

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



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 Observ			
·	• (1	,	
Sponsor:			
Observation Site:			
Observation Period: Start:	:	End:	
Medical Staff Member with act	ive, Emory clinical earcher from Emory	r an observership must be linked to an affiliati privileges. If not linked with a physician, the s y University School of Medicine or Emory's No	ponsoring affiliation may also be
The following individuals	must print, sign, a	and date, signifying the Observer is APPR	OVED to begin the application
Any requested exception	ns to the policy her	process: rein must be noted on this sheet and approve	d by the parties listed below.
Observer:			Date:
C C C C C C C C C C C C C C C C C C C	(Print)	(Signature)	
Sponsor:	(Duint)	(Ciamatuma)	Date:
	(Print)	(Signature)	
Dept. Chair/Chief of Service or Designee:			Date:
Site Chief Nursing Officer	(Print)	(Signature)	
(when appropriate):	(Print)	(Signature)	Date:
	,		
Site Chief Medical Officer:	(Print)	(Signature)	Date:
	(1 11111 <i>)</i>	(Oignatule)	



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



Healthcare waiver signed by physician or religious leader.

Provide Verifying documentation for one option per category.

I. Measles	s, 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)
Rubeo	ola Titer Date
Mump	s Titer Date
Rubell	la Titer Date
II. Tubercu	ulosis (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 Gold Blood	For history of bacilli Calmette-Guerin (BCG) vaccination: provide documentation of a T-Spot/QuantiFERON test result within 3 months of observership start date.
III. Varicell	la (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. Hepatit	is (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

Immunization clearance is required <u>prior to observing</u> in Emory hospitals or clinics.



(O	FFICE USE ONLY)				
P	rint Name		gnature	*********	Date
l c	ertify that the above information is c	orrect.			
	If any of the above are answered	•	lividual mus Manageme		ent of Occupational Injury
	Yes No No				
5.	Have you had any contact or expo	sure to some	one ill who	has traveled in another cour	ntry in the past 21 days?
4.	In the past 21 days, have you trave Please list all countries you have t		countries?	Yes No	
3.	Have you had any chronic cough (sudden weight loss, blood tinged s Please describe:				
	Fever Conjuctivitis/pink eye Vomiting Diarrhea Cough Congestion/runny nose/cold Skin sores Rash	Yes	No	If yes, temp degrees F: _	
2.	Have you had the following symptom	oms in the pa	st 72 hours	?	
	Chicken pox Measles German Measles (Rubella) Mumps Influenza	Yes	No		
	Have you been around anyone wit	,	3		ye.



EXHIBIT F Sponsor Supervision Agreement

I, the undersigned, agree to be responsible for supervise(Clinical/Non-clinical services) during the period		serves the activities of the
I acknowledge and agree to accept the above named Obser any patient care area without me being with him/her or with r	ver under my supervision and consent that	
I agree to ensure that the above named Observer shall enga activities within Emory Healthcare. These activities include:	ge in observation activities only and shall n	ot participate in any patient care
Touching patients	Advising other care providers, patien	ts or visitors
Writing on the medical record	 Scrubbing in the Operating Room or 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 doc areas 	ors of clinical
I also understand that he/she is not covered by Emory's Liab	ility Program.	
I understand it is the expectation that an Observer will leave that, if in the best interest of the patient, I have the latitude to explanation.		
I understand that should an Observer under my supervision or responsibility to prevent the Observer from entering patient of who will move forward with the termination of the individual's	are areas and immediately inform the resp	
I understand that the entity CMO has the ultimate authority a	nd discretion to terminate the described Ob	oservership at any point in time.
I understand that at no point in time will access capability to	the patient medical record be granted for O	bservers.
Should the Observer observe direct patient care or view waiver/release form (attached hereto) must be signed by that patient to obtain such documentation and file with the performed.	that patient. It is the responsibility of th	e sponsoring physician to
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 N	lumber



