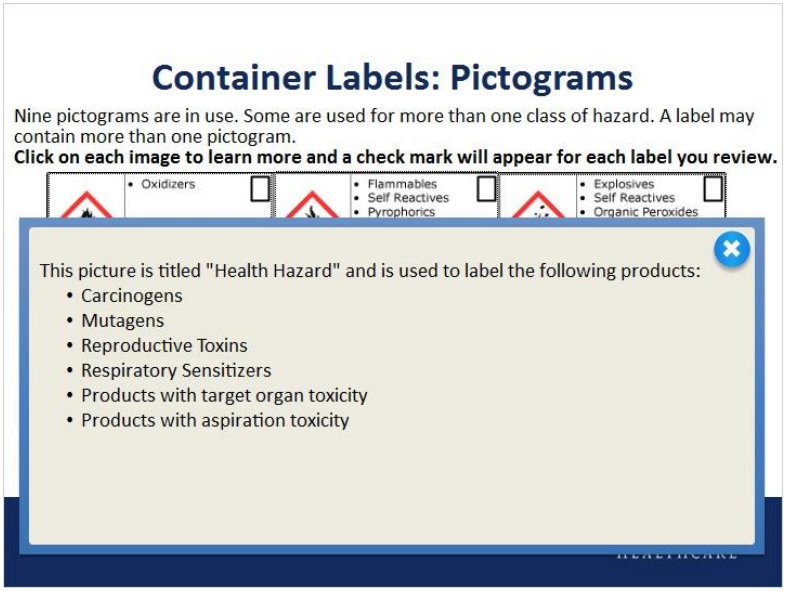
oxidizers (Slide Layer)



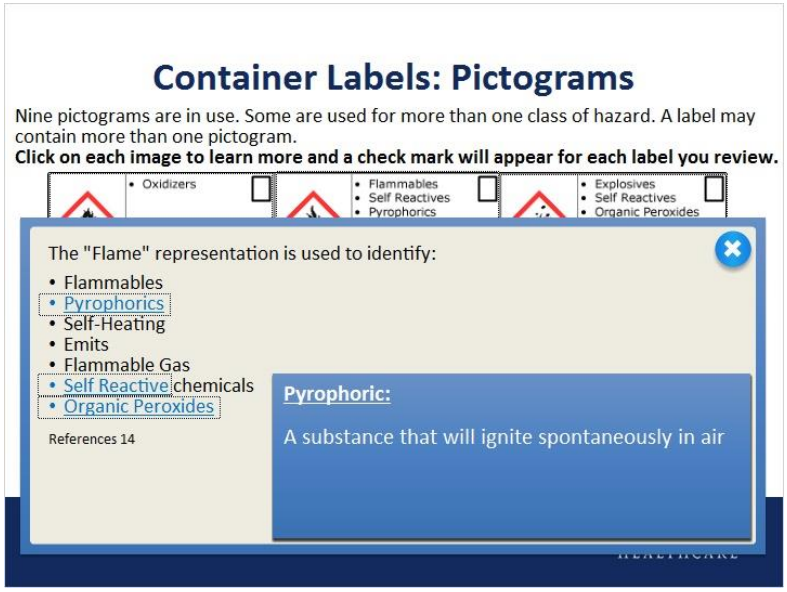
skull and cross bones (Slide Layer)



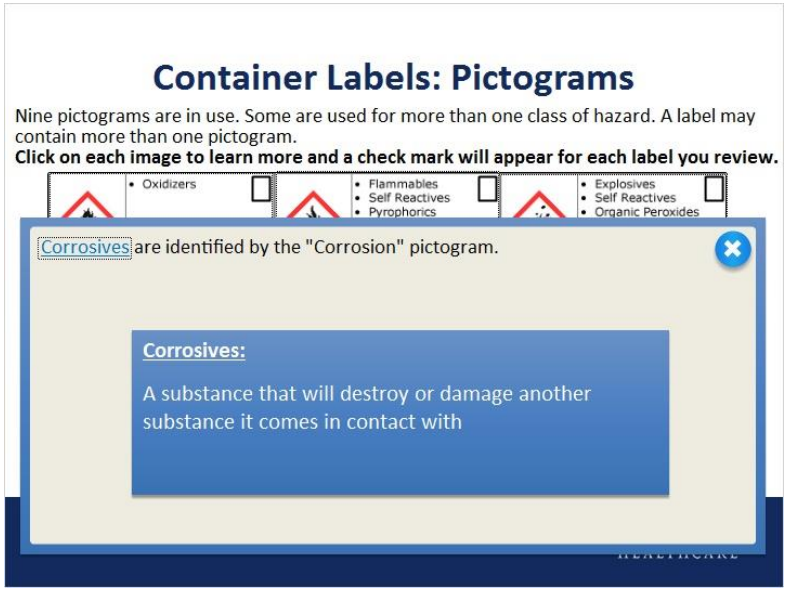
health_hazard (Slide Layer)



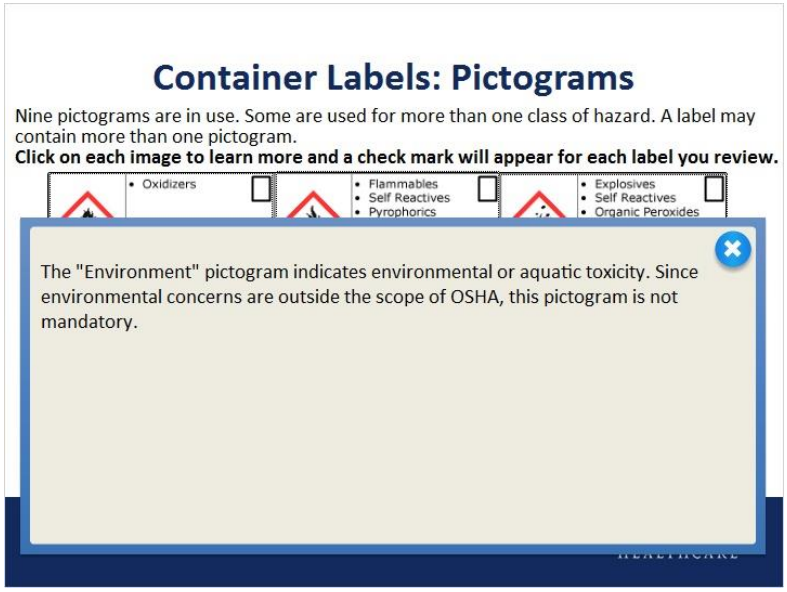
flames (Slide Layer)



