



Health and Safety Program
Pulmonary Medicine Associates

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Version 22.1

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Health and Safety Program

Safety Statement

Revised 12/19/2022

Version 22.1

Our goal at Pulmonary Medicine Associates is to provide a safe environment for employees. We also intend to properly manage any incidents to minimize injury and other forms of loss.

It is, therefore, an essential requirement that each supervisor make the safety of employees an integral part of their regular management function. Each employee equally must accept and follow established safety regulations and procedures.

Employees are expected to assist management in work-related injury and illness prevention activities. Unsafe conditions must be reported promptly. In addition, every employee is responsible for the housekeeping duties of their jobs. Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. Under no circumstances, except in an emergency, should an employee leave a shift without reporting an injury or incident that occurs.

Our ultimate objective is a health and safety program that will reduce or eliminate the number of injuries and illnesses. In other words, zero accidents or incidents. When you have an injury or illness in the workplace, it affects you, your family, coworkers, and all of PMA. Please work safely, and thank you for your cooperation and participation.



Introduction

It is the policy of Pulmonary Medicine Associates (“PMA” or “Pulmonary Medicine”) to provide and maintain certain standards of safety, sanitation, and health following federal, state, and local laws and regulations. PMA also provides and maintains safety devices and equipment for all employees engaged in work where such devices and equipment are deemed necessary.

The appointed Health and Safety Officer has been given the responsibility and authority to fully implement this Health and Safety Program.

All persons in a supervisory capacity are responsible for providing the necessary training in the safe operations of all equipment and the safe conduct of each employee’s work.

PMA’s **Injury and Illness Prevention Program (IIPP)** includes detailed information on the following eight elements:

- ◆ Responsibility
- ◆ Compliance
- ◆ Communication
- ◆ Hazard Assessment
- ◆ Accident and Exposure Investigation
- ◆ Hazard Correction
- ◆ Training and Instruction
- ◆ Recordkeeping

Our **Code of Safe Work Practices** includes detailed information on the following eight elements:

- ◆ General Safety Rules
- ◆ Housekeeping Policy
- ◆ Unsafe Conditions Reporting Policy
- ◆ Injury and Illness Reporting Policy
- ◆ Equipment and Electrical Safety Policy
- ◆ Fire Prevention Policy
- ◆ Ergonomic Standards and Back Injury Prevention Policy
- ◆ Stress Policy

Our **Exposure Control Plan (ECP)** includes detailed information on the following four elements:

- ◆ Bloodborne Pathogens (BBP) Exposure Control Policy
- ◆ Hazard Communication Policy
- ◆ Infection Control Policy
- ◆ Sharps Safety and Needlestick Policy

Our **Safety Standards and Procedures** include detailed information on the following two elements:

- ◆ Emergency Action Plan and Policy
- ◆ Workplace Violence Prevention Policy

All **Forms** listed in the following pages can be found electronically and accessed in the “compliance” drive on any PMA computer or request to the Health and Safety Officer.

This program and pertinent additions will be included in new employee orientation and updated to all employees when necessary.



Health And Safety Program

Identification of Plan Administrators

The Health and Safety Officer, **Christina Torres**, has the overall authority and responsibility for implementing this Health and Safety Program for PMA.

The following persons are responsible for implementing all policies and procedures of this program and are part of PMA's Safety Committee:

NAME	TITLE AND LOCATION	ADDRESS	CONTACT
Christina Torres	Health and Safety Officer, Business Office	1300 Ethan Way, Suite 600, Sacramento, CA 95825	(916) 679-3546 ctorres@pmamed.com
Monica Sides	Human Resources Manager, Business Office	1300 Ethan Way, Suite 600, Sacramento, CA 95825	(916) 679-3533 msides@pmamed.com
Michael Bailey	Clinic Operations Manager, Business Office	1300 Ethan Way, Suite 600, Sacramento, CA 95825	(916) 679-3549 mbailey@pmamed.com
Tara Maxey	Safety Officer, Business Office	1300 Ethan Way, Suite 600, Sacramento, CA 95825	(916) 679-3514 tmaxey@pmamed.com
Rachel Maguire, NCMA	Safety Officer, Roseville Office	5 Medical Plaza Drive, #190 Roseville, CA 95661	(916) 786-7498 x3120 rmaguire@pmamed.com
Sandra Bachaalany	Safety Officer, Sacramento Office	1508 Alhambra Blvd, Sacramento, CA 95825	(916) 669-4111 sbachaalany@pmamed.com

Injury and Illness Prevention Program (IIPP)



Injury and Illness Prevention Program

Responsibility

Management Responsibility

Management at PMA has made the following commitment to our Injury and Illness Prevention Program (IIPP):

1. To comply lawfully with the California State Division of Occupational Safety and Health (Cal/OSHA) and the Federal Occupational Safety and Health Administration (OSHA), to create and maintain a safe and healthy work environment, and to comply with all other applicable federal, state and local regulations covering our activities;
2. To be familiar with all applicable legal regulations related to employee safety and to notify our affected key employees of these regulations;
3. To develop and implement safety rules and policies designated for the protection of our employees and facilities;
4. To demonstrate a positive attitude and set the example for accident prevention;
5. To monitor the overall accident prevention activities as well as employee compliance with our Health and Safety Program and to administer appropriate discipline when the policies and procedures set forth are not followed;
6. To train supervisory staff on the company's Health and Safety Program and to keep our staff informed regarding the final cost of job accidents and the overall impact on PMA; and
7. Give maximum support to all programs and committees whose function is to promote safety and health and actively participate as required.

Supervisor Responsibility

Supervisors at PMA must participate in planning for accident prevention by actively managing safety at the worksite.

Supervisors shall:

1. Familiarize themselves with the PMA Health and Safety Program;
2. Consistently and fairly enforce all company safety rules;
3. Be held accountable for all accidents in their worksites or under their supervision;

4. Be knowledgeable of the safety and health hazards to which employees may be exposed under their immediate direction and control;
5. Set the proper example for workers to follow;
6. Be responsible at all times to see that work is performed safely and ensure compliance with safety rules, regulations, and instructions;
7. Take disciplinary action when necessary to enforce safety rules and practices;
8. Be responsible for orienting new employees on the safety aspects of the job and the proper method of doing the job--give safety rules to each employee;
9. Be responsible for the inspection of the work areas and all equipment. Give prompt attention to needed repairs and safety suggestions and submit a written list of all deficiencies for correction;
10. Not permit the use of intoxicating beverages on the job or allow any employee who is under the influence of alcohol, illegal drugs, or physician-prescribed medications that impair the employee's ability to perform their specific job duties to remain on the job;
11. Ensure that all personal injury accidents and property damage accidents are documented, investigated, and reported to the Safety Officer;
12. Determine that needed first aid, safety equipment, and protective devices are provided wherever necessary; and
13. Take prompt corrective action wherever unsafe conditions and unsafe acts are noted or reported.

Employee Responsibility

Management expects each employee at PMA, regardless of their position with the organization, to cooperate in every respect with the Company's Health and Safety Program.

Employee Obligations:

1. Know your job and always adhere to all safety rules and regulations;
2. Know who PMA's Health and Safety Officer is and your office-based Safety Officer;
3. Report all injuries and accidents immediately to your Supervisor and PMA's Safety Officer, and obtain medical aid without delay;
4. Wear personal protective equipment, where required, without exception;
5. Recognize and report hazardous conditions and other safety concerns immediately to the Safety Officer;

6. Follow all Company safety rules. Failure to follow the rules will result in disciplinary action, up to and including termination;
7. Actively participate and cooperate with the overall safety program. Become familiar with the contents of the Health and Safety Program, including the Injury and Illness Prevention Program, Code of Safe Work Practices, Exposure Control Plan, and the Safety Standards and Procedures Plan;
8. Encourage coworkers to work safely;
9. Know the location and become familiar with our SDS manual, eyewash stations, regulated waste receptacles, OSHA posters, and First Aid Kits;
10. If you are present on a job site where an accident occurs, you will be required to follow all safety requirements, including obtaining appropriate medical care and accident reporting procedures; and
11. If you are present at a job site when a representative of Cal-OSHA/OSHA arrives, you are responsible for notifying the Health and Safety Officer immediately. If the Health and Safety Officer is unavailable, you should notify any other member of management. The Health and Safety Officer or other management individuals will provide the representative with the required information.



Injury and Illness Prevention Program

Compliance

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices includes all of the following practices:

Informing Employees

PMA is committed to informing all new and existing employees of our Injury and Illness Prevention Program provisions. To this extent, all new employees at PMA will receive a copy of the Company's IIPP during their new hire orientation meeting. Any updates to this IIPP will be printed and distributed to all employees.

Evaluating Safety Performance

A safe work environment, with continual emphasis on safety, will breed safety consciousness in all employees, which will carry over to off-the-job activities. On and off the job, an employee's welfare is of concern to PMA.

Therefore, our employees are required to observe and comply with the safety rules outlined in this IIPP to provide a safe, healthful workplace. An employee's willingness and ability to follow these rules and support this program will be considered in performance reviews.

Training for Deficient Performance

In cases where it is found that an employee whose safety performance is deficient, additional training will be mandatory. The employee's supervisor will record additional and supplemental training sessions.

Recognition for Safety Compliance

Recognition for safety compliance is done annually during the employee performance evaluation.

Discipline for Noncompliance

PMA needs to have work rules and a disciplinary system for its employees to know and understand what conduct is expected or prohibited at work. Violating the company's safety policies and practices will result in disciplinary action.