EXHIBIT G Release and Waiver of Liability

I,, wish to observe the activities of the to in furtherance of my personal	service or department or educational goals (observ	within Emory Healthcare, Inc. (EHC) from vership).
I understand that I will not be allowed to perfotouching of any patient, documenting on any procedural area, and advising of care provide attending physician and agree to remato adhere to the EHC policies and procedures	medical record, scrubbing in rs or patients. I further under in with the attending physicia	the EHC Operating Room or any other EHC
I understand I am not to be involved in the pro at all times. I understand that my sponsor can expectation that all observers will leave during	ask me to leave the room at	time and will remain with my assigned sponsor anytime without explanation. It is the
I understand that I am not an employee, agen conduct any business on its behalf and am no		
I understand that Emory Healthcare does not following: professional medical malpractice, gunderstand that I am not an Emory employee sustain in connection with my participation in	general liability, workers' com and do not receive employed	pensation, or health insurance benefits. I benefit. I concur that any injury that I may
risk of bodily injury and other dangers, including	ng but not limited to, exposur se risks and voluntarily assur	ne these risks. I release and agree to indemnify
educational goals, I hereby release and forever affiliate entities and their respective officers, a of action of whatever kind or nature arising ou	er discharge and agree to inc agents and employees from a ut of my observership or obse	Il claims, losses, demands, rights and causes
I understand that EHC may terminate my obsethis agreement or EHC Policies or Procedures		s sole discretion; or (ii) if I violate the terms of
I have read this document carefully and I volu hereby certify that I am at least 18 years of ag knowledge of its significance.		n the observership activities described herein. Ind I am signing this document with full
Observer Name (print)	Signature	 Date



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 of	described above and to adhere	to Emory Healthcare's Pledge attached hereto
Observer Name (print)	Signature	Date



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 IObserver 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:			
understand that I will be held account	, confirm that I have read all the required R table for complying with these rules, regulat nediate termination of my visitation/Observe	tions, and practices, and am aware tha	
(Print) Observer Name	 Signature	 Date	

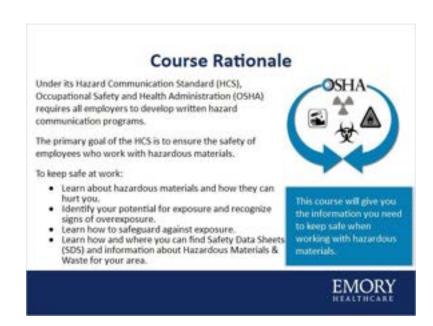
EHC Hazard Communication

1. EHC Hazard Communication

1.1 Introduction: Lesson 1



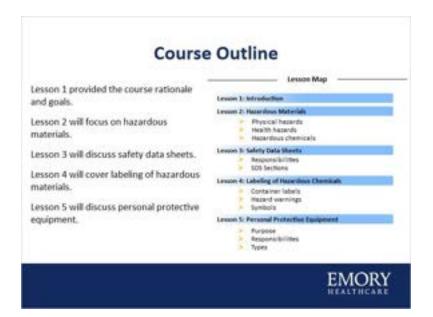
1.2 Course Rationale



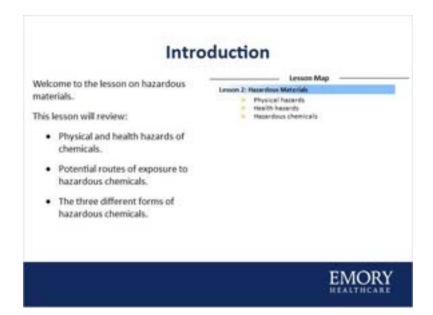
1.3 Course Goals

Course Objectives After completing this course, you should be able to: Define hazardous materials that include a description of why certain materials are hazardous to healthcare workers. Explain the requirements and how to interpret a chemical container label that will help ensure healthcare worker safety. Explain where you find Safety Data Sheets (SDS). Cite the importance of using personal protective equipment that can assist in improving healthcare worker safety.

1.4 Course Outline



1.5 Introduction: Lesson 2



1.6 What Makes a Chemical Hazardous?



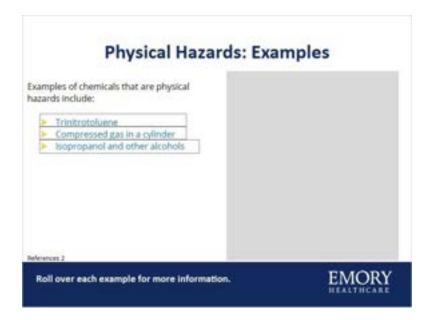
Physical hazards (Slide Layer)



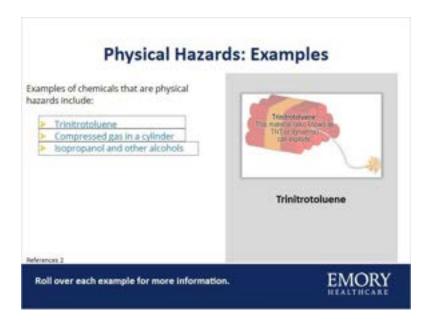
Health hazards (Slide Layer)



