This guide provides a review of annual mandatory Environment of Care educational requirements for all associates.

Questions? Call the Public Safety department.
678-312-4590
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General Safety

• Safety is a shared responsibility of all associates.
• Know the hazards you may encounter on the job.
• Always have:
  ‣ A positive safety attitude.
  ‣ Safe work habits.
  ‣ Safe work conditions.
• Know all emergency codes.
  ‣ You can find the emergency codes on the issued name badge safety card and in the Safety Manual.
• Know your duties and responsibilities during an emergency code.

Hazard Identification and Reporting

• Notify your supervisor and attempt to correct any hazard you encounter.
• Immediately fix any hazard that may result in injury to patients, associates, or visitors.
• If you need assistance, notify your supervisor.
• Report hazards you can’t correct by using a Hazard Tracker form on GMC Connect.
  ‣ Or, contact Public Safety:
    o GMC – 678-312-4590
    o GMC-D – 678-312-8099

Safety Manual

The Safety Manual is typically available on GMC Connect 24 hours a day. If GMC Connect is not available, you can find hard copies of the Safety Manual at these locations:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC Lawrenceville</td>
<td>Administration</td>
</tr>
<tr>
<td>GMC-Duluth</td>
<td>Administration</td>
</tr>
<tr>
<td>Gwinnett Extended Care Center</td>
<td>Administration</td>
</tr>
</tbody>
</table>
Safety Management Program

- The GMC Board of Directors requires and supports the GMC Safety Management Plan.
- The director of Public Safety directs the Safety Management Plan and also serves as the designated safety officer for GMC.
- The managers and associates of the following departments support the safety officer in the administration of this plan:
  - Public Safety
  - Engineering
  - Biomedical Engineering
  - Infection Prevention and Control
  - Risk Management
  - Occupational Health
  - Corporate Compliance
- The Safety Committee is responsible for the design, implementation and monitoring of the Safety Management Plan.
- The GMC safety officer routes problems to the Safety Committee for evaluation.
- The Safety Committee meets at least bimonthly to review reports and measurement from various activities related to this plan.
- The Safety Committee evaluates the effectiveness of this plan annually.

To learn more about the Safety Management Program, review the GMC Safety Manual, Program Overview, Safety Management Program, policy 900.00.00 for the structure of the Safety Program and responsibilities of the Leadership Council, Safety Committee, safety officer, safety primes, managers and associates.

Safety Primes

Safety primes are departmental representatives who support and monitor the safety program for the protection of patients, associates, and visitors. Safety primes are an authorized and recognized extension of the Safety Committee.

Safety primes meet every other month. Their meetings include in-services and discussions about current safety policies, procedures and concerns. Safety primes bring concerns to the meetings and share information from the meetings with their departments or service lines.

To learn more about safety, review the GMC Safety Manual, Section 1, General Safety.

Lockout/Tagout

- Lockout/Tagout is a procedure designed to protect associates from injury during equipment repair or maintenance.
- Lockout/Tagout involves placing a lock or tag on the energy source to minimize the chance for accidental start-up.
Use Lockout/Tagout when:

- Placing any part of the body in contact with a piece of equipment or machine while working on it.
- Placing any part of the body into a piece of equipment or machine with moving parts.
- Getting into a piece of equipment or machine to work on it.

More about Lockout/Tagout:

- Never service any equipment or machine that you are not authorized to service.
- Never place any part of your body in any machine or piece of equipment to try to dislodge an item.
- Be familiar with the Lockout/Tagout policy and obtain training as required.
- Never use a piece of equipment that is Locked Out/Tagged Out unless authorized to do so per GMC policy 900.01.13.
- Contact Engineering for questions about Locked Out/Tagged Out equipment.

To learn more about Lockout/Tagout, review the GMC Safety Manual, Section 1, General Safety, policy 900.01.13.

Vehicle Safety

Drivers of GMC vehicles MUST:

- Be authorized by Risk Management to drive a GMC vehicle.
- Check that the vehicle identification and auto insurance cards are in the vehicle before driving.
- Take an online driver safety course.
- Complete a road test with their manager.

If you drive your personal vehicle for GMC-related business, such as traveling to meetings:

- You must maintain automobile liability insurance on your vehicle.
  - Do not drive if you do not have insurance or if your license is suspended or revoked.
- Know that if you are involved in a motor vehicle accident while driving a personal vehicle for GMC business, your insurance company is responsible for responding to any claims arising from the accident.
- Submit a mileage reimbursement request for miles that you drive for hospital-related business. Review Administrative Policy #100-23 and Human Resources Policy #300-319 for information about local travel and associate expense requests.