Discipline will be in a form deemed appropriate by the company, including but not limited to verbal warnings, written warnings, suspensions, and termination of employment. The company's disciplinary system does not require any formal steps. For example, even the first violation of a safety rule or one incident of unsafe conduct may result in immediate termination of employment. PMA will utilize whatever form of discipline it deems appropriate under the circumstances.

The employee's supervisor may fill out the *Notice of Safety Infraction* form to record when an employee has been observed working in an unsafe manner, contrary to Company safety rules. Statement of deficiency, corrective action to be taken by the employee, and the discipline administered will be documented and furnished to Human Resources.



Injury and Illness Prevention Program

Communication

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable. Our communication system also encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

The following communication will be given to new employees at the time of their new hire orientation and with all employees when updated or as needed:

1. Discussion of PMA's Health and Safety Program;
2. Review of Company IIPP;
3. Training;
4. Regularly scheduled safety meetings;
5. Posted or distributed safety information; and
6. Workplace hazard reporting.

Safety Committee and Regularly Scheduled Safety Meetings

PMA has established a Safety Committee responsible for overseeing, developing, and implementing safety-related policies and procedures. Members include PMA's Health and Safety Officer, Human Resources Manager, Clinic Operations Manager, and at least one representative from each PMA Office.

PMA exhibits a continued commitment to the safety and health of its employees by holding periodic meetings. Safety Representatives will conduct meetings regularly, but not less than once a year, regarding updates in our safety practices, including changes in procedures and policies.

The Safety Committee will prepare and make written records and minutes of the issues discussed in our meetings. These records will be maintained for at least five years.

The Safety Committee will review the following:

1. Investigations of any occupational accidents or illnesses;
2. Results of periodic or scheduled work inspections;
3. Investigations of any hazardous conditions brought to the attention of the committee;
4. Safety Suggestions from employees; and
5. Approval for the introduction/removal of chemicals in the workplace.

Posted and Distributed Safety Information

PMA has a Safety Bulletin Board designated at all offices for postings about employee safety, workplace injuries, and workers' compensation. In addition to these workplace posters, all new employees will receive the Company's Health and Safety Program and Employees' Rights to Workers' Compensation in their new hire orientation packet.

Notification of Workplace Hazards

OSHA regulations require that employees be provided with a method to report hazards anonymously. The *Reporting a Safety Hazard* form can be used for this purpose. However, anonymous reporting is not encouraged because of the importance of asking questions to assist with an investigation. Additionally, we may not be able to provide a report of our findings.

You have a legal right to report unsafe and hazardous conditions as an employee. It is unlawful for PMA to retaliate or discipline any employee for doing so.



Injury and Illness Prevention Program

Hazard Assessment

Hazard Assessments to identify and evaluate workplace hazards shall be performed regularly, but not less than once per year. A Health and Safety Quality Assessment Survey in the following areas will be completed at each location by the office Safety Officer or any member of the Health And Safety Committee:

- | | |
|---|----------------------------------|
| 1. Posting; | 9. Equipment Safety; |
| 2. Recordkeeping; | 10. Hazardous Materials Program; |
| 3. Medical Services and First Aid; | 11. Infection Control; |
| 4. Fire Safety; | 12. Clinical Areas; |
| 5. Personal Protective Equipment
and Clothing; | 13. Ergonomic Practices; |
| 6. Housekeeping; | 14. Office Areas; |
| 7. General Safety; | 15. Oxygen/Medical Gasses; and |
| 8. Electrical Safety; | 16. Employee Training. |

The Health and Safety Quality Assessment Survey form will be completed and forwarded to the Health and Safety Officer and reviewed by the Health and Safety Committee.

Additionally, periodic inspections are performed according to the following schedule:

- 1) When the IIPP was initially established;
- 2) When new substances, processes, procedures, or equipment that present potential new hazards are introduced into work areas;
- 3) When new, previously unidentified hazards are present or recognized;
- 4) When occupational injuries and illnesses occur;
- 5) Whenever there is a location change; and
- 6) Whenever workplace conditions warrant an inspection



Injury and Illness Prevention Program

Accident and Exposure Investigation

PMA will take the following steps to ensure that a prompt investigation is completed for any workplace accident or hazardous substance exposure:

1. Interviewing the injured employee and any witnesses;
2. Examination of the workplace for factors associated with the accident or exposure incident;
3. Determination of the cause of the accident or exposure incident;
4. Implementation of corrective action measures to prevent the recurrence of such an accident or exposure incident; and
5. Documentation of the findings and action(s) taken

The Accident/Exposure Investigation Report Summary form will be completed and forwarded to the Health and Safety Officer and reviewed by the Health and Safety Committee.



Injury and Illness Prevention Program

Hazard Correction

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected promptly based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. All hazards should be corrected as soon as possible, based on the severity of the hazard. If a severe imminent hazard cannot be immediately corrected, all personnel will be removed from the area, and access will be restricted until the risk can be addressed;
2. When the correction of an unsafe condition must be delayed for any reason, PMA will take appropriate temporary precautions to protect workers until the correction is made. Such safeguards may include the following:
 - a. Securing hazardous areas;
 - b. Disconnecting power sources;
 - c. Removing equipment from service;
 - d. Posting warning signs; or
 - e. Verbally warning employees of the dangerous condition.

Temporary precautions shall be taken promptly to reduce the hazard to personnel.

If hazards have been found through the elements of the IIPP, the *Hazard Assessment and Correction Workplace Inspection Record* form should be completed and turned in to the Health and Safety Officer. It is always best to make corrections based on a proactive approach versus a reactive one.



Injury and Illness Prevention Program

Training and Instruction

New Employees

All new employees must undergo an initial orientation to be instructed in general company rules, policies, and safe work practices. All employees will be trained in safety compliance and job-specific safety procedures.

The Human Resource Manager will review the following items with each new employee:

1. Review of PMA's Health and Safety Program/IIPP.

A Supervisor or Office Safety Officer will discuss the following items with each new employee in detail:

1. Procedures for Reporting Emergencies;
2. Emergency Evacuation Routes;
3. Local Fire Alarm Signaling System;
4. Locations of Portable Fire Extinguishers;
5. Department Reporting Procedures: Unsafe Conditions and On-the-job Accidents/Incidents;
6. First Aid;
7. Hazard Communication;
8. Personal Protective Equipment;
9. Employee Safety and Health Training;
10. Safety and Health Committee(s) and Safety Meetings;
11. Safety Bulletin Board; and
12. Departmental/Worksite Safety Practices and Rules.

The Supervisor or Office Safety Officer will complete the *New Employee Safety Orientation form* and return it to PMA's Health and Safety Officer.

All Employees

All workers, including managers and supervisors, should be trained on general and job-specific safety and health practices. Training and education are provided:

1. When the IIPP Program is first established;
2. To all workers given new job assignments for which training has not previously been provided;
3. Whenever new substances, processes, procedures, or equipment are introduced to the work areas and represent a new hazard;
4. Whenever PMA is made aware of a new or previously unrecognized hazard;
5. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed;
6. Whenever there is a location change; and
7. To all workers concerning hazards specific to each employee's job description

Training for general workplace safety and health practices includes, but is not limited to, the following:

1. Implementation of the IIPP;
2. Emergency Action and Fire Prevention Plan;
3. Provisions for medical services and first aid, including emergency procedures;
4. Ergonomic education to prevent injury, including back safety;
5. Proper housekeeping;
6. Proper personal hygiene;
7. Prohibiting horseplay, scuffling, or other acts that tend to influence safety adversely;
8. Proper storage of goods;
9. Proper reporting of hazards and accidents to supervisors; and
10. Hazard communication, awareness, and handling

Ongoing Safety Training

The Health and Safety Program also intends to provide general and specific job safety training to existing Company employees. All PMA supervisors will receive training to familiarize themselves with the safety and health hazards to which employees under their direct supervision may be exposed.

To ensure that all employees receive appropriate job safety training, all employees will participate in scheduled yearly safety meetings and Health and Safety Program review either in-person, online, or written. Additional training as job duties or work assignments are expanded or changed will be conducted as necessary. Further training will be provided when employees are exposed to new processes, machinery, or chemicals and when previously unrecognized hazards are shown to affect their safety and health.



Injury and Illness Prevention Program

Recordkeeping

PMA will generally maintain records on file for at least five years. We are committed to workplace safety and health and will keep files on accident reports and investigations, and employee training records. We have taken the following steps to implement and maintain this IIPP:

1. Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified, and the action taken to correct the identified dangerous conditions and work practices, are recorded on a hazard assessment and correction form; and
2. Documentation of safety and health training for each employee, including the employee's name, training dates, type(s) of training, and trainers, are recorded on the *Employee Training and Instruction* Form.