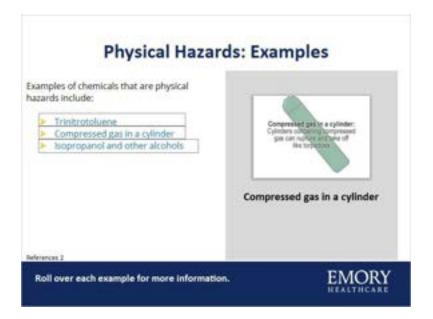
1.7 Physical Hazards: Examples



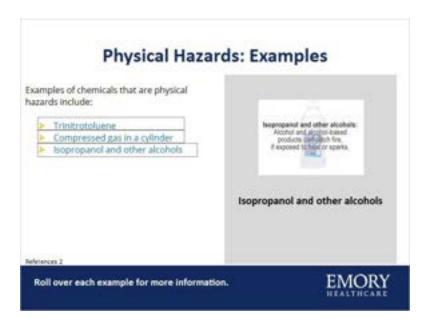
Trinitrotoluene (Slide Layer)



Compressed gas in a cylinder (Slide Layer)



Isopropanol and other alcohols (Slide Layer)



1.8 Health Hazards: Examples



Lead (Slide Layer)



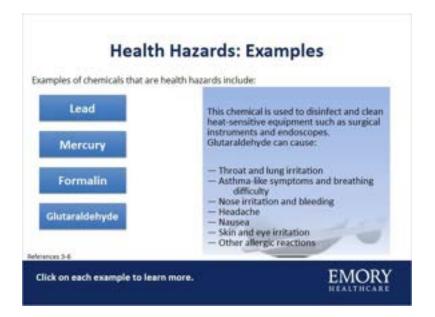
Mercury (Slide Layer)



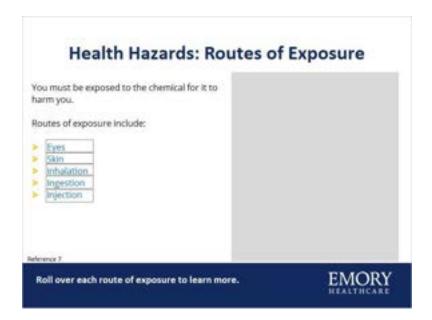
Formalin (Slide Layer)



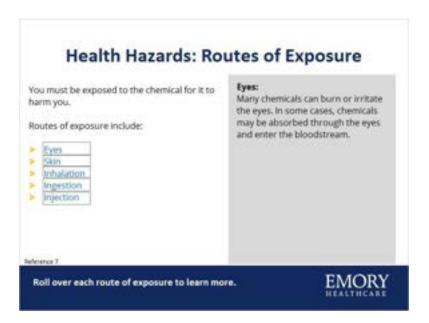
Glutaraldehyde (Slide Layer)



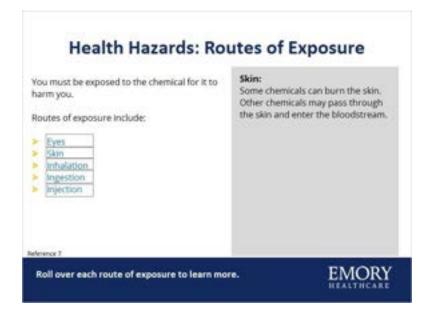
1.9 Health Hazards: Routes of Exposure



Eyes (Slide Layer)



Skin (Slide Layer)



Inhalation (Slide Layer)



Ingestion (Slide Layer)



Injection (Slide Layer)



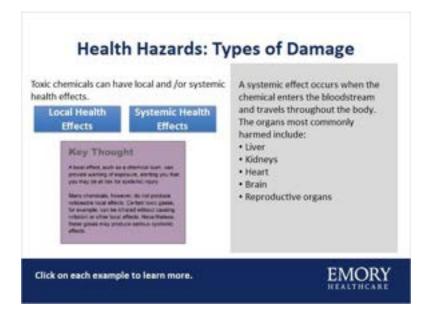
1.10 Health Hazards: Types of Damage



Local Health Effects (Slide Layer)



Systemic Health Effects (Slide Layer)