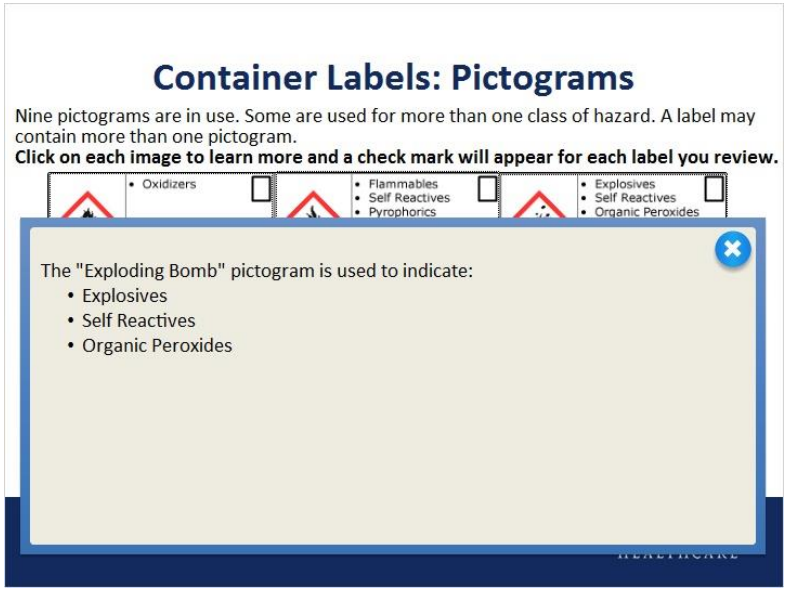
corrosive (Slide Layer)



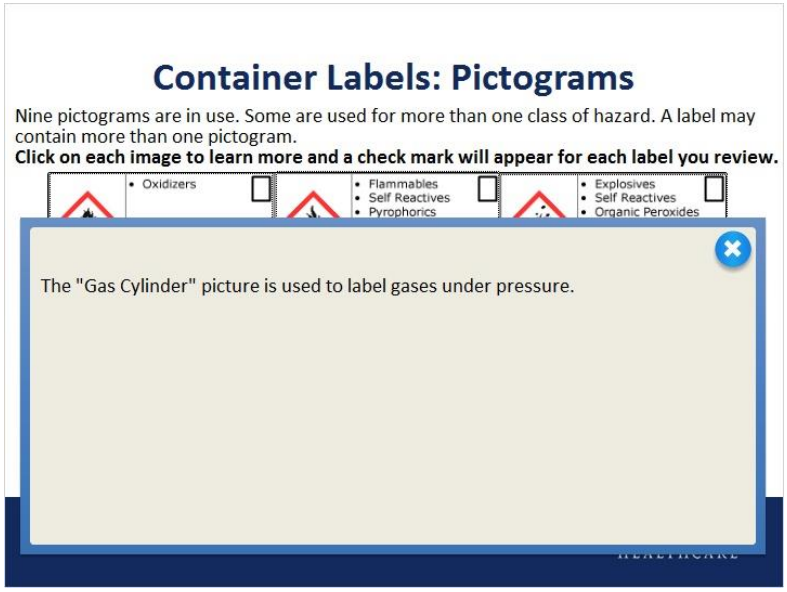
environments (Slide Layer)



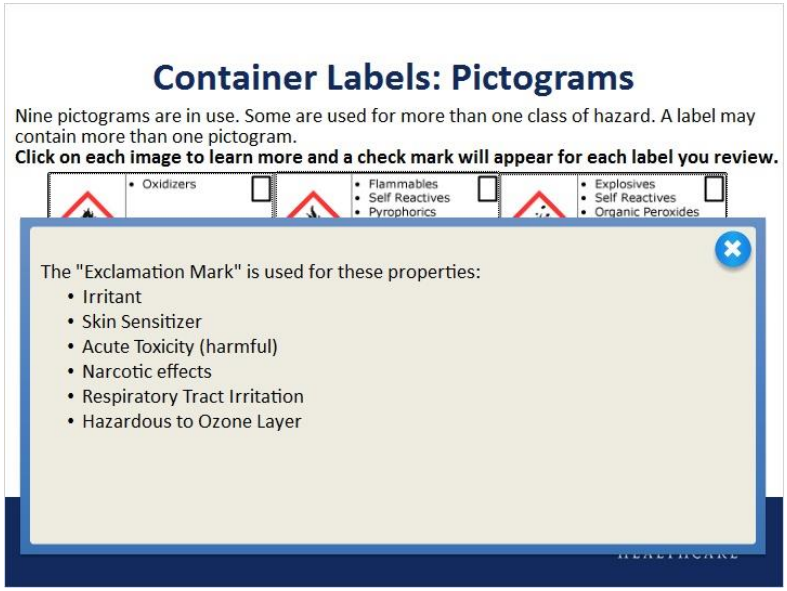
exploding bomb (Slide Layer)