Records will be kept for the following safety-related activities and may include:

- 1) Initial training and evaluation;
- 2) Safety and health training for each employee;
- 3) Accident investigation documentation;
- 4) Sharps Injury Log;
- 5) Employee and employer worker's compensation claim forms;
- 6) Hazard assessment inspections performed in-house and any performed by outside Federal, State, County, City, or Private Agencies;
- 7) Disciplinary actions;
- 8) All Safety-Related Meetings;
- 9) Vaccination Records;
- 10) Job descriptions;
- 11) Verification of CPR/first aid training; and
- 12) Cal/OSHA/OHSA required records

Code of Safe Work Practices



Code of Safe Work Practices

General Safety Rules

For the protection and safety of all employees, PMA has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory:

1. Each employee shall, at all times, observe safe working methods and procedures and assist in acquainting new employees with our safety rules and practices;
2. Infection control procedures must be followed to protect patients and employees. Hand washing and cleaning supplies will be readily available in all work areas. Gloves and isolation procedures will be utilized without exception;
3. Unskilled persons shall not be permitted to operate or tamper with equipment;
4. Office machines and their cords shall be guarded as needed and required by law or regulation. Telephone and electrical cords to computers or other equipment shall be maintained in a manner that will present no tripping hazard. Frayed or badly worn cables shall be replaced. Cords should not be allowed to come in contact with heat-producing equipment;
5. Machines shall never be cleaned or adjusted while in operation;
6. Keep appliances such as coffee pots or microwave ovens in working order and inspect them for signs of wear and hot or frayed cords;
7. Equipment or machines in need of repair are to be removed from service immediately and not returned to be used until adequately repaired;
8. Installation, repair, or maintenance of any office equipment shall be done only by qualified persons;
9. All patient areas will be cleaned after each use, and all bio-hazardous waste will be appropriately disposed of;
10. Filing cabinets and bookcases shall be firmly based or attached to wall fittings to prevent tipping;
11. When not in actual physical use, all desk and file drawers shall be kept closed to avoid limiting the safe use of aisles. Not more than one file drawer in a cabinet shall be opened at one time;
12. Use care when opening and closing drawers to avoid pinching fingers;

13. Perform regular ergonomic checks of your work area and adhere to safe principles of ergonomics to prevent repetitive motion injuries and prevent unnecessary muscle or eye strain;
14. Ladders or step stools shall be of a good design to support the employee's weight. The company shall provide the necessary equipment to reach high files or shelves. No employee shall stand on a swivel or folding chair for any such purpose;
15. All hazards, such as sharp edges or any other conditions likely to do bodily harm, damage clothing, or constitute a fire hazard, shall be reported immediately to the Health and Safety Officer or any member of management when the Safety Officer is unavailable;
16. Wastebaskets are provided as receptacles for waste paper only. Bio-hazardous waste shall be placed in specified receptacles only;
17. Aisles shall be kept clear of obstructions at all times;
18. As needed, periodic safety inspections shall be made to ensure safe conditions and compliance with existing safety and health regulations. All identified hazards will be communicated to employees, and corrective action will take place as soon as possible;
19. Accidents and work-related illnesses must be promptly reported to the Safety Officer. Each injury or incident will be reported to the supervisor on an *Employee Injury Report* form and reviewed on a *Supervisor Accident Investigation Report* form within 24 hours of occurrence. All cases will be investigated to determine the cause and prevent recurrence; and
20. This Health and Safety Program may be supplemented by periodic bulletins and additions, which will become part of the program, and compliance will be required.

Employee Suggestions

YOUR SUGGESTIONS ARE NEEDED.

1. Your familiarity with work conditions, whether related to your workstation, fellow employees, or work procedures, provides more insight into everyday conditions that may result in accidents than any inspection can ever offer. It is in your best interest to point out situations or conditions that may prove unsafe.
2. Investigations will be conducted into the conditions or suggestions submitted.



Code of Safe Work Practices

Housekeeping Policy

Purpose: To establish routine housekeeping requirements and responsibilities to ensure that work areas are maintained cleanly and present an acceptable appearance.

Good housekeeping practices improve the working environment, improve morale and reduce accidents. Accidents can be avoided when everyone practices good housekeeping.

All personnel will maintain their respective workplaces in a clean and orderly manner. Housekeeping encompasses all activities related to the cleanliness of clinic and office facilities, materials, and equipment and eliminating nonessential materials and hazardous conditions. The following general housekeeping practices must be applied to all areas where employees perform activities:

Procedure:

1. Keep your working environment clean and in order at all times. Put things back where they belong when you have finished with them;
2. Do not place any personal or work belongings on the floor near workstations. Keep all bags and purses in bins or drawers to prevent falls and possible theft;
3. Do not place material or equipment in aisles, corridors, or in front of emergency exits, eyewash stations, or electrical control panels. Tools, equipment, and chemicals shall be stored in designated spaces when not in use;
4. Do not place or stack material or equipment in such a manner that they constitute a falling hazard;
5. Smoking is strictly prohibited inside any PMA facility. Employees may only smoke in designated smoking areas located no less than 20 feet from any main entrance, exit, or operable window of Company buildings. Do not drop cigarettes or matches on the ground. Use the proper containers provided for that purpose;
6. Appropriate trash receptacles will be available in all areas;
7. Put paper, cups, and other waste materials in trash containers. Aluminum cans and plastic bottles should be put in the Recycle Bins; and
8. If anything is spilled in the work area, including liquids, solids, and ice, it should be cleaned up as soon as possible after determining that the spilled substance is not hazardous. If the spilled substance is hazardous, contact the Health and Safety Officer or any other member of management if the Safety Officer is unavailable.



Code of Safe Work Practices

Unsafe Conditions Reporting Policy

PLEASE DO NOT WAIT FOR SOMEONE ELSE TO REPORT A HAZARD. LET SOMEONE KNOW RIGHT AWAY SO THAT IT CAN BE ADDRESSED BEFORE SOMEONE GETS HURT!

Purpose: To provide a system for employees to report workplace hazards without fear of reprisal and ensure the safety of all employees and patients of PMA.

Procedure:

1. Any employee who identifies a safety hazard or potential safety hazard should report it to their supervisor immediately;
2. Complete the *Reporting a Safety Hazard* form and submit it to the Safety Officer;
3. The Safety Officer will review reports of safety hazards and potential safety hazards promptly;
4. Any employee wishing to submit a suggestion to improve safety is encouraged to contact the Safety Officer;
5. Suggestions may be anonymous, but if employees want feedback directly, they must provide their name and department; and
6. The Safety Officer will review the concern, take appropriate steps, and forward the report to the appropriate people.



Code of Safe Work Practices

Injury and Illness Reporting Policy

FOR ANY LIFE-THREATENING INJURY OR ACCIDENT, CALL 9-1-1

Purpose: To provide policy and procedures should a PMA employee be involved in an accident or injury during work hours. Compliance with this policy is mandatory for all PMA employees.

Procedure:

1. Report all injuries and accidents to your supervisor immediately. If the supervisor is not available, notify the Safety Officer or any member of management;
2. Assess the situation. If the injury is serious or life-threatening, call 911;
3. Obtain medical aid without delay. If needed, any Doctor or Advanced Practice Provider can provide basic first aid on-site. Basic first aid would include anything the first aid kit could provide;
4. If non-emergency medical treatment is needed, the Human Resources Manager will direct the injured employee to the appropriate treatment facility;
5. The supervisor or other individual notified about the accident/injury will promptly investigate and report the case to Human Resources and the PMA Health and Safety Officer. The *Accident/Exposure Investigation Report Summary* form should be used;
6. The Human Resource Manager will notify the company's insurance carrier of notification of injury, usually on the same day; and
7. The injured employee is to report to Human Resources for follow-up.



Code of Safe Work Practices

Equipment and Electrical Safety Policy

Equipment

Purpose: To ensure equipment is regularly maintained and employees are thoroughly trained to use the equipment safely.

Procedure: Training

1. All employees will receive training on all equipment used for their job description;
2. Employees will be trained by their supervisor, Safety Officer, or other individuals responsible for training and signing off competency. This individual will ensure that new employees are oriented on the safety aspects of the job and the proper method of doing the job;
3. Refresher training will occur regularly or whenever equipment has been updated or else new equipment is being introduced;
4. All procedures for equipment use and training will be kept at each clinic site;
5. It is the responsibility of the employee to ask for or request further training on all equipment;
6. Employees must always wear Personal Protective Equipment (PPE) when required to do so;
7. Equipment is to be stored appropriately when not in use; and
8. Never is an employee permitted to operate company equipment or perform medical procedures before receiving proper training and instruction.

Procedure: Maintenance

The supervisor or other authorized individual, who has been given the responsibility, will:

1. Inspect all the work areas and all equipment for damage and defect. This information will be logged for recordkeeping; and
2. Ensure that all equipment will be regularly examined, maintained, and, where necessary, serviced.

Electrical

Purpose: To reduce the risk of injuries to employees and property damage due to electrical hazards.

Procedure:

1. Always report exposed wiring and cords that are frayed or have deteriorated insulation;
2. Maintain sufficient access and working space around all electrical equipment. All electrical panels should have a 36" clearance;
3. Do not use electrical equipment that is not grounded correctly;
4. Plug all electrical equipment into appropriate wall outlets or into no more than one extension cord of similar size and capacity. Three-pronged plugs should be used to ensure continuous ground;
5. Never use two-wire extension cords or three-prong adapters;
6. All cords running into walk areas must be taped down or inserted through rubber protectors to prevent tripping hazards. Extension cords should be secured and only used in non-patient care areas; and
7. Do not perform any electrical work unless you are trained and authorized to do so. Call for electrical maintenance as needed.



Code of Safe Work Practices

Fire Prevention Policy

Purpose: To help prevent a fire from happening in the workplace.

One of the most common and severe emergencies anyone faces is fire. Regardless of how a fire starts, it can destroy an entire facility and endanger the lives of numerous employees and patients. Therefore, you must know what to do regarding fire prevention.