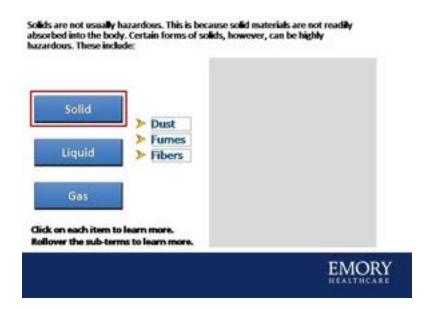


1.11 Forms of Hazardous Chemicals

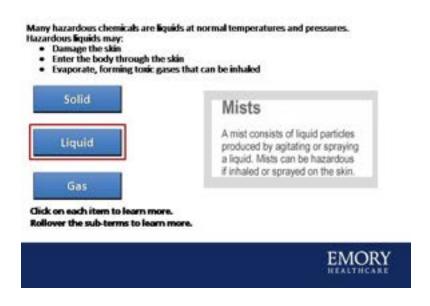


Notes:

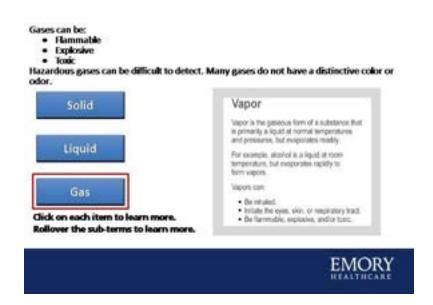
Solid (Slide Layer)



Liquid (Slide Layer)



Gas (Slide Layer)



Fumes (Slide Layer)



Furne consists of very small, fine solid particles, suspended in the air. Furne is created when solid chemicals (often metals) are heated to very high temperatures. After they evaporate to the gaseous state, they re-solidify. Furne is easily inhaled. Metal furnes can be highly toxic.

An example of hazardous furne is lead oxide, which can be produced during soldering.



Fibers (Slide Layer)



A fiber is long, thin solid particle. Small fibers can be inhaled. Very small fibers can lodge in the lungs and cause damage. An example of hazardous fiber is asbestos.



Dust (Slide Layer)



Dust consists of very small solid particles. These are suspended in the air, Hazardous dust is created when certain solids are pulverized, or settled dust becomes airborne. Dust can:

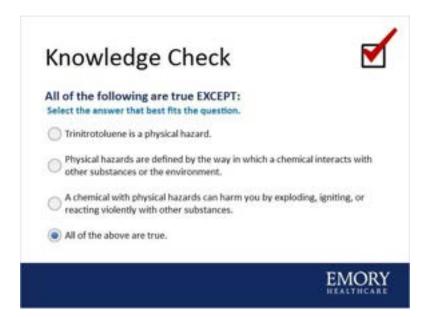
- Be inhaled.
- Enter the bloodstream through the lungs.
- Explode or react violently with other substances.

An example of hazardous dust is silica



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.
Х	All of the above are true.

Feedback when correct:

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

Feedback when incorrect:

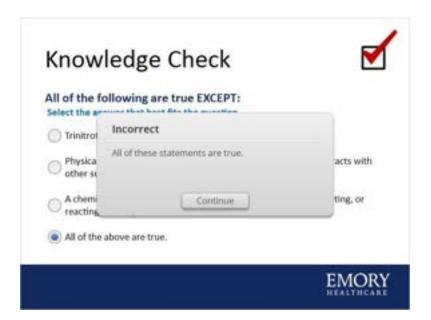
All of these statements are true.

Notes:

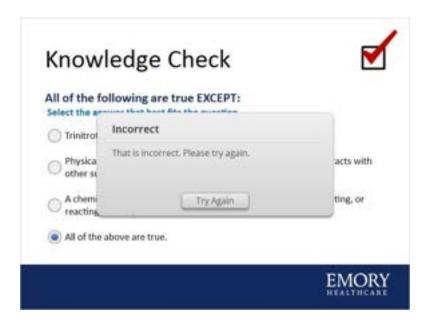
Correct (Slide Layer)



Incorrect (Slide Layer)



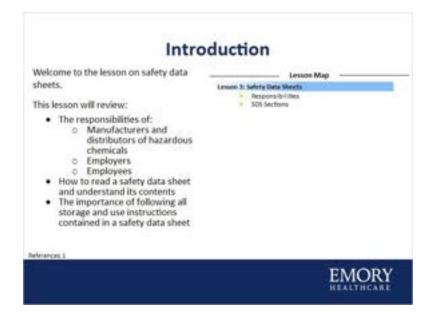
Try Again (Slide Layer)