To learn more about vehicle safety, review the GMC Safety Manual, Section 1, General Safety, policy 900.01.16.
Fire Prevention Management

Each department has its own fire safety program that supports the GMC Fire and Fire Drill Response Plan. The details of each department’s safety program – such as extinguisher location, fire alarm pull station locations, fire compartments, evacuation routes, etc. – are specific to that department’s needs.

You are responsible for taking appropriate action whenever you hear a Code 100, the code name for a fire, announced on the overhead paging system.

Responding to a Code 100

1. Keep all fire exits, fire escape routes, fire doors and walkways clear of equipment and obstructions at all times.

2. Never block fire doors, fire extinguishers, electrical panels and oxygen cut-off switches with equipment.

3. Close doors and windows in the Code Zone (area of the fire).

4. Available associates in areas directly above, below and next to the Code Zone must report to the zone with a fire extinguisher.

Relocating Patients During a Fire

1. Begin evacuating patients from their rooms if the fire is in their rooms or if there is a danger of smoke inhalation.

2. Move patients or anyone else in danger in a horizontal (side-to-side) direction through the nearest fire or smoke barrier.
   - A fire or smoke barrier is a set of large double doors that closes when the fire alarm system activates.

3. Continue horizontal evacuation until no other fire/smoke compartments are available on the floor.

4. If the fire continues and is out of control, and there are no additional fire/smoke compartments, evacuate vertically down to a lower level.
   - You may be required to evacuate up when a fire may be out of control on a lower floor.

5. Do not use the elevators to evacuate patients vertically.
R.A.C.E. to Respond to a Fire

<table>
<thead>
<tr>
<th>R</th>
<th>Rescue or remove anyone in danger.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Activate the alarm by pulling the nearest wall pull station.</td>
</tr>
<tr>
<td></td>
<td>• Dial the emergency number:</td>
</tr>
<tr>
<td></td>
<td>GMC Lawrenceville campus, GECC = 88</td>
</tr>
<tr>
<td></td>
<td>GMC-D, Duluth Outpatient Center = 88</td>
</tr>
<tr>
<td></td>
<td>Glancy Rehab Center = 26250</td>
</tr>
<tr>
<td></td>
<td>MOBs, GMC Resource Center, Langley and GPG = 911</td>
</tr>
<tr>
<td></td>
<td>• Tell the operator the location of the Code 100.</td>
</tr>
<tr>
<td>C</td>
<td>Contain or Confine fire and smoke by closing surrounding windows and doors.</td>
</tr>
<tr>
<td>E</td>
<td>Extinguish (see P.A.S.S.) the fire if possible, or Evacuate if the fire is out of control.</td>
</tr>
</tbody>
</table>

How to use a fire extinguisher (P.A.S.S.)

- **Pull** the pin located on the handle.
- **Aim** the hose or nozzle at the base of the fire.
- **Squeeze** the handle.
- **Sweep** the hose back and forth in a “figure 8” at the base of the fire until you extinguish the fire.

**Remember:** Use the blue, non-magnetic fire extinguishers in an MRI room.

To learn more about GMC Fire Safety Plans, review GMC Safety Manual, Section 5, Fire Prevention.

Interim Life Safety Measures (ILSM)

Interim Life Safety Measures (ILSM) ensure that building occupants can safely exit a building whenever existing fire exits, corridors or stairwells are closed, blocked or changed due to construction or renovation work.

If any exits, corridors or stairwells within or adjacent to an occupied area are closed or altered during construction, Facilities Management posts signs and notifies all occupants in the affected area. Do not use any exit, stairwell or corridor that is closed or altered because of construction.

To learn more about the GMC ILSM Plan, review the GMC Safety Manual, Section 5, Fire Prevention, policy 900.05.02.
Emergency Preparedness

Disaster Plan
When the Disaster Plan is activated, you hear a Code Alert announced on the overhead paging system.

- Depending on the severity and number of injury victims, the hospital determines the amount of system involvement by announcing the Code Alert as a Level I, II or III.
- GMC and GMC-D emergency departments are the primary treatment areas.
- Be familiar with your department specific disaster procedures and evacuation guidelines.
- If you hear a Code Alert announced on the overhead paging system and you are not in your work area, return to your work area for additional instructions.

Responding to Code Alert Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Only one facility is involved.</td>
</tr>
<tr>
<td>II</td>
<td>More than one GMC facility is involved. All departments respond to some degree at activated facilities. For locations without overhead paging systems, the area’s manager is notified by disaster paging. The manager then notifies associates in their area.</td>
</tr>
<tr>
<td>III</td>
<td>Primary and secondary facilities activated. Possible outside trauma center on standby. All departments respond. Total recall of associates likely. Local radio stations notified for recall announcement.</td>
</tr>
</tbody>
</table>

To learn more about the GMC Disaster Plan, review the GMC Safety Manual, Section 4, Emergency Preparedness.
Responding to a Bomb Threat Received on the Phone (Code Silence)

1. Keep the caller on the phone as long as possible. Write down everything the caller says, including background noises.

2. Notify your supervisor immediately. Give your supervisor your documentation of the call. Your supervisor notifies Public Safety.