Procedure:

1. New employees will be informed of any fire hazards they may be exposed to on the job. All employees will be notified if there are any changes or new fire hazards introduced;
2. Employees will be trained in the proper handling and storage procedures for any hazardous materials in the workplace;
3. Firefighting equipment and emergency exits must be kept clear and ready for immediate use. Do not block them with equipment or material. Evacuation routes should be clear from all obstructions;
4. All personnel should be familiar with the location of portable fire extinguishers and fire alarm pull stations;
5. Although portable fire extinguishers are provided in our workplace, they are NOT intended for employee use. Only those individuals who have been trained and given the authorization to use a portable fire extinguisher in the event of an emergency may do so;
6. Know your primary exit route and what alternative emergency routes are available. Always use the closest, unobstructed emergency door when evacuating the building. Refer to the evacuation route diagrams posted at each office site;
7. Participate during all fire and evacuation drills, which are to be no less than once a year;
8. Observe all "No Smoking" signs. Employees may only smoke in designated areas;
9. Make sure flammable liquids and vapors are not exposed to ignition sources. All flammable liquids must be dispensed from and transported in approved containers. Glass containers are expressly forbidden;

10. The use of extension cords should be minimal and only used in non-patient care areas. The use of three-prong adapters is forbidden;
11. Report all fires, no matter how small, to the Health and Safety Officer or any other member of management if the Safety Officer is unavailable;
12. Immediate response to small fires is essential if we are to keep them from growing into large fires; and
13. If a fire occurs, the first consideration must be the safety of employees and patients. All employees and patients in the immediate area must be evacuated--then attention can be given to saving property. Notify the Safety Officer and your Supervisor as soon as possible. Refer to the Emergency Action Plan and Policy for more details.

Procedure: Maintenance

1. A Fire and Safety Equipment Company, as chosen by the Company or Building Management, will provide annual maintenance on all fire extinguishers and inspect building fire systems if installed;
2. The clinic safety officer will inspect all portable fire extinguishers monthly to ensure the pressure gauge is within the green area and hoses are not worn. These inspections will be recorded in a log kept on file;
3. If available, the office Safety Officer, or other appointed individual, will change the batteries in all smoke detectors and test them twice a year, usually on the first Monday after each daylight savings time change; and
4. All outlets, cords, plugs, and switches will be routinely checked for damage. Ensure that all outlets or extension cords are not "overcrowded."



Code of Safe Work Practices

Ergonomic Standards and Back Injury Prevention Policy

Ergonomic Standards

Purpose: To minimize workplace repetitive motion injuries subjected to Cal/OSHA/OSHA ergonomics standards.

Work-related musculoskeletal disorders (MSDs) result when there is a mismatch between the physical capacity of workers and the physical demands of their jobs. Each year millions of workers in the United States report work-related MSDs such as carpal tunnel syndrome, tendinitis, and back injuries. Many MSDs are severe enough to result in workers taking time off work to recover. The solution to these injuries lies in ergonomics, the science of fitting the job to the worker.

Risk factors are job attributes or exposures that increase the probability of developing MSDs. These risk factors are not necessarily causation factors for MSDs, nor does the presence of a risk factor mean that an employee performing a job is at excessive risk of injury. Instead, a combination of risk factors and individual pre-dispositions may contribute to the risk of MSD occurrence. The following are risk factors for developing MSDs:

- Repetition Rate - The current literature suggests a strong link between repetitious motion and the development of these disorders. This risk factor appears to be even more significant when sufficient recovery periods are not applied;
- Duration - When the duration of a task is increased, the risk for MSDs is also increased;
- Force - Forceful exertions place loads on joint structures and tissues of the musculoskeletal system;
- Contact Stress - Contact stresses are produced when parts of the body contact hard, sharp objects, resulting in forces transmitted through the skin to tendons and nerves. An example includes resting your wrists on a hard surface while using a keyboard;
- Posture - Stress to the body occurs when a body position places an undue load on the musculoskeletal system or the nerves and blood vessels; and
- Environment - Environmental factors such as vibration, lighting, and cold temperatures can increase the risk of developing MSDs.

PMA will make necessary adjustments to reduce exposure to ergonomic hazards through modifications to equipment and processes and employee training. PMA encourages safe

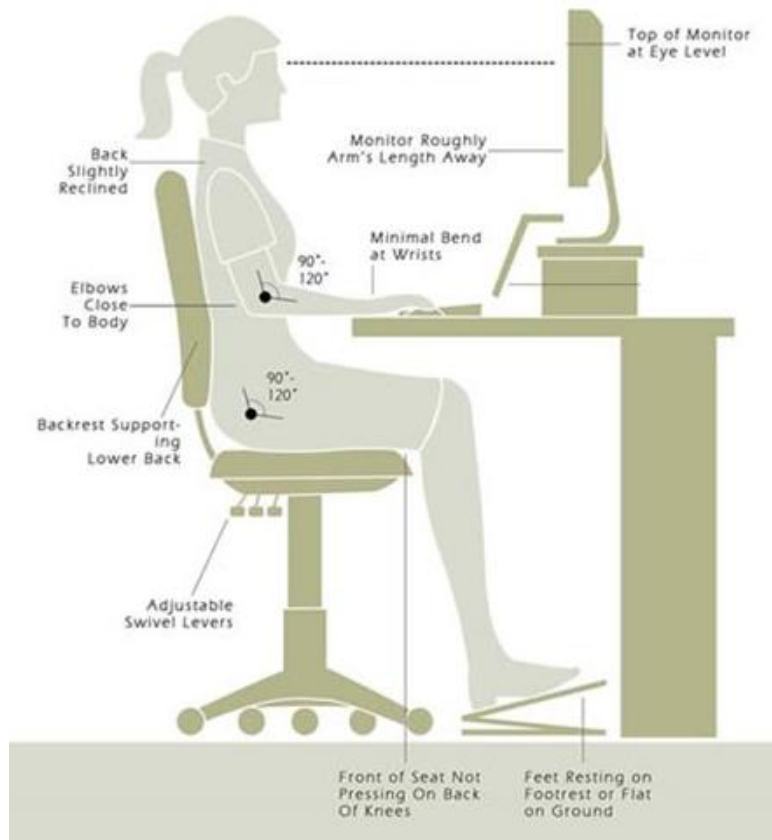
and proper work procedures and requires all employees to follow safety instructions and guidelines.

PMA believes that reducing ergonomic risk is instrumental in maintaining an environment of personal safety and well-being and is essential to our business. We intend to provide appropriate resources to create a risk-free environment.

Procedure:

1. All new employees will have an ergonomic evaluation done at their assigned workstations.
2. Ergonomic assessments will then be conducted when an employee is assigned to a new workstation, as requested or as soon as discomforts are reported;
3. All new employees will be trained on good ergonomic practices;
4. Any employee can request an ergonomic evaluation at any time. Evaluations will be assigned based on the nature of the request. Contact your supervisor for more information;
5. Recommendations for changes of work techniques and behaviors will be explained to the employee;
6. Any furniture or equipment change recommendations will be ordered. It is the employee's responsibility to comply with the recommendations for work techniques or behaviors to minimize the chance of injury;
7. The Ergonomic Evaluator will follow up with the employee after 30 days to determine if all problems have been resolved;
8. All multi-person workstations (e.g., exam room computers) have adjustable equipment that can be utilized for comfort and safety. Ergonomic assessments will be done for these types of workstations. Employees must comply with recommendations; and
9. Employees who work from home may be asked to provide regular self-assessments

The following diagram shows recommendations for the proper ergonomic set-up of employee workstations;



Back Injury Prevention

Purpose: To eliminate and minimize back injuries in the workplace.

Procedure:

1. Learn the proper way to use your body, whether lifting, standing, sitting, or simply lying down. Understand the basics of how your body works;
2. Stretch before you work;
3. Do not lift loads with your back. Bend your knees and lift using the muscles in your legs;
4. When lifting a load, center your weight over your feet to maintain balance;
5. If you are going to lift an object, lift it twice-- This means that you plan ahead and lift with your mind before you lift with your body. Know where you are going with the load and plan a direct, obstacle-free course;

6. Always ask for help if needed; use more than one person for the lift;
7. Please don't overdo it. Test the load carefully before trying to lift. When help is needed, wait until it is available;
8. Communicate when someone is helping you. Coordinated timing and clear directions reduce the risks of error;
9. Are you performing repetitive lifting? Reorganize your work area by stacking materials at waist height to reduce back stress. Use lifting equipment, as appropriate (e.g., moving dolly, wheeled cart, etc.); and
10. Do not overreach. If you need to obtain files or other objects from high shelves, use a step stool.



Code of Safe Work Practices

Stress Policy

Purpose: To guide employees to decrease or control stress in the workplace.

Most people experience some stress as part of their daily lives at home and work. Stress is a natural human response caused by external events and an individual's unique response to the stressor.

Some stress can be beneficial; it can help us focus and motivate us to achieve our goals. Stress that is resolved quickly and competently can lead to a sense of accomplishment.

Too much stress, on the other hand, can not only limit our ability to accomplish our goals but can also become hazardous to our emotional and physical health. Our goal is to minimize this kind of stress.

People respond to stress in three main ways: avoidance, short-circuiting, and mitigation. Each response can be appropriate, depending on the situation.

- "Avoidance" – This response involves figuring out what steps you can take to avoid a specific stressor in the first place. For example, if being late causes stress, actions that can be taken include going to bed and waking earlier, allowing an additional five minutes for each activity in the day, allowing extra time in the commute, etc.
- "Short-Circuiting" – This response involves redefining what is stressful. Waiting in line is an example of an activity many people find stressful. Finding ways to distract yourself from the stressful activity (waiting) can change the experience from stressful to neutral or even pleasant (e.g., read a book or play a game to make waiting a less frustrating act)
- "Cognitive restructuring" – This response involves changing our way of thinking, our internal voice, from negative or irrational to more neutral or positive. For example, if you forget to pay the phone bill, try changing your inner voice to a more rational or proactive one instead of worrying your credit will be ruined by a late payment. "I will call the phone company, explain the situation and make the payment as soon as possible. One late payment won't ruin my credit."