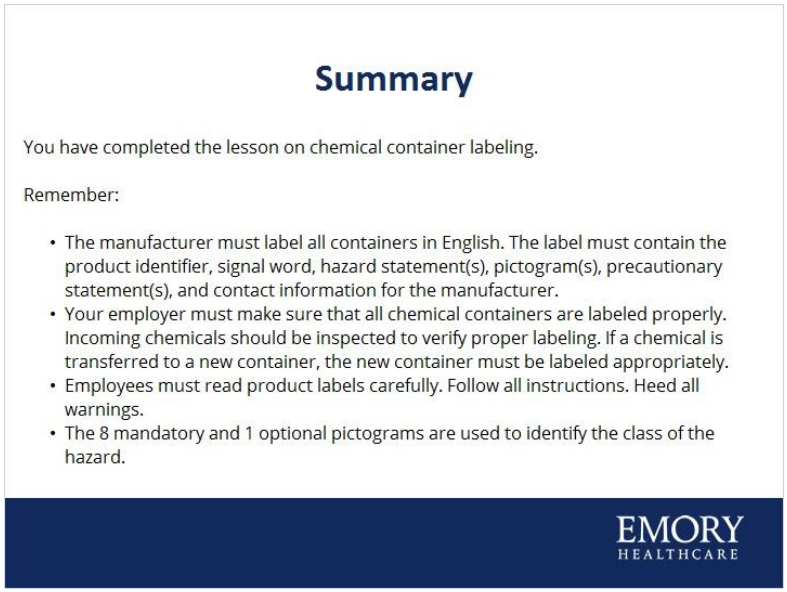
glass cylinder (Slide Layer)



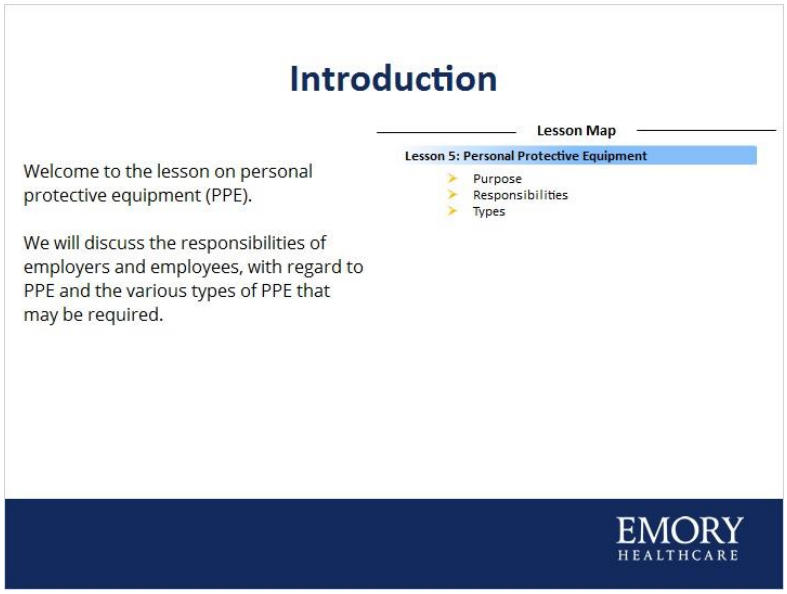
exclamation mark (Slide Layer)