3. You may hear “Code Silence” announced on the overhead paging system. **All two-way radio and cellular phone communication must stop within the facility until further notice.** Be prepared to assist with the search.

4. Stay in your department until your manager, Public Safety, police or fire tells you to evacuate.

5. Follow further instructions given to you.

*To learn more about the GMC Bomb Threat Plan, review the GMC Safety Manual, Section 4, Emergency Management, policy 900.04.05.*

Severe Weather

**Tornado Watch (Code Gray)**

- A **Tornado Watch** indicates weather favorable for lightning, damaging winds, hail, etc.
- The conditions could produce tornadoes.
- Each facility announces, “Code Gray Watch” on the overhead paging system.
- In areas without overhead paging, the weather alert radio indicates “tornado watch” and, whenever possible, Public Safety alerts those departments by phone.

**Tornado Warning (Code Black)**

A **Tornado Warning** indicates an actual funnel cloud or a tornado sighted in the area or heading in our direction.

**What to Do During a Tornado Warning (Code Black)**

1. Each facility announces on the overhead paging system “Code Black Warning.”
   - In areas without overhead paging, the weather alert radio indicates “tornado warning” and, whenever possible, Public Safety alerts those departments by phone.
   - In other areas where the code cannot be heard or no weather radio exists, the department has a notification procedure to ensure all associates, patients, and visitors are notified.
2. Associates must ensure the safety of patients, themselves, and visitors.
   • Move away from glass.
   • Move to the lowest level of the building or an interior hallway.
     ‣ Do not go outside to move to a lower level.
   • Stay in place and find shelter, for example, in a closet or under a desk.
3. Wait for the “Code Black All Clear” announcement on the overhead paging system.
   • For locations without overhead paging systems or weather radios, the area’s manager is notified by disaster paging. The manager then notifies associates in their area.

To learn more about Severe Weather Plans, review the GMC Safety Manual, Section 4, Emergency Management, policies 900.04.04 and 900.04.06.

Hazardous Materials (Hazmat)

Prior to using any hazardous material, review the MSDS/SDS (Material Safety Data Sheet/Safety Data Sheet) for that material.

MSDSs/SDSs contain important information about hazardous materials and chemicals, such as:

• What to do during an emergency.
• Signs and symptoms of exposure.
• Ingredients found in the hazardous material or chemical.

You can find MSDSs/SDSs:

• On GMC Connect.
• Possibly in hard copy in your department. Check with your manager.
• In the Public Safety department.

Reading the container label is another great way to learn about the hazardous material. Never use an unlabeled container.

The best way to control a chemical hazard is to eliminate or substitute a safer product for it. If you can’t eliminate or substitute the chemical hazard, GMC uses mechanical or engineering controls like local exhaust to control the hazard. Use personal protective equipment (PPE) if the exposure remains a risk.

Always wear appropriate PPE when handling chemicals.

In the event of a hazardous material (Hazmat) emergency:

1. Notify the Public Safety department at 678-312-4590.
2. Complete a Hazard Tracker form.
3. Follow the C.L.E.A.N. protocol listed below in “Responding to a Hazmat Spill.”

The director of public safety is the hospital system’s hazmat coordinator.
Responding to a Hazmat Spill

Use the C.L.E.A.N. technique to respond to a hazmat spill:

- **Confirm** the chemical. **Control** it if you can do so safely.
- **Leave** the area and evacuate others if necessary.
- **Ensure** that anyone exposed to the chemical needing medical treatment goes to the ED.
- **Access** the MSDS/SDS for the chemical and follow the necessary steps to clean it up.
- **Notify** the operator and the Public Safety department.

Your Right to Know

The GMC Hazmat Program includes a “Right to Know” provision. This outlines your right to know:

- What hazardous materials you work with.
- What hazardous materials can do to you.
- How GMC protects you from any possible harmful effects.

Types of hazardous waste at GMC include:

- Chemical.
- Biohazardous.
- Chemotherapy.
- Radiation.

You can be harmed by:

- Absorption through the skin.
- Swallowing.
- Splash to the eyes.
- Breathing harmful vapors.

You can protect yourself by:

- Eliminating the hazard.
- Controlling exposure.
- Wearing personal protective equipment (PPE).

