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I. SCOPE:

This policy applies to all physician practices owned or operated by Tenet Healthcare Corporation’s consolidated subsidiaries (each, a “Tenet Physician Practice”).

II. PURPOSE:

The purpose of this policy is to define the requirements for a safe work environment, and establish the expectation that it is the responsibility of all personnel to create and maintain a safe work environment, and to follow procedures to support workplace safety.

III. DEFINITIONS:

Universal Precautions – “Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens”¹

Bloodborne Pathogens Standard (BBP) – requires:

- “Employees to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM).
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- Treat all blood and other potentially infectious materials with appropriate precautions such as:

Use gloves, masks, and gowns if blood or OPIM exposure is anticipated.


Use engineering and work practice controls to limit exposure.”²

Standard Precautions – “Recommended by the Centers for Disease Control (CDC) for the care of all patients, regardless of their diagnosis or presumed infection status.

- Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

¹ 29 CFR 1910.1030(b), see <https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

² 29 CFR 1910.1030(d)(1), see <https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

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- Standard Precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.”³

Transmission-Based Precautions – “(i.e., Airborne Precautions, Droplet Precautions, and Contact Precautions) are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.

Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. These precautions should be used in addition to standard precautions.

- **Airborne Precautions** used for infections spread in small particles in the air such as chicken pox.
- **Droplet Precautions** used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.
- **Contact Precautions** used for infections spread by skin to skin contact or contact with other surfaces such as herpes simplex virus.”⁴

Sharps – objects that can penetrate the skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires. If blood or other potentially infectious materials are present or may be present on the sharp, it is a contaminated sharp and appropriate protective measures must be taken.


Exposure Control Plan – a document to assist the Physician Practice in implementing and ensuring compliance with the Occupational Safety & Health Administration (OSHA) Standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

Personal Protective Equipment (PPE) – Protective equipment for eyes, face, head, and extremities; protective clothing such as gloves and gowns; respiratory devices; and protective shields and barriers used and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact.

Hand hygiene - means hand washing, antiseptic hand wash, antiseptic hand rub or surgical antiseptics.

³<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

⁴<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

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Alcohol-based hand rub - means an alcohol-containing preparation designed for application to the hands for reducing the number of viable organisms on the hands. In the United States, such preparations usually contain 60% to 95% ethanol or isopropanol.

Antimicrobial Soap - means soap (i.e., detergent) containing an antiseptic agent such as chlorhexidine, PCMX, hexachlorophene, iodophors or triclosan.

Antiseptic Agent - means an antimicrobial substance that is applied to the skin to reduce the number of microbial flora. Examples include alcohol, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol and triclosan.

Decontaminate - means to reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic hand wash.

Plain Soap - means detergents that do not contain antimicrobial agents.

Visibly Soiled Hands - mean hands showing visible dirt or visibly contaminated with proteinaceous material, blood or other body fluids (e.g., fecal material or urine).

Artificial nails - means any material applied or added to natural nails to augment or enhance (strengthen and lengthen) the wearer's own fingernails, including wraps, acrylics, extenders, overlays, gels and gel polish, tips, and any item that is glued or pierced through the nail.⁵

Natural nails - means nails without artificial covering other than fresh nail polish. No glitter or stickers on the nails.

Nail polish - means nail polish that is not obviously chipped or worn.⁶ Polish must be able to be removed by the individual immediately in case of an emergency.