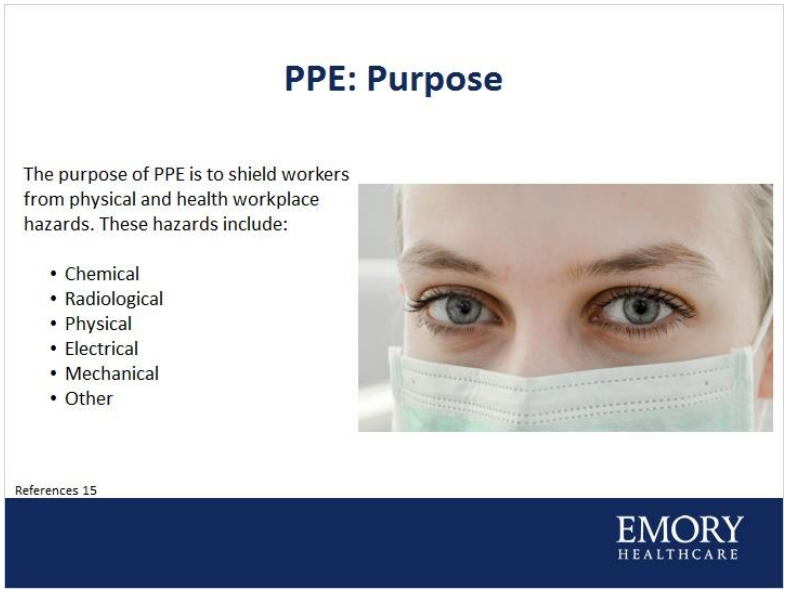
1.27 Summary



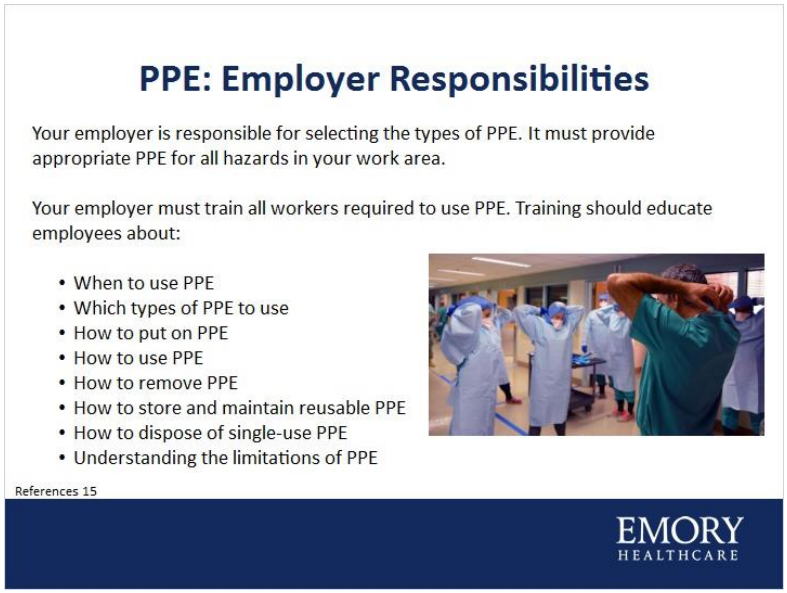
1.28 Introduction: Lesson 5



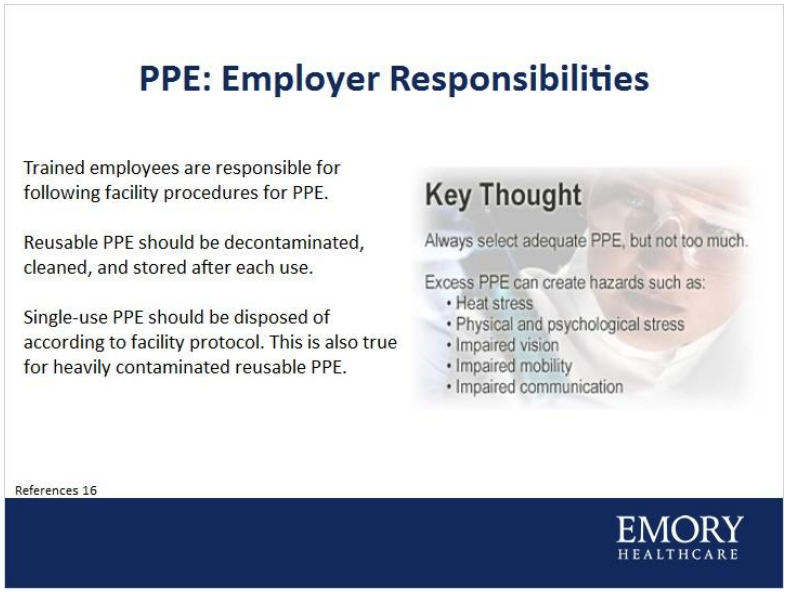
1.29 PPE: Purpose



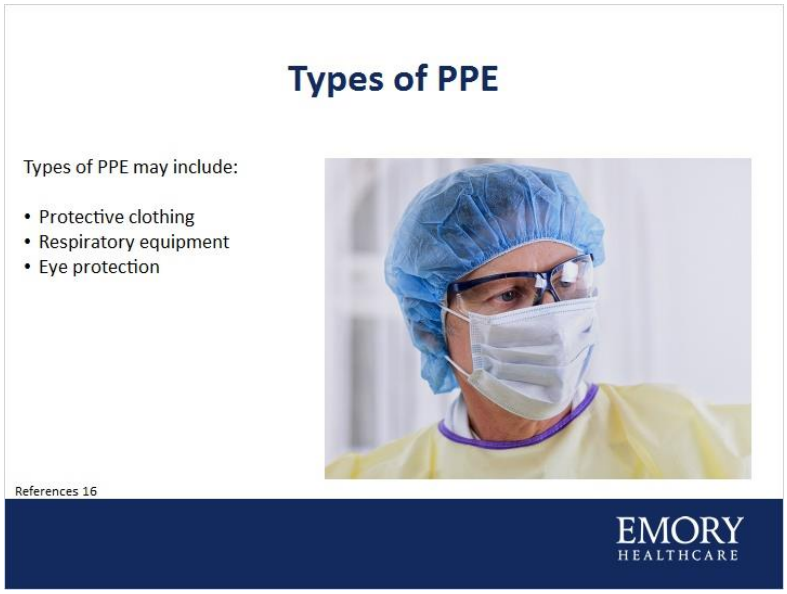
1.30 PPE: Employer Responsibilities



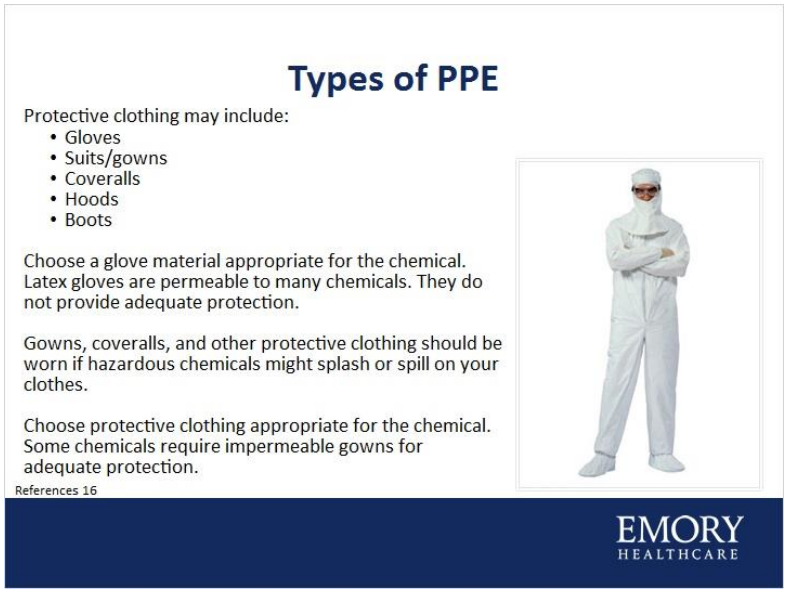
1.31 PPE: Employer Responsibilities



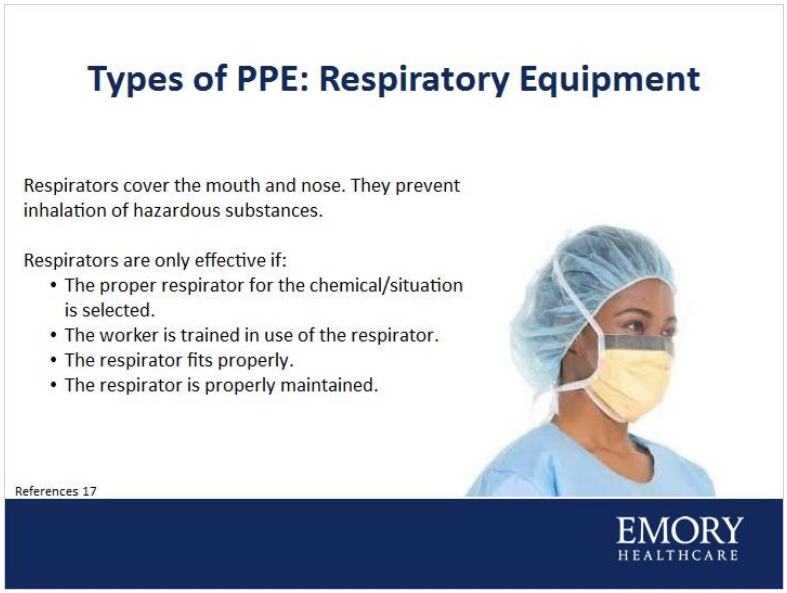
1.32 Types of PPE



1.33 Types of PPE



1.34 Types of PPE: Respiratory Equipment



1.35 Types of PPE: Eye Protection

Types of PPE: Eye Protection

Goggles protect the eyes from hazardous chemical splashes.