**General safety requirements for handling compressed gas cylinders**

- All departments whose associates handle or transport cylinders must provide associate education regarding the safe handling, storage and transport of cylinders.
- Always handle compressed gas cylinders as high-energy sources and therefore as potential explosives.
  - Handle cylinders carefully.
  - Fasten them in a secure manner at all times in an upright position.
• Do not drop or drag cylinders, or allow them to strike each other violently.
  ‣ Dropping or striking may damage the cylinder valve, which could result in the cylinder becoming a projectile capable of causing personal injury and property damage.
• Do not expose cylinders to temperatures higher than 50° C (122° F).
• Never use a cylinder that you cannot positively identify.
  ‣ Do not depend on color-coding for gas identification.
• Never store empty and full cylinders together.

To learn more about the Hazardous Material and Waste Plan review the GMC Safety Manual, Section 3, Chemical Hazard Right to Know, policy 900.03.01; Hazardous Spill Response (Code Clean), policy 900.03.03; and High Pressure Gas Cylinder, policy 900.03.07.

Security

• Security is a responsibility shared by all associates.
• Wear your identification badge at all times when at work – visibly, above your waist. Do not cover your picture or your name while wearing the badge.
  ‣ Question unfamiliar people not wearing I.D. badges or contact Public Safety immediately.
  ‣ Report any suspicious persons or activities to Public Safety officers immediately.
  ‣ Protect personal and hospital property. Lock it up!
• At locations where Public Safety escort is available (GMC and GMC-D), notify the operator to request an escort. Do not wait until the last minute; allow time for an officer to respond.

To learn more about GMC Safety Management Plans, review the GMC Safety Manual, Section 2, Security.

Workplace Violence

GMC does not tolerate threats or acts of violence against persons or property.

Associates who commit workplace violence are disciplined according to GMC policy, up to and including termination, and the involvement of law enforcement authorities as needed.

The Threat Assessment Team, Public Safety, and possibly local law enforcement immediately address threats or acts of violence by patients or clients against associates, fellow patients or clients, or others.

Contact your immediate supervisor and Public Safety if you are aware of a situation involving potential workplace violence. You may also contact local law enforcement (911), then Public Safety, if circumstances warrant.

To learn more about GMC Workplace Violence guidelines, review the GMC Safety Manual, Section 2, policy 900.02.04.
Medical Equipment Management

Biomedical Engineering (Bio Med) evaluates all medical equipment purchased or acquired by GMC for inclusion in the Biomedical Equipment Management program. If the equipment is included in the program, Bio Med inventories it and assigns it a unique ID number. Bio Med then checks the unit for proper operation, electrical safety, and places a current inspection tag on the unit.

Bio Med must inspect all new medical equipment before it is placed in use.

The Biomedical Engineering Preventative Maintenance (PM) Program tracks all biomedical equipment. Bio Med performs preventive maintenance on the equipment to ensure it is operating within manufacturer’s specifications. Bio Med then tags the equipment with a current inspection sticker stating the next inspection date.

If you discover a piece of equipment with an out-of-date inspection, notify Bio Med. Bio Med then will schedule the equipment for inspection.

Bio Med also is responsible for investigating all equipment failures and evaluating the cause for the failure. If you discover a piece of medical equipment is not working properly:

1. Take the equipment out of service.
3. For emergency repairs, call Bio Med directly at 678-312-4584.

To learn more about the Biomedical Engineering Equipment Management plan, review the GMC Safety Manual, Section 6.

Utilities Management

What happens when the hospital loses normal electrical power?

The emergency generator starts within 10 seconds, resulting in:

- No air conditioning.
- No lights in patient rooms and bathrooms, except nightlights.
- Reduced lighting throughout the facility.
- Only red electrical outlets have power during a power failure.

What do you do during a power failure?

1. Contact the Engineering Department immediately.
2. Ensure patient equipment has power.
   - Use the red electrical outlets.
3. Obtain supplies for patient comfort.
4. Check medication and food refrigerators and freezers when power resumes.
   - If the temperature is out of the acceptable range, follow Safety Policy 900.01.11, Refrigerator/Freezer Temperature Monitoring.

Know where flashlights are located in your work area.

To learn more about utilities failures, review the GMC Safety Manual, Section 7, Utilities Failures, policy 900.07.03.
Occupational Health

Location: GMC campus, MOB 100, Suite 290
Phone: 678-312-3878

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Days open</th>
<th>Hours available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine activities, e.g. administering immunizations, pickup health records, medical surveillance, physical assessments for employment decisions.</td>
<td>Monday - Friday</td>
<td>7 am – 3:30 pm</td>
</tr>
</tbody>
</table>

Follow correct policies and procedures at all times! Report any unsafe conditions to your manager and notify Public Safety or Occupational Health.