Other general suggestions for tolerating the stress in life better include:

- A Healthy Diet – reduce junk food, don't skip meals, drink plenty of water;
- Adequate Sleep – having a regular bedtime, being active during the day, and avoiding stimulants like caffeine before bedtime;
- Exercise – regular exercise not only helps people sleep but may also help your body to respond to stress better;

- Laughter – laughing is believed to release chemicals that are an antidote to stress; and
- Recreation – doing things you enjoy takes your mind off your problems; recreation also rejuvenates the body and the mind.

Stress is a complicated response to stimuli in our environment. While we can't control all that happens in our lives, we can decide how to handle the stress that will inevitably come our way. Figuring out the causes of stress and using one of the alternate responses listed above can help us live happier, healthier, and stress-free lives.

Exposure Control Plan (ECP)



Exposure Control Plan

Bloodborne Pathogens (BBP) Exposure Control Policy

Purpose: To minimize or eliminate and prevent exposure potential to Bloodborne Pathogens (BBP) and Other Potentially Infectious Materials (OPIM).

Any employee who has occupational exposure to BBP or OPIM will be required to practice the guidelines outlined in the following standards.

BBP are any pathogenic organisms present in human blood and can infect and cause disease in persons exposed to blood containing the pathogens. OPIM can include human body fluids, unfixed tissue or organs from humans, and cultures.

The following policies and standards apply to all physician office personnel who, on a regular, occasional, or sometimes unpredictable basis, may come into contact with a blood or tissue pathogen from contact with a patient, pathology sample, non-intact skin, regulated waste, or spill:

Procedure:

1. PMA shall establish, implement and maintain an effective Exposure Control Policy (ECP) which is designed to eliminate or minimize employee exposure; and
2. The ECP will be reviewed with employees during their initial training period. It will be reviewed at least annually and whenever necessary to:
 - a. Reflect new or modified tasks and procedures which affect occupational exposure; and
 - b. To review and evaluate the exposure incidents which occurred since the previous update and to review and respond to information indicating that the Exposure Control Plan is deficient in any area.

Universal Precautions

All employees will follow Universal Precaution guidelines. The term universal precautions refers to a concept of Bloodborne disease control, which requires that all human blood and other potentially infectious materials be treated as if known to be infectious.

Standard Precautions

Standard precautions are a set of infection control practices used to prevent the transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to individuals, whether or not they appear infectious or symptomatic.



Hazardous Communication Policy

Purpose: To ensure employees are aware of the Hazardous Materials present in their work area, understand how to handle and store such hazardous materials, and obtain Safety Data Sheets (SDS) when contaminations occur.

By law, all employees exposed to hazardous materials must be educated on the hazards, have access to SDS, and be provided with necessary protective clothing and equipment. No employee is expected to undertake a job until they receive instructions on how to do it properly and are authorized to perform it. No employee is expected to do a job that appears to be unsafe or use hazardous materials without the proper training and understanding of their toxic properties.

Safety Data Sheets (SDS)

The Hazard Communication Standard (HCS), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to downstream users to communicate information on these hazards. The information contained in the SDS is essentially the same as the MSDS, except now the SDSs must be presented in a consistent, user-friendly, 16-section format.

Procedure:

1. Each employee is to become familiar with the details of this Hazard Communication Policy;
2. An active SDS inventory list of all chemical products used in work areas will be maintained by the Health and Safety Officer and periodically reviewed and updated as needed;
3. The Health and Safety Officer will maintain an archived list of MSDS/SDSs for ten years;
4. It is the employee's responsibility to know where and how to access PMA's SDS manual;
5. PMA will make their SDS manual available seven days a week, 24 hours a day. This manual is stored online and accessible at www.pmamed.net;
6. If an SDS is not available, please notify your safety officer immediately;

7. Each employee will be given information and training regarding the receiving, storage, handling, and protection requirements for hazardous materials found in the office;
8. Employees will be trained on the new label elements and Safety Data Sheet Format (SDS);
9. Approval for the introduction/removal of chemicals in the workplace will be presented and approved by the Health and Safety Committee. The *Request for Chemical Addition* Form will be used;
10. Employees with permission to order chemicals will be trained to only order chemicals found on our active SDS list. Any chemical not found on our standardized ordering list will need to be presented to the safety committee for approval;
11. Each hazardous chemical or material present in the office will be labeled with the appropriate identifying and hazard information, including a product identifier, pictogram, hazard statement, signal word, and precautionary statements, as well as the supplier's contact information (name and address);
12. Hazardous materials, medications, and chemicals must be kept in properly labeled and closed containers when not in use;
13. Be aware of potential hazards involving various hazardous materials used in the work area. Information is available on the SDS;
14. Do not eat, drink, or smoke in areas where hazardous materials are present; and
15. All employees will follow the protective measures identified for each substance. No employee should use a chemical or material in the office when unfamiliar with its hazards.



Exposure Control Plan

Infection Control Policy

Purpose: To prevent and reduce the transmission of infection between patients and employees through infection control standards.

Hepatitis B and Other Vaccines

Employees at risk of exposure to blood, body fluids, or other potentially infectious materials will be offered the Hepatitis B Vaccine and other vaccines, including influenza, at no charge. The Human Resource Manager will educate on vaccinations, address the safety and benefits, and answer any employee questions.

PMA encourages vaccinations unless:

1. Documentation exists that the employee has previously received them;
2. Antibody testing reveals that the employee is immune; or
3. A medical evaluation shows that vaccination is contraindicated.

If an employee chooses to decline the vaccination, the employee must sign a declination form within ten days after the initial assignment. However, employees who decline may request and obtain the vaccination later at no cost.

Records of employees who have had these vaccines will be kept on file.

Prevention and Control of Seasonal Influenza

PMA provides the seasonal influenza vaccine to all employees at no charge. Following the Centers for Disease Control (CDC) recommendations, the following protocol will be strictly followed:

- Any employee who has not had a flu shot will be required to wear a mask while in the workplace for the duration established by the CDC. The Clinic Operations Manager will notify staff with the information provided by the CDC during the flu season;
- All persons, including patients, with fever and cough, should wear a face mask;
- All persons with Influenza-like Illness should stay at home until 24 hours after the fever resolves; *and*
- Wash your hands and avoid touching your face

Aerosol Transmissible Disease (ATD) Exposure Control

An aerosol-transmissible disease (ATD) is a disease that is transmitted either by inhalation of infectious particles/droplets or direct contact with the particles/droplets with mucous membranes in the respiratory tract or eyes. Our employees have occupational exposure to ATDs while conducting their job duties, whether at work or offsite. Following California Code of Regulations, title 8, section 5199, Aerosol Transmissible Diseases, we have implemented a written exposure control plan to reduce our employees' risk of contracting these infections so that we may respond appropriately and promptly manner when exposure incidents occur.

This ATD Exposure control plan is supplemental to PMA's Injury and Illness Prevention Program and kept as a separate policy. In conjunction with the PMA outpatient committee, the Clinic Operations Manager is responsible for administering this plan.

A COVID-19 Prevention Policy is supplemental to the ATD and kept separate.

Hand Hygiene

Hand hygiene has been cited frequently as the most important practice to reduce the transmission of infectious agents and is an essential element of Standard Precautions.

Procedure:

1. Hand hygiene includes both hand washing with either plain or antiseptic-containing soap and water using friction for at least 15 seconds and the use of alcohol-based products (gels or foams) that do not require the use of water;
2. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience;
3. The type and length of fingernails can reduce the effectiveness of hand hygiene. Individuals wearing artificial nails have been shown to harbor more pathogenic organisms on the nails and in the area between the artificial and native nails; and
4. The following work practice controls will be used at our clinics:
 - a. Appropriate hand hygiene shall be performed, in the exam room, before and after patient contact and clinical procedures;
 - b. Before returning to work after using the bathroom;
 - c. Employees must practice hand hygiene immediately or as soon as feasible after the removal of gloves or other personal protective equipment;
 - d. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be used. Apply enough rub to cover both hands and rub hands until dry. Do not rinse or wipe dry. Foam dispensers are

found outside all exam rooms and throughout the clinic. Gel-based hand sanitizers may be found at employee workstations and in bathrooms;

- e. Employees must wash hands with soap and water, using friction for at least 15 seconds, following any contact with blood or OPIM or when hands are visibly soiled;
- f. Hands must be washed with soap and water before and after personal breaks or lunch and bathroom use; *and*
- g. Do not use alcohol rubs for hand hygiene if there is reason to suspect that you have had contact with anyone with a *Clostridium difficile* (C.diff) infection. Alcohol rubs do not remove the C. diff spores, which survive on gloves, tables, linens, and other objects for over 24 hours. It is mandatory to scrub your hand with soap and water.

Airborne Pathogens

Early identification and separation of patients with TB (Tuberculosis) and other respiratory diseases are essential in preventing the spread of airborne infections, including TB. The following is the procedure to reduce the risk of transmission of Airborne Infections:

Procedure:

1. Schedulers will note the patient's TB status in the appointment notes field;
2. Medical Assistants should notify front office staff of any patient with a new patient diagnosis of TB, symptoms or recent history of TB, or other infectious respiratory disease scheduled for an appointment;
3. At the time of check-in, front office staff will immediately give and ask the patient to wear a face mask and alert the Medical Assistants that the patient has arrived;
4. Medical Assistants will promptly call the patient back to remove the patient from the lobby;
5. Front office staff will also screen patients to identify anyone who may have a productive or forceful cough;
6. Front office staff will give and ask the patient to wear a face mask and alert the medical assistant that a patient presents with a productive or forceful cough;
7. Once roomed and when the face mask is removed, facial tissues should be accessible to the patient, and they should be asked to use the tissues to cover the nose and mouth when they cough;
8. Tissues will be disposed of immediately in the garbage;
9. The door to the exam room is to remain closed at all times;
10. When the patient has exited the exam room, the medical assistant will glove up and proceed to routine disinfection procedures (see *Environmental Cleaning* next section)

Tuberculosis Exposure Control Plan

The policies and procedures for the Tuberculosis Control Plan apply to PMA employees with potential contact with patients with infectious tuberculosis.