Face shields protect the entire face.

Prescription glasses are not a substitute for goggles. Glasses may break. They also do not shield the eyes from all angles.

Employee wearing goggles as protective equipment.

References 17

EMORY HEALTHCARE

1.36 Summary

Summary

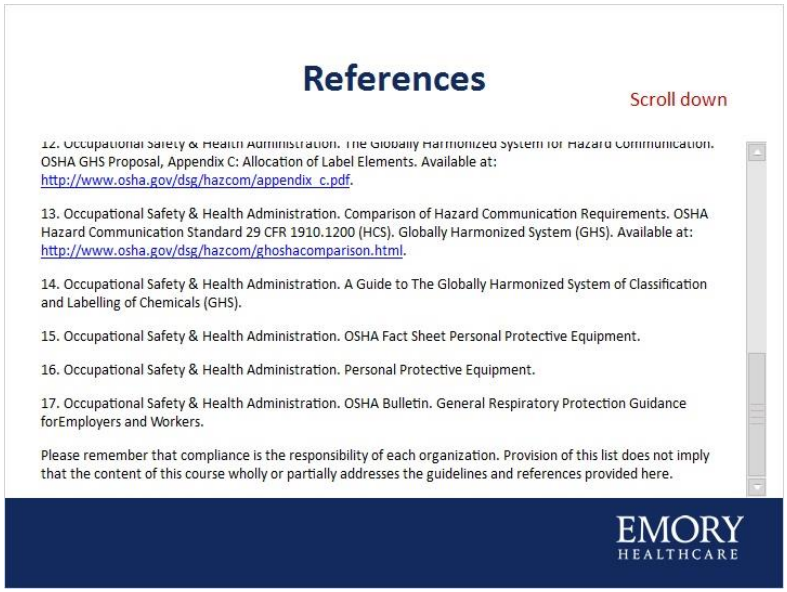
You have completed the lesson on PPE.

Remember:

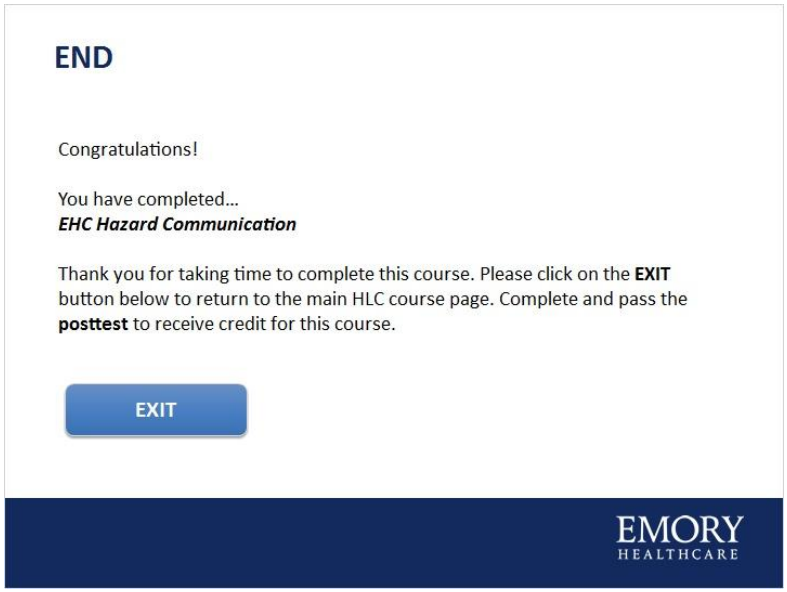
- Employers must select and provide appropriate PPE for all hazards in the work environment.
- Employers must train workers in the safe and effective use of PPE.
- Trained employees must follow facility procedures and protocols for the selection, use, storage, maintenance, and disposal of PPE.
- Choose protective clothing appropriate for the chemical.
- Use respirators appropriately.
- Use goggles or a face shield when there is a risk of splash or splatter from a hazardous chemical.

EMORY HEALTHCARE

1.37 Resources



1.38 END



Standard Precautions

This course provides essential information that will help you to know:

- What bloodborne pathogens are
- What the symptoms of disease are from bloodborne and airborne pathogens, and
- Safe work practices, known as "standard precautions," when working with blood and body fluids, or around possible airborne pathogens.

Standard Precautions

Exposure Control Plan

Could the performance of your duties as an employee potentially expose you to blood or other infectious materials?

If the answer is yes, then your employer has created and implemented an exposure control plan. This is a written plan that helps maintain a safe workplace by outlining specific work practices to eliminate or minimize employee exposure.

Standard Precautions

Other Questions

If you have questions about any of the material presented in this course on **Standard Precautions**, or any questions about the Infection Prevention and Control Programs for Emory Healthcare, we encourage you to discuss your question with your supervisor, and to use the Infection Prevention and Control web site (on the Emory Healthcare intranet under *Departments > Office of Quality & Risk > Infection Prevention and Control*).

OSHA

The purpose of this site is to support Emory Healthcare's mission to promote patient safety by eliminating preventable health care associated infections.

Contacts

To contact Infection Prevention and Control, please see the "Contacts" link on the web site which includes current Infection Prevention and Control Coordinators for each EHC facility as well as Leadership Contacts. If you are a staff member at a facility that is newly affiliated with Emory Healthcare, you may also ask your supervisor to help you contact your facility's Infection Prevention and Control Coordinator.