What to do if you get hurt at work:

1. **Stop** your activity.
2. **Seek** first aid if needed, i.e. stop bleeding, wash affected area, etc.
3. **Notify** your supervisor or charge person.
4. **For a blood borne pathogen (BBP) exposure**, complete and submit an on-line OHNo! (Occupational Hazard Notice) **immediately** after the incident.
   - You may access the on-line OHNo! form on the GMC Connect homepage under Quick Links (upper left).
   - Submit an on-line OHNo! form **for all other injuries** within 24 hours of the injury.
5. **You need** | **Action** | **General** |
   - Emergency care | Make arrangements to go directly to the Emergency Department or HealthStat. | You can find Panel Physician Lists posted at all facilities, or by calling Occupational Health. You do not have to see a doctor unless you want to. |
   - First aid or medical care not requiring emergency care | Call Occupational Health (678-312-3878). They can arrange Panel MD appointments if you need further medical care. |
6. **Contact** Occupational Health and your manager if you:
   - Are taking prescribed medications that can alter your mental status,
   - Have your activities restricted, or
   - Have a doctor’s order to be absent from work due to an injury.
What to do to stay safe on the job:

- **Think** before you do!
- **Get help** to do the job.
- **Know** the task.
- **Ask** for instructions. Do the job right the first time.
- **Take precautions** to work safely.
- **Use PPE** whenever needed to prevent exposures to hazards.

Back and Neck Care

A single injury rarely causes back and neck disorders. They result from the cumulative effect of our everyday activities.

- Back and neck pain affect 80 percent of us at some time in our lives.
- Back muscles are not meant to perform lifting activities.
  - They are designed to work with the muscles of the stomach to stabilize your spine and balance your posture while you lift.
- Lift using the larger muscles of the hips and legs, not your back.
- Use an appropriate lifting or assistive device.

Common causes of back and neck disorders

- Poor posture, faulty body mechanics
- Stressful living and working conditions
- Loss of flexibility
- Decline of physical fitness, including being overweight
- Accidents

**Do’s and Don’ts of proper lifting**

| ✔️ | **Do** think! Plan how to lift an object. Move obstacles in your path. |
| ✔️ | **Do** check the weight of the load before you lift. |
| ✔️ | **Do** get assistance if you feel you are unable to lift safely. |
  | • Determine if you need a lifting device. |
  | • Obtain the correct device and/or the correct number of persons to assist. |
| ✔️ | **Do** use a wide base of support. Place your feet shoulder width apart, one foot slightly ahead of the other. |
| ✔️ | **Do** keep your back straight and your head up. |
  | **If you have to bend:** |
| ✔️ | **Do** bend from your hips, not your waist. | ❌ | **Don’t** jerk the object. |
| ✔️ | **Do** hold the object close to your body. | ❌ | **Don’t** twist. |
| ✔️ | **Do** lift with your legs, **not** with your back. | ❌ | **Don’t** hold your breath while lifting. |
| ✔️ | **Do** pivot with your feet if you need to turn while lifting. |
Calling in Sick

When calling in sick, you are responsible for calling your department per protocol. In addition, for potential communicable diseases, you must also call the confidential SICK CALL LINE at 678-312-2567.

Potential communicable conditions that you must report when calling in sick are:

- Sore throat with fever
- Conjunctivitis with discharge, also known as “pink eye”
- Cough with fever
- Diarrheal diseases
- Enteroviral infections
- Fever
- Possible shingles
- Undiagnosed rash with fever
- Possible chickenpox
- Localized skin or wound infections
- Other department specific concerns, e.g., fever blisters in high risk areas

Bloodborne Pathogens

If you have a question about bloodborne pathogens at any time, you can contact:

| Occupational Health | 678-312-3878 | After hours, call the PSC on duty.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>• Lawrenceville: 678-205-7710</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Duluth: 770-891-4095</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td>Use the Infection Control on-call schedule in the Xtend phone directory on GMC Connect.</td>
<td></td>
</tr>
</tbody>
</table>

If you would like to review the regulatory text of the bloodborne pathogen standard, you can find the complete text at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.

You can copy and paste this internet address in your browser to view.

Fluids that **may** contain bloodborne pathogens in amounts that can cause disease include:

- Blood
- Semen
- Vaginal secretions
- Pericardial fluid (heart)
- Synovial fluid (around joints)
- Peritoneal fluid (from the abdomen)
- Any mixed fluid that has visible blood
- Cerebrospinal fluid (from around the brain)
- Amniotic fluid (in the uterus during pregnancy)
Protect yourself!

- Wear PPE (gloves, gowns and masks) whenever you anticipate contact with blood or body fluids.
- Get the Hepatitis B vaccine. It is available at no charge to associates considered “at risk.” Occupational Health administers it in three doses. It is safe and effective. Just do it!
- Use safe work practices such as the neutral zone in surgery or a splashguard in the lab.
- Use engineering controls such as safety syringes and needleless IV tubing whenever possible.