Employees will be asked to have in-house PPD testing annually, and results will be kept at the clinic or with Human Resources. For patients with previously recorded positive results, it may be necessary to have an X-ray done to rule out active TB.

An exposure investigation shall be initiated for employees with face-to-face or same-room contact with a confirmed TB-positive source without personal respiratory protection. The following procedure applies:

1. Employees who have had a documented negative Tuberculin Skin Test shall be given a post-exposure Tuberculin Skin Test;
2. Employees who have had a documented positive Tuberculin Skin Test will be asked to report any symptoms of TB disease to their clinic coordinator

Environmental Cleaning

Regular cleaning of all work and patient care areas is essential. Patient care areas will be disinfected at the end of each working day and following any incident resulting in a spill or exposure to body fluids or infectious organisms. Patient care work surfaces will be cleaned routinely, in-between patients. Waste receptacles will be cleaned and inspected regularly, and contaminated areas will not be cleaned without personal protective equipment. Environmental cleaning must be done routinely and includes the following:

1. Exam tables, chairs, and countertops found in all patient care areas must be routinely cleaned, in-between patients.
2. All surfaces, including sinks, workstation keyboards, and mice, will be disinfected after each patient when exposed to body fluids or infectious organisms;
3. All surfaces, including sinks, and workstation keyboards and mice, will be disinfected at the end of each workday;
4. All equipment in patient care areas or anything that comes in close contact with patients and cannot be disposed of (blood pressure cuffs, thermometers, scales, etc.) must be thoroughly disinfected daily;
5. If any equipment has been visibly soiled, with bodily fluids or blood, these must be cleaned and disinfected immediately; and
6. Sweeping, mopping, and waste disposals in patient care areas are handled by our janitorial company and are done nightly.

A surface can become contaminated if:

- ◆ You touch it with your gloved hand after touching a patient;
- ◆ A patient touches it; and
- ◆ A splatter-generating procedure is done close by

Procedure:

Routine Cleaning

*****when there is no exposure to bloodborne or airborne pathogens***

1. Perform hand hygiene and put on gloves;
2. Replace exam table paper;
3. Throw away any visible garbage in the waste bin; and
4. Tidy up any magazines or any items left on countertops.

Routine Disinfection

*****at the end of the day and immediately after exposure to bloodborne or airborne pathogens***

1. Perform hand hygiene and put on gloves;
2. Follow manufacturer's instructions for appropriate use of Sani-cloth or other disinfecting wipes;
3. If using a disinfectant spray, use paper towels to clean the areas;
4. Clean any surface, including keyboards and mice, that may have come in contact with infectious organisms; and
5. Dispose of used towels, wipes, and gloves in garbage receptacles

Blood/Body Fluid Spills:

1. Put on gloves;
2. For large spills, gowns and eyewear may be necessary;
3. Use the following equipment found in the specified spill kit:
 - a. Put on the gown, gloves, face mask, and goggles as required;
 - b. Use absorbent towels to absorb as much blood/body fluid as possible or a fluid solidifier. NOTE: any spill involving glass or sharps must be cleaned up using several wet paper towels to avoid accidental injuries. The use of the scoop found in the spill kit is recommended;
 - c. Use the appropriate spray to disinfect the area;
 - d. Wipe the area clean with paper towels;
 - e. Once the area is clean, use disinfectant cloths to clean the surface one last time;
 - f. Dispose of all PPE and used towels in the garbage; if waste is visibly dripping, dispose it in the red biohazard waste bin;
 - g. Remove any non-disposable PPE and place it in a designated "dirty" area;
 - h. Don disposable gloves; and
 - i. Use disinfectant cloths to wipe all containers, bottles, or any equipment handled or came in contact with during the clean-up.

Clostridium difficile (C. diff):

If there is reason to suspect C. diff contamination, please note that alcohol rubs do not remove the C. diff spores. These spores survive on gloves, tables, linens, and other objects for over 24 hours. Always wash and scrub your hands with soap and water. Empty bottles labeled “Bleach Disinfection (1:10 dilution)” will be available at all clinic sites to prepare a fresh batch before disinfection.

1. Perform hand hygiene and put on gloves;
2. Disinfect high-touch surfaces (e.g., doorknobs, light switches, medical equipment, countertops, furniture, arms of patient chairs) using the approved bleach disinfection spray (1:10 dilution);
3. Dispose of PPE, table linens, and all cleaning waste into the biohazard containers;
4. Wash hands thoroughly with soap and water, using friction for at least 15 seconds, and;
5. Do not use the patient room for 10 minutes to allow the disinfection to inactive spores

Personal Protective Equipment

When there is the potential for occupational exposure to blood/OPIM, our facility provides, at no cost to the employee, appropriate Personal Protective Equipment (PPE) such as gloves, gowns, masks, and goggles.

Personal Protective Equipment is considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the PPE is used. Scrubs and similar clothing do not meet the above requirements and are NOT considered PPE.

Procedure:

1. PPE must be worn to protect clothes, skin, eyes, and mouth from possible contamination whenever such a condition reasonably exists;
2. All employees will receive initial and annual training on the hazards associated with Bloodborne Pathogens and Other Potentially Infectious Materials and the protective measures to be taken to minimize the risk of occupational exposure;
3. The employer will provide in-service training regarding the use, removal, and disposal of PPE;
4. Gloves, gowns, face masks, and goggles are all provided by PMA and are safely and conveniently located in all patient care areas and included in the spill kits. Gloves, gowns, and masks are disposable and may not be reused;
5. Goggles and rubber gloves are not disposable and must be disinfected after use and returned to their storage area. Used PPE should be placed in a “dirty” container in the sink of the back office. To disinfect goggles and rubber gloves:
 - a. Put on disposable gloves;
 - b. Use a disinfectant spray and saturate goggles and the outsides of the rubber gloves;

- c. Rinse the “dirty container” and place appropriate amounts of water and defecating liquid and place PPE to soak for at least ten minutes;
 - d. Remove disposable gloves and wash hands;
 - e. Glove up before continuing with the disinfecting process;
 - f. Remove goggles and gloves from the container and place them on clean towels or on a clean rack to dry;
 - g. Remove disposable gloves and wash hands; and
 - h. Once dried, it may be necessary to wipe PPE of any residue and return it to their storage area.
6. The clinic safety officer will periodically check goggles and rubber gloves for wear and tear and will order replacements when necessary;
 7. All PPE shall be removed before leaving the work area;
 8. All exposure incidents must be reported to the Health and Safety Officer immediately. The supervisor shall complete an incident report and forward it to the Health and Safety Officer. Such reports will be handled confidentially, and an incident review will be conducted to identify any hazards or in-service deficiencies; and
 9. The employer will record all training, incidents, medical evaluations, treatments, and inspections in writing.

Donning PPE:

1. Wash hands or use an alcohol-based hand sanitizer before donning PPE.
2. Gown
 - Fully cover the torso from neck to knees, arms to the end of the wrist, and wrap around the back
 - Fasten in the back of the neck and waist
3. Mask or Respirator
 - Secure the ties or elastic bands in the middle of the head and neck. For face masks with ear loops, hold the mask by the ear loops and place a loop over each ear
 - Fit flexible band to the nose bridge
 - Fit snugly to the face and below the chin
 - Fit-check respirator
4. Goggles or Face Shield
 - Put over face and eyes and adjust to fit
5. Gloves
 - Use non-sterile for isolation
 - Select according to hand size
 - Extend to cover the wrist of the isolation gown

Doffing PPE (remove all PPE before exiting the patient room, except respirator; respirators are to be removed outside of the room):

1. Gloves
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off the first glove
 - Hold the removed glove in the gloved hand
 - Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off the second glove over the first glove
 - Discard gloves into the proper waste receptacle
2. Goggles or Face Shield
 - The outside of the goggles and face shields are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting the headband or earpieces without touching the front of the goggles or face shield
 - If the item is reusable, place it in the designated receptacle for reprocessing. Otherwise, discard it in a waste container
3. Gown
 - a. The gown's front and sleeves are contaminated!
 - b. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - c. Unfasten gown ties, ensuring that sleeves don't contact your body when reaching for the ties
 - d. Pull the gown away from the neck and shoulders, touching the inside of the gown only
 - e. Turn gown inside out
 - f. Fold or roll into a bundle and discard it in a waste container.
4. Mask or Respirator
 - a. The front of the mask/respirator is contaminated – DO NOT TOUCH!
 - b. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - c. Grasp the bottom ties or elastics of the mask/respirator, then the ones at the top, and remove them without touching the front
 - d. For face masks with ear loops, hold both ear loops and gently lift and remove the mask
 - e. Discard in a waste container
5. Wash Hands or use an alcohol-based hand sanitizer immediately after removing all PPE

Regulated Medical Waste (Biohazard Waste)

PMA provides Biohazard receptacles for any medical waste visibly dripping with blood or saturated with OPIM. Any PPE or waste not dripping may be placed in the garbage. Biohazard receptacles use red bags, are appropriately labeled for solid medical waste, are leak-resistant, and can be securely closed.