Healthcare providers and workers - mean all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials, including contaminated medical supplies. Healthcare providers might include, but are not limited to: physicians, nurses, nursing/medical assistants/coordinators, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, pharmacy personnel, laboratory personnel, autopsy personnel, students and trainees, contractual staff and persons, i.e., clerical, dietary, housekeeping, maintenance and volunteers not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from the healthcare provider.⁷

Hazard Communication Standard or HazCom – The purpose of the Standard is to ensure chemical safety in the workplace by requiring information about the identities and hazards of the chemicals be available and understandable to workers. The Standard sets forth requirements for

⁵AORN, 2009 Standards, Recommended Practices, and Guidelines

⁶AORN, 2009 Standards, Recommended Practices, and Guidelines

⁷APIC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) statement, published in February 2006

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chemical manufacturers and importers, “to evaluate the hazards of the chemicals they produce or import, and prepare labels and safety data sheets to convey the hazard information to their downstream customers. All employers with hazardous chemicals in their workplaces must have labels and safety data sheets for their exposed workers, and train them to handle the chemicals appropriately.”⁸

Safety Data Sheets or SDS – formerly Material Safety Data Sheets or MSDS. “The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDS) (formerly known as Material Safety Data Sheets or MSDS) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require of manufacturers that the new SDS be in a uniform format, and include the section numbers, the headings, and associated information under the headings.”⁹ Practices must have the new SDS on site by June 1, 2016.

Hazardous Chemical – a chemical that presents a physical hazard, a health hazard, or both.¹⁰

Exempt Product – a consumer product used as a consumer would at home for the same purpose, for the same duration of time, and the same frequency of use. SDS may be maintained for exempt products even though not required.

For the purpose of licensing and regulating liquid products used as disinfectants that are sold in interstate commerce in the United States, the U.S. Environmental Protection Agency (EPA) defines the following:

Sterilization – The complete destruction or removal of all microorganisms, including spores.

Disinfection – A process which kills specified “pathogens”, except spores, on inanimate surfaces using standardized laboratory testing procedures. Disinfection may also be defined as the virtual elimination of all harmful microorganisms, except spores, in an attempt to prevent transmission of disease.


Sanitization – Generally refers to chemical treatment, often with emphasis on good detergent cleaning, to reduce microbial contamination on surfaces somewhat less effectively than disinfection.

Decontamination – Disinfection or other process that renders contaminated items safe to handle with reasonable care, such as a first process employed when items are returned to a hospital central service to protect employees from risk of infection.

⁸<https://www.osha.gov/dsg/hazcom/index.html>

⁹https://www.osha.gov/Publications/HazComm_QuickCard_SafetyData.html

¹⁰29 CFR 1910.1200(c), see <https://www.osha.gov/dsg/hazcom/ghd053107.html>

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Antisepsis – The use of chemicals (sometimes the same chemicals used as disinfectants or sanitizers, but usually in more dilute form) in an attempt to control microorganisms contaminating skin or other living tissue.

Antimicrobial – Tending to destroy microbes, prevent their development, or inhibit their pathogenic action.

Germicidal – Preventing infection by inhibiting the growth or action of microorganisms.

Single-Use Device or SUD – a device that is intended for one use or use on a single patient during a single procedure. Any product that is labeled “single use” must be disposed of after patient use. Single use products may not be cleaned and reused.

Spill-Kit – kit containing necessary equipment to clean up spill.

IV. POLICY:

A. Universal and Standard Precautions and Exposure Control Plan


The providers and staff of the Physician Practice will establish and maintain Universal and Standard Precautions, and other recommended work practice controls and safeguards to support a safe environment when providing care and services to patients and visitors. Education and training will be provided at initial hire and annually to assure providers and staff understand and comply with the requirements of the Exposure Control Plan.

The Physician Practice will adopt an Exposure Control Plan to assist in complying with the OSHA regulations on Bloodborne Pathogens (BBP). It is used in conjunction with the complete standard, Title 29 Code of Federal Regulations, 1910.1030, or its state OSHA plan equivalent. The Physician Practice will comply with the current regulations applicable for its geographic location and specialty.

The Physician Practice considers all blood and body fluids from every person potentially infectious. The Physician Practice will take all precautions to ensure that BBP transmission following occupational exposure, and body fluid infections do not occur.