If you experience a bloodborne pathogen exposure (E-code), immediately:

1. Stop what you are doing.
2. Clean the affected area.
3. Notify your supervisor.
4. Complete the online OHNO! Form (under “Associate Resources” on the GMC Connect homepage).
   - When you click “submit” on the OHNO! Form, this activates the E-code process.
   - The E-code Resource Nurse will contact you and guide you through the E-code process.

Know the location of the Bloodborne Pathogen Exposure Control Plan. You can find it in the Infection Control Manual on GMC Connect.

Anti-Dumping Law (EMTALA)

You may see the term “EMTALA” associated with the Anti-Dumping Law.

What is EMTALA?

EMTALA is a federal regulation providing all people equal access to health care regardless of ability to pay.

What does EMTALA mean to the hospital?

GMC must see and evaluate all people presenting anywhere on hospital property seeking care to determine “if an emergency medical condition” exists.

- If the patient does have an emergency medical condition, then we must treat the patient or transfer the patient in an “appropriate” way (see Transfer Policy #520-40).

Who is responsible for making sure patients are not turned away?

All GMC associates are responsible for ensuring that patients are not turned away. Someone may approach you on hospital property asking whether we see patients who are unable to pay or do not have medical insurance. The answer is yes.

- When requested, GMC does a medical screening of any person, regardless of their ability to pay or whether they have medical insurance.
**EMTALA Violation**
If GMC is found to violate EMTALA law, we can be fined $50,000 and can lose Medicare funding.
- “On call” physicians who refuse to come to the hospital resulting in patient transfer can also be fined.

**What happens when we get “dumped” on?**
Law requires hospitals to report other hospitals that might have "dumped" on them.
- The receiving hospital can be fined $50,000 per occurrence for not reporting.
- Please report any suspected inappropriate transfers to the Risk Management Department.

**Abuse, Neglect and Exploitation**

**Abuse** is when a person in authority commits intentional injury (physical, sexual, emotional, or financial) on another person.
- Many times this happens between a caregiver and client. The caregiver may not intend to injure the client.

**Neglect** refers to inattention to basic needs such as food, clothing, shelter, medical attention, and supervision.

**Exploitation** is when someone takes advantage of another person who may be disabled or vulnerable because of age or illness.
- The result is that one person benefits at the expense of another.

Be aware of these types of exploitation:
- Sexual
- Labor/workforce
- Financial

**Reporting Abuse, Neglect, Exploitation**
- If you observe a suspected case of abuse, neglect, or exploitation, you MUST contact the appropriate protective service agency to make a report:
  - Child Protective Services: 1-855-GA Child/855-422-4453
  - Adult Protective Services: 404-657-5250
- If you suspect a case of abuse, neglect, or exploitation but have not witnessed an event, contact the Coordinated Care Department for consultation.
  - For after-hours and weekends, access the Coordinated Care Staff on-call at 404-290-6261.
  - Examinations, treatments given, and any referrals or reporting to the proper authorities will be documented in the patient’s record by the person providing the service.
If you witness a case of abuse on hospital property, you MUST call the Public Safety Department and, if the situation warrants, also call 911.

- The Public Safety officer will:
  - Secure the scene.
  - Upon investigation, determine if local law enforcement presence is required, if not already on the scene.
  - Contact Adult/Child Protective Services if protective investigation is warranted.

- Coordinated Care coordinates management with the protective agency once a report has been accepted.
  - Whoever reports the abuse documents the referral following their customary process.
  - Counseling, psychological treatment and investigation is the responsibility of the protective agency.
  - Medical treatment remains the responsibility of the physician and hospital staff.

Any doctor, nurse, or health care worker is responsible for notifying the police when he or she suspects a non-accidental injury (e.g., assault, suicide attempt). To learn more, see policy 500-25, Reportable Cases to Law Enforcement.

Do not allow agencies to have access to the patient’s medical record unless Medical Records approves the access.

Any person participating in reporting suspected child or disabled adult abuse is immune from civil or criminal liability if the report is made in good faith. Persons who report abuse do not have to identify themselves.

Family violence can happen to anyone regardless of age, race, religion, sex or socioeconomic status. The nurse assesses them privately to allow an opportunity for the patient to confide in the nurse about possible abuse. If the nurse identifies family violence, the nurse assesses for immediate danger and refers the patient to Coordinated Care/social worker/designee in consultation with a social worker.

**Child Abuse or Neglect**

Physical indicators:

- Human bite marks
- Fractures
- Abdominal injuries
- Burns
- Welts
- Lacerations
- Abrasions
- Unexplained or poorly-explained bruises
- Child is cautious of physical contact with an adult or demonstrates extreme behavior

Sexual indicators include any contacts or interaction between a child and an adult in which the adult uses the child for sexual stimulation for himself or herself or for another person. Look for:

- Vaginal bleeding.
- Rectal bleeding.
- Sexually transmitted diseases.
- Torn or bloody underwear.