1.13 Summary



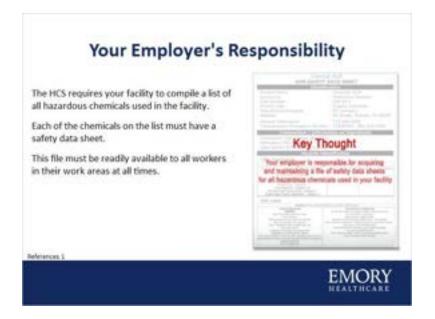
1.14 Introduction: Lesson 3



1.15 The Manufacturer's Responsibility



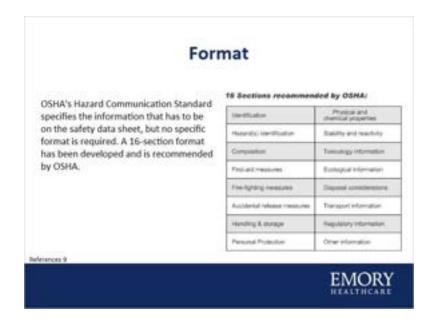
1.16 Your Employer's Responsibility



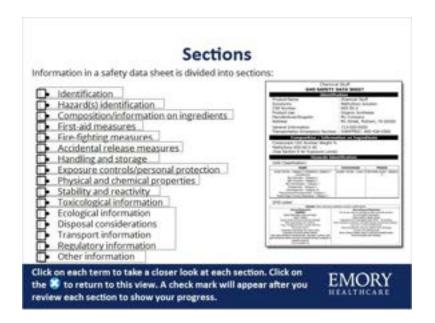
1.17 Your Responsibility



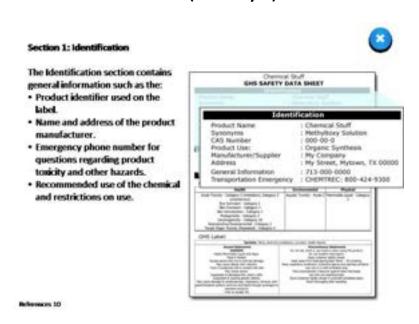
1.18 Format



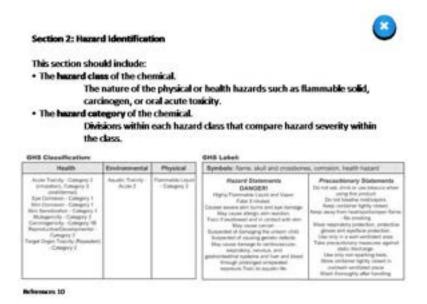
1.19 Safety Data Sheet Sections



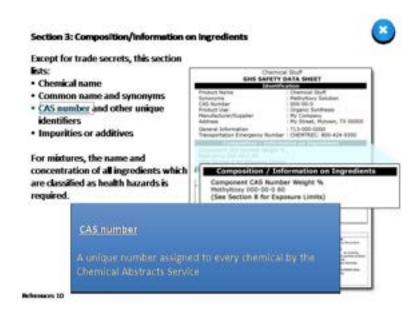
Section 1: Identification (Slide Layer)



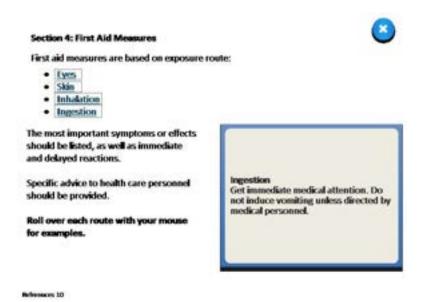
Section 2: Hazard Identification (Slide Layer)



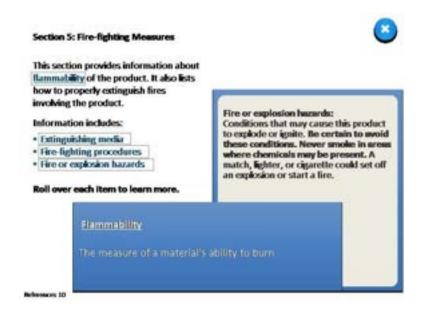
Section 3: Composition/Information on Ingredients (Slide Layer)



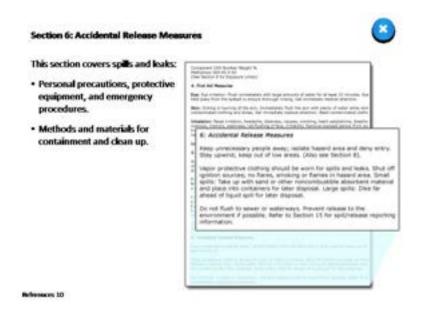
Section 4: First Aid Measures (Slide Layer)