B. Injection Safety

The Physician Practice trains all providers and staff in proper use of syringes, needles, and medication vials used during routine healthcare procedures, use safe practices to minimize risk of hazards, eliminate or reduce the use of needles and other sharps, and use devices with safety features to isolate sharps (“Engineered Sharps Injury Protection”).

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C. Personal Protective Equipment

The Physician Practice provides Personal Protective Equipment (PPE) for use by all employees with occupational exposure to potentially infectious materials. In accordance with the OSHA Personal Protective Equipment Standard 29 CFR 1910.132, protective equipment, including personal protective equipment for eyes, face, head, and extremities; protective clothing; respiratory devices; and protective shields and barriers shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact. The Physician Practice will provide protective equipment, including PPE, used to act in accordance with this policy at no cost to its employees.

D. Hand Hygiene

The Physician Practice promotes proper hand hygiene as the single most important means of controlling the spread of infection and minimizing any effects of chemical contact with skin. The Physician Practice adopts the Centers for Disease Control and Prevention (CDC) Guideline for Hand Hygiene in Health-Care Settings with enhancements from the World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care. All employees will comply with hand hygiene guidelines.

E. Fingernails (Artificial and Natural)


The Physician Practice prohibits the wearing of artificial nails/tips/no-chip gel nails/nail jewelry for all healthcare providers and workers who may touch a patient or items a patient may use or touch.

F. Respiratory Hygiene/Cough Etiquette

The Physician Practice trains all employees in universal respiratory precautions and etiquette, and to promote respiratory hygiene/cough etiquette to patients and visitors.

G. Hazard Communication Program

Employers that have hazardous chemicals in their workplace are required by OSHA's Hazard Communication Standard (HCS), 29 CFR 1910.1200, to implement a Hazard Communication Program. The Physician Practice will implement a hazard communication program which will include labels on containers of hazardous chemicals, safety data sheets (SDSs) for hazardous chemicals, and training for workers.

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H. Environmental Cleaning, Decontamination and Disposal of Waste

The Physician Practice will prevent contamination and maintain appropriate levels of cleanliness and infection control. The Physician Practice will comply with all regulations regarding disinfection and sterilization in order to prevent infections and prevent the spread of infection.

V. **PROCEDURE:**

A. Job Aid

The Physician Practice will follow the procedural steps required to develop and maintain a safe work environment as outlined in the job aids listed in the reference section of this policy. Additional Workplace Safety job aids may be developed at a future date and added to this policy.

B. Standard

Each Tenet Region will establish, and the Physician Management Executive Committee must approve, performance standards for this policy. The policy job aid will include the standards.

C. Responsible Person


The Physician Practice Manager or designee is responsible for ensuring that all individuals adhere to the requirements of this policy according to the specific requirements of their job description. If the Physician Practice Manager or designee identifies non-adherence to this policy, the Physician Practice Manager or designee will immediately report the non-adherence to this policy to the Market Operations Manager or Market Operations Director or designees.

D. Auditing and Monitoring

The Market Operations Director and Market/Regional Quality Manager or designees will audit adherence to this policy by requesting an annual review of physician practice compliance conducted by the Market's approved OSHA vendor or other Tenet facility.

E. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include

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modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES:

<http://www.cdc.gov/HAI/pdfs/guidelines/ambulatory-care-checklist-07-2011.pdf>

Related Policies

TPR and JA.TPR.CQM.106.00 Event Reporting – Patient or Visitor

Job Aids

JA.TPR.CQM.111.00 Universal and Standard Precautions and Exposure Control Plan

JA.TPR.CQM.111.01 Injection Safety

JA.TPR.CQM.111.02 Personal Protective Equipment

JA.TPR.CQM.111.03 Hand Hygiene

JA.TPR.CQM.111.04 Fingernails

JA.TPR.CQM.111.05 Respiratory Hygiene/Cough Etiquette

JA.TPR.CQM.111.06 Hazard Communication Program

JA.TPR.CQM.111.07 Environmental Cleaning, Decontamination, and Disposal of Waste