Procedure:

1. During new employee orientation, the supervisor or safety officer will show the employee where the Biohazard Waste receptacle is kept and locked;
2. PMA does not anticipate any situation in which enough blood or OPIM will be collected and need to be disposed of in the Biohazard Waste Bin. However, the following procedure will take effect in case of such an incident were to occur:
 - a. Use disposable gloves when handling and packaging biohazard waste for pick-up;
 - b. Package the waste according to vendor instructions;
 - c. Notify the supervisor that a pick-up will need to be arranged by our contracted medical waste vendor; and
 - d. Biohazard material will need to be picked up within 30 days.

Emergency Eyewash Stations

Emergency eyewash stations are provided near all patient care areas. Eyewash stations will be tested at least monthly to ensure proper functionality.

Supervisors or safety officers will show and instruct new employees where to locate and use the emergency eyewash station. The following is the first-aid procedure when an employee's eyes have been contaminated:

Procedure:

1. Do not panic;
2. Shout out for help to allow coworkers to assist;
3. Get to the eyewash station and turn the eyewash on;
4. Rinse both eyes with copious amounts of room-temperature water for a minimum of 15 minutes;
5. Keep your eyelids open by using your hands to ensure adequate flushing of the eyes;
6. The supervisor or safety officer should obtain the SDS sheet if the substance is a chemical and follow emergency procedures as listed; and
7. Follow the Injury and Illness Reporting Policy for additional steps.



Sharps Safety and Needlestick Prevention Policy

Purpose: To prevent and minimize injuries due to sharps in the workplace.

PMA is required to provide sharps injury prevention devices and sharps safety training to all employees. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. PMA will maintain and keep these logs for five years from when the exposure incident occurred.

Engineering controls will be used to prevent or minimize exposure to Bloodborne Pathogens. Engineering controls are defined as the controls (e.g., sharps containers, safer needle devices, hand washing, eye wash stations, gloves) that isolate or remove the Bloodborne pathogens from the workplace.

Procedure:

1. Sharps in the workplace include:
 - a. Syringes;
 - b. Scissors;
 - c. Glass Vials and their tops.
2. Sharps containers are red, have biohazard labeling, have safety lids, and are disposable. Sharps containers are found in all patient care areas;
3. PMA provides BD safety-lok syringes, which never require recapping. Recapping, cutting, or removing used needles from syringes is prohibited;
4. When a patient is being given an injection, make sure the sharps container is within arms' reach for quick and easy disposal;
5. All used needles and syringes will be immediately placed in the appropriately labeled sharps containers, and the lid will be pushed down completely to ensure proper disposal;
6. Regular inspection of sharps containers for any wear and tear or exposure of needles will be done by the safety officer;
7. When sharps containers are full, as indicated on the container, they must be sent to our contracted medical waste vendor. The following is the correct procedure for replacing a full sharps container:
 - a. Glove up;
 - b. Remove sharps containers from the wall rack or countertop and close the lid to snap the lock in place to ensure nothing can spill out;

- c. Transfer the sharps container to the specifically marked boxes used to mail medical waste to our medical waste vendor;
- d. Once packaged according to vendor instructions, notify the supervisor or safety officer that sharps are ready for pick up;
- e. The authorized individual will contact the medical waste vendor for pick up; and
- f. Replace with a new sharps container.

Needlesticks

A “needlestick” means a break in the skin from a needle or other “sharp” such as a glass vial.

Infections Caused by a Needlestick

An injury from a contaminated needle exposes workers to bloodborne pathogens that can cause serious or fatal infections.

The most serious infections are HIV, Hepatitis B, and Hepatitis C.

Frequency of Injuries caused by Needlesticks

It is estimated that more than 800,000 injuries occur annually in the United States from needles and other sharps. More than half of these injuries are never officially reported. You should always report your injuries to the Health and Safety Officer immediately to ensure that you receive proper follow-up medical care.

Location and Timing of Most Needlestick Injuries

Needlestick injuries have been reported from all healthcare settings, including ambulatory settings, physician offices, nursing homes, skilled nursing facilities, home health/assisted living, and hospitals.

Needlestick injuries can occur at any time during the use or disposal of a device. For example, 40 percent of injuries occur during use, 40 percent occur after use and before disposal, and 15 percent are disposal-related. Recapping needles, a prohibited practice still accounts for nearly 5 percent of needlestick injuries.

Other Contributing Factors

Other factors contributing to needlesticks are lack of safety devices, inconveniently placed or overfilled sharps disposal containers, busy, congested environments with heavy work pressure and rushing, and frequent and distracting interruptions.

Following an Injury

PMA is committed to maintaining open communication with our employees when exposure occurs. The exposed employee is entitled to a prompt evaluation and subsequent follow-up.

Procedure:

1. Wash the injured area with soap and warm water for several minutes;
2. Seek immediate medical help to assess the risk of developing an infection. The employee will report to the authorized workman's compensation clinic as directed by the Human Resources Manager;
3. Fill out and submit a *Sharps Injury Reporting* Form to the Health and Safety Officer no later than 14 days after the injury. Please make a photocopy for your own records;
4. A Medical Provider representative of PMA will determine if the source patient has HIV, hepatitis B, or hepatitis C infection and alert Human Resources of any known risk. Other employees, including the injured employee, is never allowed to access any patient chart for this reason;
5. After initial care, the injured worker will wait for the results of their own blood tests;
6. Determine with a medical specialist whether you will need medication to prevent infection;
7. Exposure follow-up may include medications with significant side effects;
8. Blood tests and further evaluation may be needed for six months to a year following the injury; and
9. As you wait for more information, the anxiety of the unknown can be a serious distraction for you and is stressful for your family. Please contact Human Resources for information on receiving after-incident support.

Prevention is the Key

1. Do not use or handle any sharps or syringes until properly trained to do so;
2. Always use the provided Safety-Lok, safety syringes;
3. Place a sharps disposal container close to the areas where they are needed;
4. Limit interruptions during procedures;
5. Explain the procedure to patients to gain their cooperation and avoid potential movement during the procedure; and
6. Ask for assistance with patients that might be uncooperative, such as children.

Dispose of with Care

1. Never recap used needles!
2. Dispose of used needles in sharps disposal containers;
3. Ensure sharp has dropped entirely into the container;
4. Avoid overfilling sharps disposal containers;
5. Sharps containers will be safely and conveniently located immediately adjacent to any patient care area where contaminated needles or objects may be found. Regular inspection and replacement of the containers are required; and
6. Regulated waste must be safely stored and clearly labeled until transported by an authorized carrier.

Safety Standards and Procedures



Safety Standards and Procedures

Emergency Action Plan and Policy

Purpose: To train and prepare employees for an evacuation during a fire or other emergency

Procedure:

Major disasters must be anticipated, and procedures must be developed and mastered so the well-being of our employees and patients is to be protected. The following pages detail our plan's organizational structure and outline evacuation measures to be taken in the event of a fire or other emergency.

Remember, your conduct and actions during the first few minutes of any emergency may not only save your life but the lives of your coworkers and patients.

Training and Preparedness

1. The Emergency Action Plan will be reviewed at the time of new employee orientation and is supplemental to the Fire Prevention Policy;
2. All employees are responsible for knowing and understanding this policy;
3. This policy will be reviewed regularly or whenever the plan is changed;
4. The Safety Officer is responsible for heading the evacuation;
5. Emergency Evacuation duties will be assigned based on job titles and delegated by the safety officer;
6. The safety officer is responsible for assigning and training employees in the following evacuation roles upon initial assignment and at least yearly after that;
 - a. A person assigned to call 911 in the event of fire/evacuation;
 - b. A person designated to pull the fire alarm for building evacuation and be the first to report to the pre-designated assembly area to guide and organize evacuated individuals;
 - c. Person(s) stationed at each evacuation exit in charge of the duties accompanying the Emergency Evacuation Clipboard;
 - d. Persons will be assigned to evacuate patients and visitors in Clinic Areas (patient rooms, back office, bathroom, etc.) and follow through with room-clearing procedures;
 - e. Persons will be assigned to evacuate patients and visitors in the waiting room area;

- f. Persons will be assigned to evacuate all offices, Provider common areas, and any break room or conference area; and
 - g. PFT technicians: will be responsible for turning off appropriate gasses in the PFT labs.
7. Fire and Evacuation drills will occur no less than once yearly and anytime a change in clinic location occurs. Logs with the date and time of each drill, the time required to evacuate the office, and the person's initials making the recording will be documented. An evacuation summary will be reported and reviewed at the first safety committee meeting following the drill, and the Health and Safety Officer will retain its records;
8. Portable Fire Extinguishers will only be operated by the individuals who have been appointed by the safety officer and have received the proper training to do so; and
9. An Emergency Evacuation Clipboard with the following contents will be available near every evacuation exit:
 - a. An Employee Roster. Each roster will include the names of staff that has been trained and directed to use that particular emergency exit in the event of an evacuation. This roster will be updated at least quarterly by the safety officer to ensure all employees are accounted for;
 - b. Door hangers or post-it notes with the word "CLEAR" for room-clearing procedures;
 - c. A pen or marker; and
 - d. An Emergency Evacuation Reporting Form

Evacuation Procedures

The following procedures will be practiced during Fire Drills and will also go into effect in the event of an actual emergency or evacuation:

