**Safety, Infection Control and Behavioral Guidelines**

**Safety and Health**

* Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated sharps is prohibited.
* Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in clinical treatment areas.
* Personal Protective Equipment (PPE) must be worn when there is the potential of occupational exposure.
* Each Practice location as an individualized evacuation plan.
* Emergency eyewash stations are located within the Lab.
* If you are injured on the job, you are to notify your supervisor immediately.
* Your injury will be investigated so that we can determine the cause, learn from our mistakes and take corrective action.
* If it is a life-threatening injury, you will be taken to the nearest Emergency Room.

**Exposure Control**

* Universal Precautions – an approach to infection that requires all human blood and other human body fluids to be treated as if known to be infections for HIV, HBV and other bloodborne pathogens.
* Standard Precautions – a higher level of precautions based on the principle that blood, body fluids, secretions, non-intact skin, mucous membranes, and excretions may contain transmissible infectious agents.
* Handwashing
  + Considered to be the single most important practice to reduce the transmission of infectious agents.
  + Appropriate hand hygiene will be performed before gloving and after clinical procedures.
  + Wash hands immediately after the removal of gloves.
  + Wash hands and any other exposed skin with soap and water immediately following contact with bodily fluids.
  + Wash hands before and after personal breaks for lunch, and bathroom use.
  + Use of waterless disinfecting gels & foams are to be used when hand washing facilities are not immediately available.
* PPE can be found in the Lab
* PPE includes:
  + Nitrile Gloves
  + Safety Glasses with Side-shields
  + Face Shield
  + Lab Coats
  + Face Masks
* **Hazardous Communication**
* Safety Data Sheets (SDS) are kept on all hazardous chemical products that are used in our Practice.
* SDS books are maintained in the clinical area and are accessible to all employees.

**Fire Safety**

* Each Practice location is equipped with portal fire extinguishers.
* In the event of a fire remember the acronym “R.A.C.E.”
* **R**escue people in harm’s way.
* **A**larm
* **C**ontain the fire if possible
* **E**scape or extinguish
* Leave the area immediately if:
  + Your path of escape is threatened
  + The extinguisher runs out of agent
  + The extinguisher proves to be ineffective
  + You can no longer safely fight the fire
* Remember the acronym – “P.A.S.S.”
  + **P**ull the pin
  + **A**im the nozzle at the base of the flames
  + **S**queeze the trigger while holding the extinguisher upright
  + **S**weep the extinguisher from side to side, covering the affected area with the extinguisher agent.

**Dress and Appearance**

* Dress neatly in attire appropriate for a pediatric setting and observe personal hygiene procedures in accordance with the courtesy and respect due to others. Scrubs or business casual clothing preferred. No Jeans.
* Follow the direction of the school dress code; no shorts, short skirts, or low-cut tops; no clothing containing vulgar language and/or pictures; no advertisement of drugs, alcohol, tobacco products or weapons
* No open toed shoes; tennis shoes are preferred
* No exposed underclothing
* No visible piercings other than ears
* No perfumes or body scents
* Jewelry must be worn only in moderation

**Parking** - Park away from the building as spaces closet to the building are reserved for our patients.

**Use of Cell Phones and Company Telephones** - No outgoing long-distance personal calls from company telephones; local personal calls should be limited to those that are essential. Cell phones cannot be used in patient treatment areas and must always be kept on a non-audible setting.

**Smoking** - Smoking is prohibited in all Coastal Pediatric Associates buildings and any place on Coastal Pediatric Associates property.

**Use of Electronic Equipment** – Never remove any Coastal Pediatric Associates computer equipment or software from the building(s) without permission. No software shall be loaded onto any computer except by or with the written or electronic permission of the Information Systems Director. Unacceptable and prohibited uses of the Coastal Pediatric Associates computer system include, but are not limited to the following:

* **Do not share passwords with others.**
* Computers are provided for completing your job duties and are **not for personal use** without the expressed consent of management.
* No external devices such as flash drives, external hard drives, software etc. are to be connected to any Coastal Pediatric Associates Pediatrics computer.
* Communicating, disseminating, downloading, or printing any copyrighted material, trademarks, trade names, or personal images in violation of any laws;
* Communicating, disseminating, downloading, or printing any threatening abusive, rude, disrespectful, discriminatory, sexually suggestive, or obscene material;
* Communicating or disseminating any material constituting a protectable trade secret;
* Transmitting commercial activities by for-profit institutions or otherwise using the systems for the user’s direct personal financial gain;
* Product advertisement;
* Political lobbying;
* Communicating, disseminating, downloading, or printing any illegal material or material for use in or that furthers illegal activities;
* Tampering or bypassing in any way software, security devices or security procedures installed on any Coastal Pediatric Associates computer in order to control, monitor and filter unwanted Internet information or communication;
* Unauthorized viewing or transferring of material that is confidential or proprietary to Coastal Pediatric Associates; and / or
* Disseminating, downloading, or otherwise using destructive programs (i.e., viruses and / or self-replicating code).

**NON-EMPLOYEE ORIENTATION**

**Safety, Infection Control and Behavioral Guidelines**

**Confirmation**

I have received a copy of the orientation To Safety, Infection Control and Behavioral Guidelines and agree to abide by all the requirements of the Practice. I understand that any questions I may have are to be directed to my site contact or to the site office manager.

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Name

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Signature

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Date