More Details

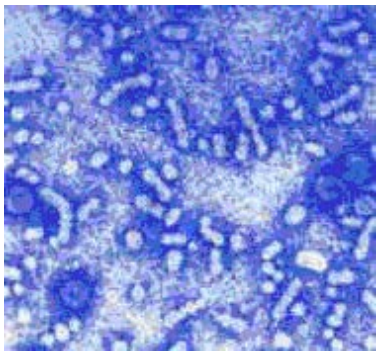
More information about the bloodborne pathogens standard also may be found on the web at www.osha.gov.

Standard Precautions

Common Bloodborne Pathogen

The most common bloodborne pathogens include, among others:

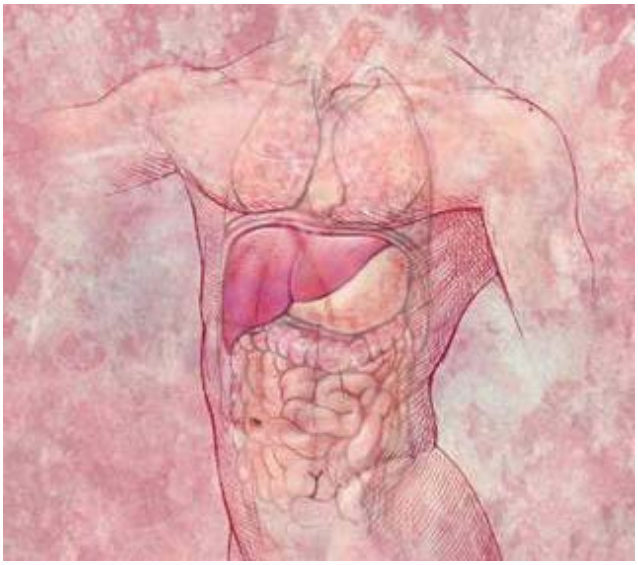
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV)



Standard Precautions

Hepatitis B Virus and Hepatitis C Virus

Hepatitis B virus (HBV) and Hepatitis C virus (HCV) both can cause potentially life-threatening infections. Both of these hepatitis viruses invade the liver and can cause long-term liver damage. Eighty-five percent (85%) of those infected with HCV become chronic carriers of the disease.



Standard Precautions

Hepatitis B Vaccine

If you are an Emory Healthcare employee who is at risk for occupational exposure to blood or infectious materials, Emory Healthcare offers you the opportunity to receive the Hepatitis B vaccine, free of charge. The immunity provided by the vaccine appears to last a lifetime. The Centers for Disease Control and Prevention (CDC) currently has no recommendations for providing boosters for HBV on a routine basis. In the case of a high-risk exposure to a patient with HBV, Emory Healthcare may recommend a booster at that time.

If you decide to decline the HBV vaccine, you will be asked to sign a form stating that you were offered the vaccine and voluntarily declined the series of inoculations. If you initially decide to decline the vaccine, you can change your mind at any time and still receive the vaccine free of charge.

For more information, contact our Employee Health Department.

Unfortunately, there is no vaccine for the Hepatitis C virus at this time.

Standard Precautions

Symptoms of Infection with Hepatitis B Virus and Hepatitis C Virus

Symptoms of HBV and HCV infection often are confused with those of other illnesses, such as the flu. As a healthcare professional, you must be able to recognize the signs and symptoms of HBV and HCV infection. Symptoms include:

- Fatigue
- Nausea and vomiting
- Loss of appetite
- Jaundice
- Mild fever
- Dark urine
- Aching muscles/joints
- Light colored stools
- Diarrhea
- Itching

Standard Precautions

Human Immunodeficiency Virus

The human immunodeficiency virus (HIV) also can cause a potentially life-threatening infection. HIV attacks the immune system and causes the disease commonly known as AIDS. Without a strong, healthy immune system, the body becomes susceptible to many infections and illnesses. Many AIDS patients do not die from HIV, itself, but rather from cancers or pneumonias that develop as a result of a weakened immune system.

Standard Precautions

Symptoms of Infection with Human Immunodeficiency Virus (HIV)

Symptoms of HIV infection often are confused with those of other illnesses, such as the flu. Signs and symptoms include:

- Swollen lymph nodes
- Visual changes
- Diarrhea
- Night sweats
- Unexplained weight loss
- Rash
- Fatigue
- Flu-like symptoms
- Frequent pneumonias or shortness of breath

Standard Precautions

Modes of Disease Transmission

Bloodborne pathogen diseases may be transmitted in a number of ways, including through:

- Sexual contact
- Organ transplantation
- Sharing needles to inject drugs
- Mother-to-baby exchange of bodily fluids
- Accidental needle-stick injury
- Transfusion of infected blood products
- Contact through mucous membranes or non-intact skin

Standard Precautions

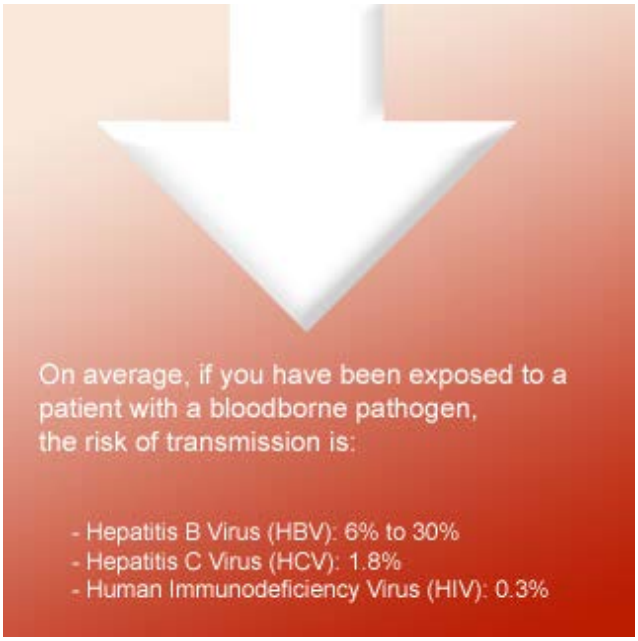
Transmission Among Healthcare Workers

The leading cause of transmission of bloodborne pathogen disease to healthcare workers is through needle-stick injury. Other common modes of transmission include splashes or punctures with contaminated sharps such as glass or scalpels.