1. If a fire is discovered, remove any employee, patient, or visitor from the immediate area and confine the area if possible by closing the door. As you move away from the fire, instruct the first employee you see to alert the clinic safety officer of the fire and its location. Visitors and employees will then be directed to the nearest evacuation exit;
2. The official instruction to evacuate the building will be given by the Safety Officer or the supervisor in their absence;
3. The person designated to call 911 will do so;
4. The person who will alarm the building and meet in the assembly area will do so;
5. When the instruction has been given, immediately stop work, switch off any equipment, and begin procedures to assist the evacuation of staff and patients according to your assigned evacuation duty. If you are not given any specific responsibility, report to the nearest emergency exit for evacuation or instruction;

6. Employees are to stay calm, act quickly to engage in their assigned evacuation duties, and follow the following **R-A-C-E** steps as simultaneously as possible:
 - a. **R – RESCUE** anyone in immediate danger from fire if it does not endanger your life;
 - b. **A –** Sound the **ALARM** by calling 9-1-1 and or/ activating a pull station alarm box;
 - c. **C – CONFINE** the fire by closing all doors and windows;
 - d. **E – EXTINGUISH** the fire with a fire extinguisher, or **EVACUATE** the area if the fire is too large for a fire extinguisher.
7. The individuals posted at each available evacuation exit will mark off all employees from the roster once they have exited the clinic;
8. The clinic safety officer will assist any emergency response personnel;
9. If any patients are not ambulatory or cannot be evacuated, an employee is to stay with them and get them as close to, and without blocking, the emergency exit and wait for emergency response personnel to assist with evacuation;
10. Once outside the building, you should proceed to the designated meeting location and report to the employee in charge of assembly for further instruction;
11. The safety officer will account for all employees who were posted at an evacuation exit and will look over employee roster(s) to check that all members of their staff are cleared out of the building;
12. Under no circumstances shall anyone leave the vicinity without first reporting to one of the individuals at an evacuation exit; otherwise, you may be considered to be trapped in the building;
13. If someone is suspected of being still in the building, the safety officer will inform the appropriate emergency response agency representative;
14. Under no circumstances will personnel be permitted to re-enter the building until a safety clearance has been obtained from the safety officer; and
15. All employees shall follow the safety officer's directions to protect employee safety, handle emergencies, and is trained to deal with all emergencies. Any insubordination or refusal to follow directions will be reported, and disciplinary action will be taken.



Safety Standards and Procedures

Workplace Violence Prevention Policy

Purpose: To provide employees guidance that will maintain an environment free of violence and the threat of violence.

Procedure:

A threat includes but is not limited to any indication of intent to harm a person or damage PMA property. Threats may be direct or indirect, and they may be communicated verbally or nonverbally.

Prohibited Behavior

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by a coworker, supervisor, patient, or visitor:

1. Direct threats or physical intimidation;
2. Implications or suggestions of violence;
3. Stalking;
4. Possession of weapons of any kind on Company property, including parking lots, other exterior premises or while engaged in activities for PMA in other locations, or at company-sponsored events;
5. Assault of any form;
6. Physical restraint, confinement;
7. Dangerous or threatening horseplay;
8. Loud, disruptive, or angry behavior or language that is clearly not part of the typical work environment;
9. Blatant or intentional disregard for the safety well-being of others;
10. Commission of a violent felony or misdemeanor on PMA property; and
11. Any other act that a reasonable person would perceive as constituting a threat of violence.

Violence, threats, harassment, intimidation, and other disruptive behavior in our workplace will not be tolerated; that is, all reports of incidents will be taken seriously and will be dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that directly or indirectly threaten physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

Many different actions in the work environment can trigger or cause workplace violence. It may even be the result of non-work-related situations such as domestic violence or “road rage.” Workplace violence can be inflicted by an abusive employee, a manager, supervisor, coworker, provider, patient, family member, or even a stranger. Whatever the cause or whoever the perpetrator, workplace violence is not to be accepted or tolerated.

Responsibility

Management commitment and employee involvement are complementary and essential elements to an effective workplace safety policy.

Management is committed to:

1. Demonstrating organizational concern for employee emotional and physical safety and health;
2. Exhibiting an equal commitment to the safety and health of employees and patients;
3. Assigning responsibility and ensuring that all supervisors and employees understand their obligations;
4. Creating a clear policy of zero tolerance for workplace violence;
5. Ensuring that no employee who reports or experiences workplace violence faces reprisals;
6. Encouraging employees to report incidents promptly;
7. Suggesting ways to reduce or eliminate risks;
8. Providing ongoing training to employees for this policy; and
9. Keeping records of all workplace violence incidents.

We need employee cooperation to implement this policy effectively and maintain a safe working environment by adhering to the following:

1. Understanding and complying with the workplace violence and security policy;
2. Participating in employee complaints or suggestion procedures covering safety and security concerns;
3. Reporting violent incidents promptly and accurately;
4. Taking part in ongoing training and support;
5. Do not ignore violent, threatening, harassing, intimidating, or other disruptive behavior;
6. Do not ignore suspicious persons or activities. If you observe or experience such behavior by anyone, whether they are an employee or not, report it immediately to your supervisor.
7. Secure your desk or office at the end of the day;
8. When called away from your work area for an extended time, do not leave valuable or personal articles in or around your workstation that may be accessible. The security of facilities and the welfare of our employees depends upon the alertness and sensitivity of every individual to potential security risks.
9. You should immediately notify your supervisor when unknown persons are acting in a suspicious manner in or around the facilities or when keys, security passes, or identification badges are stolen or missing.

Training

Workplace Violence and Security Training includes, but is not limited to, the following:

1. Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards;
2. Methods to diffuse hostile or threatening situations;
3. Evacuation and Escape routes; and
4. Explanation of the Workplace Violence Prevention Policy.

Training and instruction will be provided as follows:

1. To all current employees when the policy is first implemented;
2. To all newly hired employees during orientation;
3. Ongoing training no less than once per year for all employees; and
4. To affected employees whenever management is made aware of a new or previously unrecognized hazard.

Procedures for Incidents

Any employee who believes they are being threatened with violence, is with a hostile person(s), or is witnessing an act or threat of violence shall take the following steps:

1. Attempt to diffuse the situation safely – empathy is the most essential communication tool to use in attempts to deescalate the situation:
 - a. What to Say and Do:
 - i. Remove the means for violence whenever possible;
 - ii. Keep sentences short, repeat if needed, and use a minimum amount of words;
 - iii. Stay at a safe distance;
 - iv. One person should speak at a time;
 - v. Talk slowly in a quiet, calm voice;
 - vi. Maintain a calm, non-threatening environment;
 - vii. Listen and ask for clarification of the individual's statements.
 - b. What Not to Say and Do:
 - i. Do not joke;
 - ii. Do not talk too much;
 - iii. Do not have more than one person talking to the person at a time;
 - iv. Do not talk too loud or too fast;
 - v. Do not overwhelm the person with stimuli;
 - vi. Do not touch the person or get too close;
 - vii. Do not make quick moves or reach into pockets;
 - viii. Do not interpret what the person is saying or jump to conclusions;
 - ix. Do not be judgmental; try to understand the person's point of view;
 - x. Do not reply to verbal challenges;
 - xi. Avoid debate and confrontation.
2. Ask the other party to calm down;
3. Call out for immediate help;
4. Any available employee who hears the cry for help must assist; the supervisor must be notified immediately;
5. The supervisor and additional staff will take over and attempt to seclude or separate the person from other workers or patients;
6. If this is disruptive to other patients, employees should remain with them or move them to an area further away from the immediate threat;
7. If the threat of violence elevates, 911 should be called for law enforcement intervention, and employees should proceed with an emergency evacuation;
8. Return to normalcy as soon as possible once the person is no longer on company property; and
9. The supervisor will complete the *Workplace Violence Incident Report Form* and submit copies to Human Resources and the Health and Safety Officer as soon as possible.

Incident Investigation

Acts of violence or threats will be investigated immediately to protect employees from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. PMA's Health and Safety Officer will follow the following procedure following an incident:

1. Will visit the scene as soon as possible;
2. Will interview injured and threatened employees and witnesses;
3. Will examine the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator;
4. Will determine the cause of the incident;
5. Will take mitigating action to prevent the incident from recurring; and
6. Will record the findings and any mitigating actions taken.



Health and Safety Program

Confirmation of Receipt

I understand that employee health and safety are of the utmost importance to Pulmonary, Critical Care, Infectious Disease, and Sleep Medicine Associates.

I have received a copy of PMA's Health and Safety Program and training related to my responsibilities for keeping the workplace safe. I acknowledge that it is my responsibility to read and understand the policies and procedures contained in the program.

I acknowledge that I have been informed that I can be subject to disciplinary action if I fail to comply with the Health and Safety Program.

I have had an opportunity to ask any questions regarding this program. I commit to asking my supervisor or office safety officer any related questions that may come up in the future or if I am unsure how to proceed with my work related to this topic. I have been informed who PMA's Health and Safety Officer is.

Employee's name (print): _____

Employee's Signature: _____

Date: _____



Review Documentation

Review Date	Reviewed By	Approved by		Review Date	Reviewed By	Approved By
5/22/2012	Health and Safety Officer	Health and Safety Officer				
07/01/2013	Health and Safety Officer	Health and Safety Officer				
07/07/2014	Health and Safety Officer	Health and Safety Officer				
10/01/2015	Health and Safety Officer	Health and Safety Officer				
12/12/2016	Health and Safety Officer	Health and Safety Officer				
10/30/2017	Health and Safety Officer	Health and Safety Officer				
11/30/2018	Health and Safety Officer	Health and Safety Officer				
10/30/2019	Health and Safety Officer	Health and Safety Officer				
11/20/2020	Health and Safety Officer	Health and Safety Officer				
11/20/2021	Health and Safety Officer	Health and Safety Officer				
12/19/2022	Health and Safety Officer	Health and Safety Officer				