To learn more about policies on neglect or family violence, see policy 500-06, Reporting of Suspected Child/Disabled Adult Abuse or Neglect, and policy 500-07, Family Violence.
Organ, Tissue and Eye Donation

1 ORGAN DONOR CAN SAVE 8 LIVES.
IT ONLY TAKES 2 MINUTES FOR YOU TO REGISTER.

Over one hundred thousand Americans await lifesaving organ transplant. Many Americans who need transplants cannot get them. Some people may even die while waiting for the “Gift of Life.”

To ensure the options of organ donation, the Center for Medicare/Medicaid Services (CMS) requires hospitals to notify an organ procurement organization (OPO) on all deaths.

- GMC nursing associates are responsible for contacting the Hospital Donation Referral Line (1-800-882-7177) to report all imminent and actual hospital deaths.
- The OPO determines medical suitability for donations.

If, at any time during the current admission, a patient or authorized individual expresses their intent to make an anatomical gift (for example, the patient has an organ donor card):

- The healthcare provider should:
  - Document the expression in the medical record.
  - Notify the OPO.
- The expression of intent to make an anatomical gift is valid for the current admission only.

GMC has a working agreement with Life Link of Georgia and the Georgia Eye Bank. These organizations:

- Are sensitive to the circumstances, views and beliefs of families of potential donors.
- Support efforts allowing all patients and families the option of donation.
- Enhance the supply of available organs, tissue and eyes for transplant.

It is possible to transplant 25 different organs and tissues, including:

- Cornea
- Kidneys
- Skin
- Heart
- Bone
- Pancreas
- Lungs
- Cartilage
- Intestine
- Liver
- Bone marrow

If you want to be an organ donor, please tell your family.

To learn more about Organ, Tissue and Eye donation procedures, review the GMC Medical Staff Policy #520-32
Medication Security

All associates are responsible for keeping medications secure. If you are ever in a patient care area, and see unsecured medications out in the open, you have very specific responsibilities!

Secure Locations

Secure locations for medications include, but are not limited to, staffed areas with "restricted access" to unauthorized individuals.

Examples include:
- Pharmacy department
- Patient care areas (tube stations, medication rooms)
- Locked medication drawers in patient rooms
- Labor and Delivery
- ICU
- Staffed OR suite

All controlled substances, such as narcotics, must be locked in a secure area.

Medication Access Levels

As a Gwinnett Medical Center associate, your authorization or access to medications falls into one of three levels:

1. **Full** Authorization
2. **Partial** Authorization
3. **Limited** Authorization

**Full Authorization**

These types of associates have full, unsupervised access to most medications as a normal part of their job. Examples include:

- All licensed clinical associates
- Pharmacy and Imaging techs
- Students and instructors working under direct supervision of a licensed associate

EXCEPTION: Only certain associates may have full, access to controlled drugs such as narcotics. Examples include:

- **Registered** Pharmacist (RPH)
- **Registered** Nurse (RN)
- **Licensed** Practical Nurse (LPN)

As a Full Authorization associate, you:

- MUST handle medications according to GMC policy for the particular medication.
- MAY NEVER grant your level of access to others, even temporarily. This level of access and responsibility is related to your job role.
- MUST move unsecured medications to a secure location immediately.
Partial Authorization

These types of associates have partial access to medications as a normal part of their job. Examples include:

- Pharmacy associates, other than techs and pharmacists
- Unit secretaries
- Patient care techs
- Transporters
- Volunteers
- Biomedical engineering
- Security/public safety officers

As a Partial Authorization associate, you:

- May handle medications for a short time-frame \textit{(EXCEPTION: You may not handle narcotics)}.
- MAY NOT administer medications.
- Must always put medications in a secure location or give to a licensed associate as soon as possible.
- Must never leave medications in an unsecured area.
- MUST move unsecured medications to a secure location and notify a Full Authorization associate immediately.

Limited Authorization

Associates working in these areas have limited access to medications as a normal part of their job. Examples include:

- Environmental Services
- Nutrition Services
- Patient Access
- Engineering

As a Limited Authorization associate, you:

- MAY NOT handle medications at any time, even though you may be close to medications.
- MAY NOT touch, move or deliver medications.
- Must immediately notify a Partial or Full Authorization associate if you see unsecured medications.

\textit{If you have any questions about your job role in medication security, contact your manager for further information.}
Stroke Alert

Nearly 790,000 Americans experience a stroke each year. It is the 3rd leading cause of death in Georgia, and the number one cause of disability. Stroke is an Emergency. Act FAST!

- Call “911” when in the community.
- In-hospital, activate a “Stroke Alert” by:
  - Dialing “88” at GMC-L.
  - Calling ICU extension 26340 at GMC-D.