Standard Precautions

Exposure and Transmission

As healthcare workers, we are at greatest risk of contracting hepatitis B virus, in the event of exposure. Our risk of contracting HIV is quite small.



Standard Precautions

Risk of Transmission

Risk of disease transmission following exposure varies according to a number of factors, including:

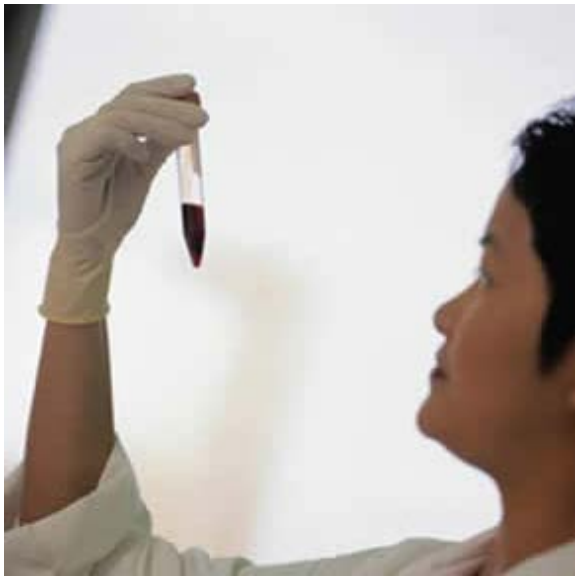
- Amount of exposure (for example, a large splash into the mouth presents a higher risk than a small splash)
- Route of exposure (for example, a needle-stick injury presents a higher risk than a splash)
- Amount of virus in the patient's blood (for example, the relatively high concentration of hepatitis virus generally present in a hepatitis-infected patient presents a higher risk than the relatively small amount of human immunodeficiency virus present in an AIDS patient)

Standard Precautions

Exposure

In the workplace, we may be exposed to bloodborne pathogens in a number of different ways, including through puncture wounds, through contact with broken skin, or through mucous membranes (eyes, nose, and mouth).

Even a hangnail or a rash can be an entry point for pathogens if you do not wear gloves while handling blood or other infectious materials.

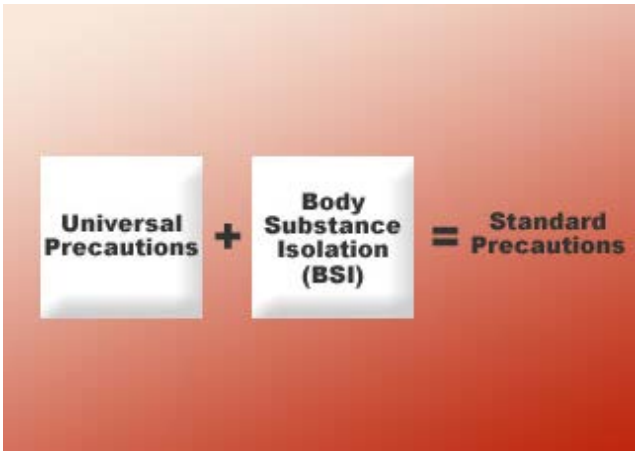


Standard Precautions

Standard Precautions

Standard precautions are used in your workplace to help protect you from exposure to blood and other potentially infectious materials.

Standard precautions apply to blood and all body fluids, secretions, and excretions except sweat (regardless of whether or not they contain visible blood).



Standard Precautions

Body Fluids

Contact with blood is NOT the only way you can be exposed to a bloodborne disease. Other body fluids also may carry bloodborne pathogens. These other fluids may include, but are not limited to:

- Semen
- Vaginal secretions
- Fluid from around an unborn baby
- Fluid from any human body cavity
- Unfixed tissue or organ
- Miscellaneous cell, tissue, or organ culture
- Saliva from a dental procedure

Any other body fluid visibly contaminated with blood should be treated as if it is potentially infectious. Regardless of the body fluid, following standard precautions will help protect you from exposure to bloodborne diseases.

Standard Precautions

The next set of information will review practices that will help protect you from exposure. These include:

- Hand hygiene
- Engineering controls
- Work practice controls
- Housekeeping controls
- Personal protective equipment (PPE)

Standard Precautions

Protecting Yourself

Emory Healthcare has put engineering and work practice controls in place to eliminate or minimize your potential exposure to blood or other potentially infectious materials. Personal protective equipment (PPE) also is available to help protect you against certain hazards. Refer to your department/section's exposure control plan for more information about these safeguards.

EHC has reviewed the tasks and procedures that put you at risk of potential exposure. Safeguards have been put into place to protect you when you perform these tasks and procedures. Documentation of exposure risks and safeguards is part of your department/section's exposure control plan.

Standard Precautions

Hand Hygiene

Cleaning your hands is your single most important defense against the spread of disease. To wash properly, lather your hands vigorously with soap or an antimicrobial agent, rub the hands together for 15 seconds, rinse with a continuous stream of warm water, and dry with a paper towel. A clean paper towel should be used as a barrier to turn off the faucet.

Standard Precautions

Hand Hygiene

For your protection, wash your hands at these times:

- Before and after your work shift
- After using the toilet, blowing your nose, covering a sneeze, etc.
- Whenever hands become obviously soiled
- Before eating, drinking, or handling food

Standard Precautions

Hand-Sanitizing

Hand-sanitizing with an alcohol-based hand rub is appropriate when your hands appear to be clean (are not visibly soiled or contaminated with protein matter) but need degerming.

Hand-sanitizing is appropriate:

- Upon entering and exiting patient exam rooms, "Foam in/Foam Out."
- Before and after physical contact with each patient or touching intact skin;
- After touching surfaces or handling contaminated items or equipment such as bedpans, dressings, urinary drainage bags;
- After removing your gloves; and
- When a hand-washing sink is not readily accessible.