Section 5: Fire-fighting Measures (Slide Layer)



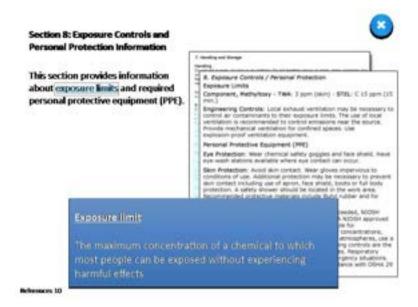
Section 6: Accidental Release Measures (Slide Layer)



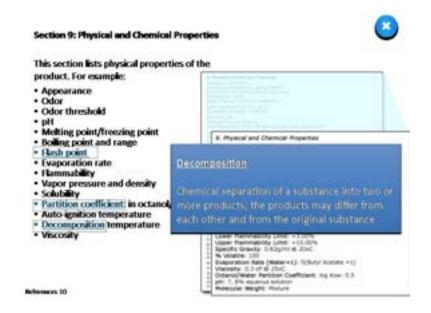
Section 7: Handling and Storage (Slide Layer)



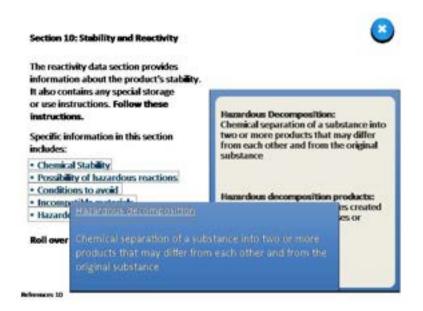
Section 8: Exposure Controls and Personal Protection Information (Slide Layer)



Section 9: Physical and Chemical Properties (Slide Layer)



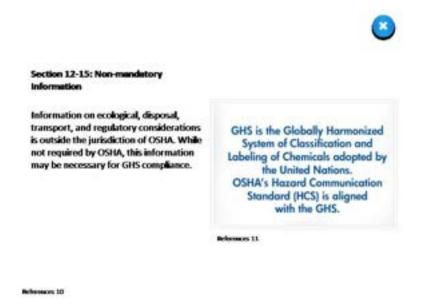
Section 10: Stability and Reactivity (Slide Layer)



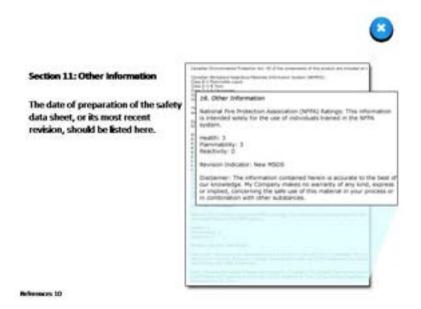
Section 11: Toxicological Information (Slide Layer)



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



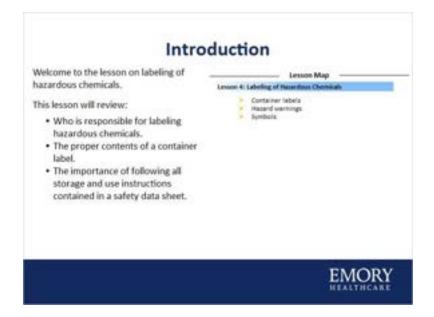
Section 16: Other Information (Slide Layer)



1.20 Summary



1.21 Introduction: Lesson 4



1.22 Container Labels: Manufacturer Responsibilities



1.23 Product Identifier



1.24 Container Labels: Signal Word



1.25 Container Labels: Hazard Statement



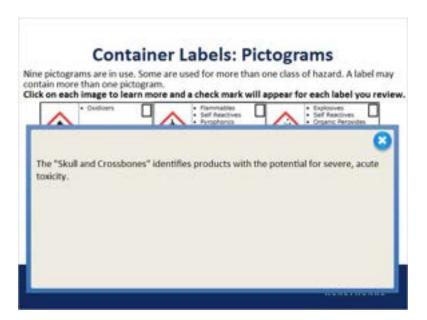
1.26 Container Labels: Pictograms



oxidizers (Slide Layer)