Any one of these signs could mean stroke:

<table>
<thead>
<tr>
<th>FACE</th>
<th>ARM</th>
<th>SPEECH</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look for an uneven smile</td>
<td>Check if one arm is weak</td>
<td>Listen for slurred speech</td>
<td>Call 911 right away</td>
</tr>
</tbody>
</table>

Since 2005, Gwinnett Medical Center Lawrenceville and Duluth have been certified as Primary Stroke Centers. If you or anyone around you is experiencing stroke symptoms get help fast! People arriving within 3 hours of symptom onset may be eligible for a clot busting medicine that could lessen the degree of stroke severity.

Continue on to the next 2 pages:
– print the pages, fill in your Name, etc. at the top, and answer the statements.

Then turn in the completed document to your school instructor with the rest of your orientation required documents.
# 2015 Environment of Care Survey Statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I acknowledge that I have reviewed the Environment of Care Study Guide and understand the information it contains.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. I understand that I am responsible for knowing and following the environment of care expectations of the hospital system.</td>
<td>Yes</td>
</tr>
<tr>
<td>3. I understand that I am completely responsible for knowing all emergency codes used by the hospital system and know my responsibility for responding to those codes, as outlined in the Environment of Care Study Guide.</td>
<td>Yes</td>
</tr>
<tr>
<td>4. I understand how to access the Safety Manual and that related materials and procedures are on the hospital intranet called GMC CONNECT.</td>
<td>Yes</td>
</tr>
<tr>
<td>5. I understand I have a responsibility to work safely at all times and maintain a safe work environment.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. I understand I have a responsibility to use established GHS processes to report any unsafe conditions or hazards.</td>
<td>Yes</td>
</tr>
<tr>
<td>7. I understand that I must not use a piece of equipment that is Locked Out-Tagged Out unless authorized to do so and that I can contact Engineering with questions.</td>
<td>Yes</td>
</tr>
<tr>
<td>8. I understand that I must complete an annual screening before entering the MRI suite.</td>
<td>Yes</td>
</tr>
<tr>
<td>9. I understand my role for responding to disasters and the codes for notification.</td>
<td>Yes</td>
</tr>
<tr>
<td>10. I understand the procedures for using R.A.C.E. when responding to a fire.</td>
<td>Yes</td>
</tr>
<tr>
<td>11. I understand how to use a fire extinguisher using P.A.S.S.</td>
<td>Yes</td>
</tr>
<tr>
<td>12. I understand my duties and responsibilities according to the GHS Hazmat Program.</td>
<td>Yes</td>
</tr>
<tr>
<td>13. I understand that one way I can obtain an MSDS is on the MSDS web page on GMC CONNECT.</td>
<td>Yes</td>
</tr>
<tr>
<td>14. I understand the Right to Know provision for using hazardous materials.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
15. I understand that I must wear personal protective equipment when handling dangerous chemicals. Yes

16. I understand I must report any suspicious persons or activity to a Public Safety officer. Yes

17. I understand that I must wear my GHS identification badge at all times when at work. Yes

18. I understand during a power failure that to ensure patient equipment has power, I must plug the equipment into red power outlets only. Yes

19. I understand how to and that I must notify Biomedical Engineering when I find medical equipment displaying an out-of-date preventative maintenance (PM) tag. Yes

20. I understand that if I suspect abuse, neglect, or exploitation of a child, elder or disabled adult, I must contact my supervisor and the Coordinated Care department immediately. Yes

21. I understand that if I have pinkeye (conjunctivitis) or other communicable diseases that could be spread to patients or co-workers, I may not return to GMC until I am no longer contagious. Yes

22. I understand that if I am exposed to blood or body fluid by a needle, sharp or by splash (E-code) I need to:
   1. Stop what I am doing.
   2. Wash the area immediately.
   3. Complete an online OHNO! Form with an Associate to activate the E-code process Yes

23. I understand that if my role is considered “at risk” for exposure to blood or other body fluids, GHS recommends that I receive the Hepatitis B vaccine. Yes

24. I understand that if I get injured during my student experience on site at GHS, I need to have an Associate assist me to:
   2. Fax the OHNO! Form to Occupational Health.
   3. Give the original OHNO! Form to the unit/area supervisor to sign. Yes

25. I understand that GHS is obligated to evaluate anyone seeking care, when presenting anywhere on hospital property, to determine if an emergency medical condition exists, regardless of their ability to pay for services. Yes

26. I understand that Gwinnett Hospital System has an organ donation process and I know how to communicate visitor/patient wishes to activate the process. Yes

27. I understand my level of access to medications, and what I must do if I see unsecured medications. Yes

28. I understand what to do in the event someone is experiencing new stroke symptoms. Yes