Standard Precautions

How to Sanitize the Hands

The total time for the hand-sanitizing process, leaving the hands dry enough for gloving, is 15 seconds.

Dispense enough hand sanitizer to wet the hands thoroughly. Rub the hands together, wetting the entire surface of both hands, including the nails. Continue rubbing hands together to facilitate drying. Hand sanitizers should NOT be used with water or rinsed off after application.

Remember! After cleaning your hands, avoid touching surfaces that might be contaminated with germs.

Standard Precautions

Engineering Controls

Engineering controls have been put into place by Emory Healthcare to eliminate hazards at their source. Examples of engineering controls include safety device needles, sharps disposal boxes, and autoclaves.

Standard Precautions

Work Practice Controls

Proper work practice controls also can help minimize or eliminate hazards in your workplace:

- Clean your hands correctly and at appropriate times.
- Dispose of sharps in proper sharps disposal containers.
- Familiarize yourself with EHC procedures for the handling of contaminated linen. Contaminated linen should be handled, transported, and processed in a manner that prevents:
  - Skin and mucous membrane exposure
  - Contamination of clothing
  - Transfer of microorganisms to other patients or environments

Standard Precautions

Work Practice Controls

To help minimize or eliminate hazards, also:

- Do not eat or drink in patient care or laboratory areas.
- Do not apply lip balm or cosmetics, or handle contact lenses, in areas of potential exposure.
- Do not store your lunch or snacks in refrigerators that contain patient nourishments or products used in patient care or medical procedures.
- Do not recap or bend needles.

Standard Precautions

Housekeeping Practices

Good housekeeping practices also can help protect you:

- Keep a clean and sanitary workplace.
- Use only approved disinfectants when cleaning contaminated areas or spills.
- Use tongs or forceps to pick up contaminated glass or sharps.
- Recognize containers or bags that have contaminated items in them.
- Recognize the standard BIOHAZARD label (fluorescent orange or orange-red with lettering and symbols in a contrasting color).

Standard Precautions

Personal Protective Equipment

Personal protective equipment (PPE) is specialized clothing or equipment worn to protect against a hazard. Examples of PPE include gloves, masks, eye protection, face shields, shoe covers, and lab coats. Emory Healthcare will provide these items if you need them to perform your job, and you will be trained in their use.

Standard Precautions

Types of Personal Protective Equipment

Gloves should be worn when touching blood, body fluids, secretions, excretions, or other potentially contaminated items.

Masks, eye protection, face shields, and bench shields are used to protect the mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Standard Precautions

Types of Personal Protective Equipment

Protective clothing (gowns, hoods, surgical caps, shoe covers, lab coats) should be worn to protect skin and prevent soiling of clothing during procedures and patient-care activities likely to generate splashes or sprays of blood. Body fluids, secretions, and excretions also may soil clothing.

Barrier devices such as mouthpieces or pocket masks should be used when performing CPR.

Remember to remove all personal protective equipment before leaving your work area.

Standard Precautions

Training

Training on how to protect yourself from blood and body fluid exposure is provided by EHC when you begin your job. This training must be repeated once a year.

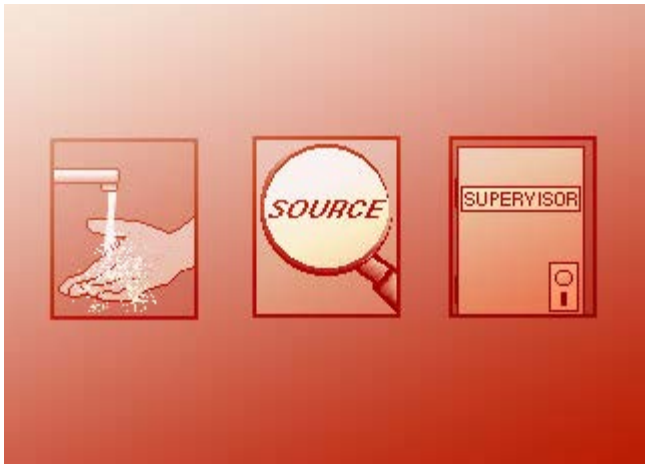
EHC will provide additional information, as well as training for new exposure tasks, when new information and training become available.

Standard Precautions

Exposure Incident

If you are exposed to bloodborne pathogens, remember to **WIN** :

- **W**ash the exposed area immediately with soap and water.
- **I**dentify the source of the exposure.
- **N**otify your supervisor and Occupational Injury Management (OIM) immediately.



Standard Precautions

Take Action Quickly

Quick action could lower your chances of contracting a disease. For very high-risk exposures, time can be important to help prevent possible disease transmission.

Standard Precautions

Confidential Evaluation

If you are an Emory Healthcare employee who sustains an occupational exposure to blood, other potentially infectious material, tuberculosis, or other communicable diseases, you must notify your supervisor, complete an Employee Incident Report in e-Vantage, and notify Occupational Injury Management. As an Emory employee you will be offered a free, confidential post-exposure evaluation and follow-up coordinated by Employee Health.

A medical exam will be performed by or under the supervision of a licensed physician or other licensed healthcare professional. Any associated laboratory tests will be conducted by an accredited laboratory at no cost to you.

Standard Precautions

Elements of the Evaluation

Your confidential medical evaluation and follow-up will consist of the following elements:

- Documentation of the route of exposure and the circumstances under which the exposure occurred
- Identification and documentation of the source individual (unless identification is prohibited by state or local law)
- HIV, HCV, and HBV testing of source patient
- Blood tests will be performed on you according to Occupational Injury Management Protocols

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Standard Precautions

Elements of the Evaluation

The following elements also are part of every post-exposure follow-up:

- Consideration for post-exposure prophylaxis
- Counseling
- Evaluation of reported illnesses

OIM (Occupational Injury Management) will obtain and provide the employee with a copy of the evaluating healthcare professional's written report within 15 days of completion of the evaluation.

Standard Precautions:
Course Completed!

Thank you for taking time to complete this course. Please exit the course now and take the exam to get credit for the course.