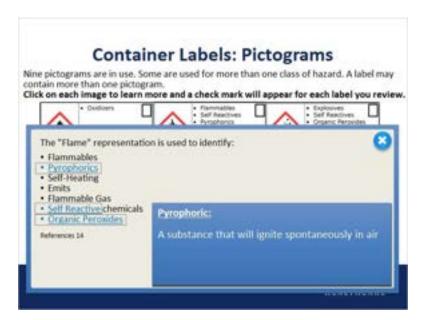
skull and cross bones (Slide Layer)



health_hazard (Slide Layer)



flames (Slide Layer)



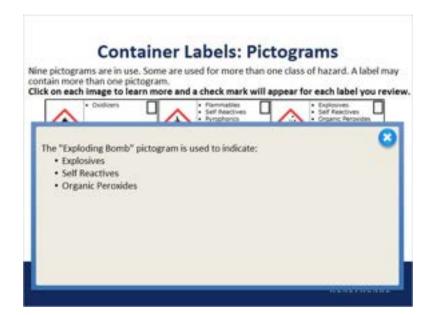
corrosive (Slide Layer)



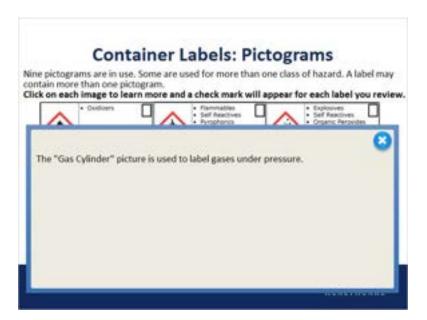
environments (Slide Layer)



exploding bomb (Slide Layer)



glass cylinder (Slide Layer)



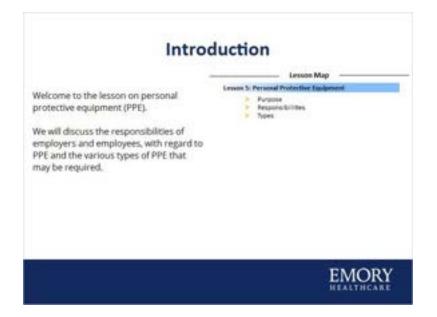
exclamation mark (Slide Layer)



1.27 Summary



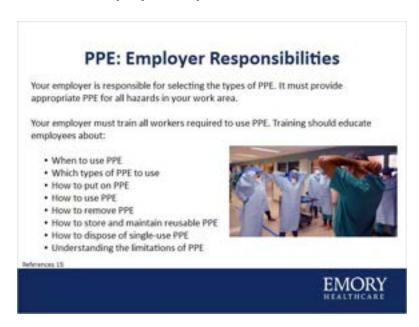
1.28 Introduction: Lesson 5



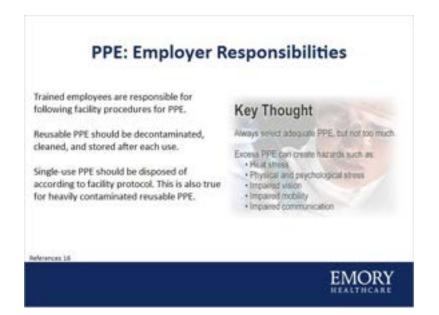
1.29 PPE: Purpose



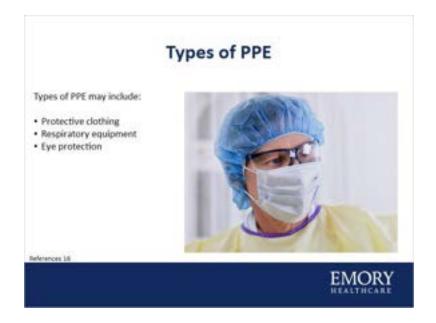
1.30 PPE: Employer Responsibilities



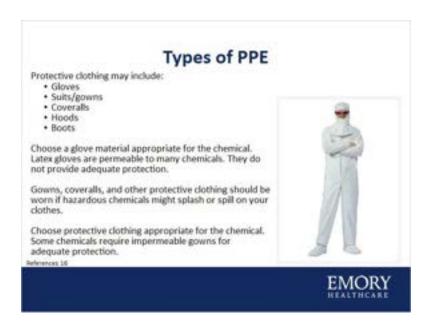
1.31 PPE: Employer Responsibilities



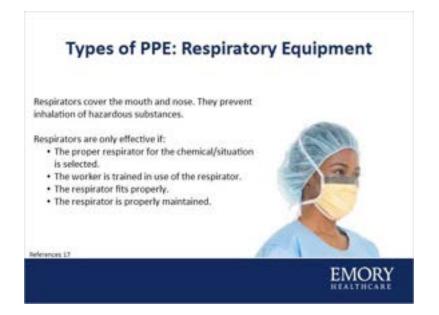
1.32 Types of PPE



1.33 Types of PPE



1.34 Types of PPE: Respiratory Equipment



1.35 Types of PPE: Eye Protection



1.36 Summary

Summary

You have completed the lesson on PPE.

Remember:

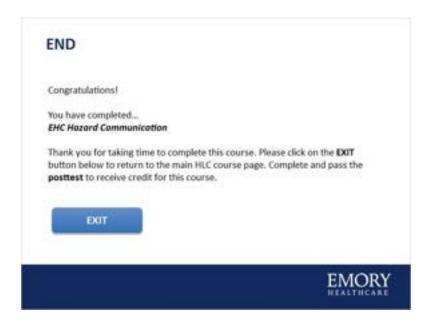
- Employers must select and provide appropriate PPE for all hazards in the work environment.
- . Employers must train workers in the safe and effective use of PPE.
- Trained employees must follow facility procedures and protocols for the selection, use, storage, maintenance, and disposal of PPE.
- . 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.



1.37 Resources



1.38 END



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

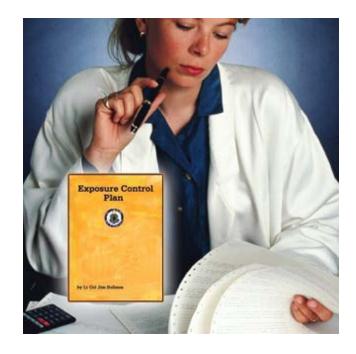
- What bloodborne pathogens are
- What the symptoms of disease are from bloodborne and airborne pathogens, and
- Safe work practices, known as "standard precautions," when working with blood and body fluids, or around possible airborne pathogens.



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.



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).

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.

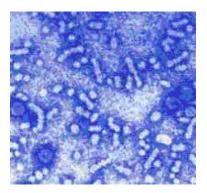




Common Bloodborne Pathogen

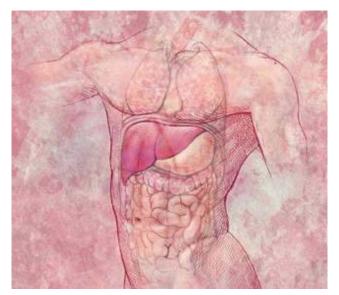
The most common bloodborne pathogens include, among others:

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



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.



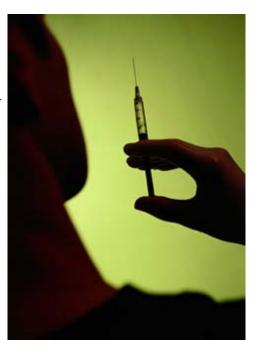
Hepatitis B Vaccine

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.



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



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.



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



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 nonintact skin



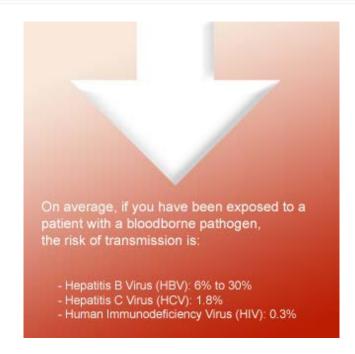
Transmission Among Healthcare Workers

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.



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.



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)



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).

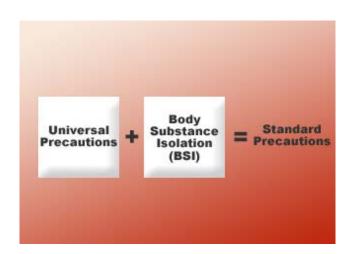
Even a hangnail or a rash can be an entry point for pathogens if you do not wear gloves while handling blood or other infectious materials.



Standard Precautions

Standard precautions 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).



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.



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)

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.



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.



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



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.





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.





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.



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



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.



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).



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.



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.



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.



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.

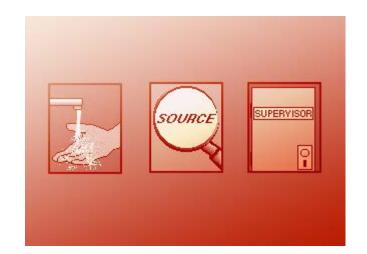
EHC will provide additional information, as well as training for new exposure tasks, when new information and training become available.



Exposure Incident

If you are exposed to bloodborne pathogens, remember to \mathbf{WIN} :

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



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.



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.



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





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.

