DEPARTMENT:	Administration
POLICY NAME:	Workplace Safety
POLICY NUMBER:	ADMN 0189
OWNER:	Environment of Care Committee
ORIGINATION DATE:	11/89

SCOPE

This policy applies to all employees, credentialed medical staff, students, and volunteers.

PURPOSE

Both the employer and the employee have a responsibility to keep both the workplace and the workforce safe. Effective job safety programs add value to the workplace and help reduce worker injury and illness.

DEFINITIONS

JSA – Job Safety Analysis

OSHA – Occupational Safety and Health Administration

Weapons - anything designed or used for inflicting bodily harm or physical damage.

POLICY

A. The organization is committed to operating in a manner that promotes safety, health, and efficiency while providing quality patient care.

B. Our employees have a right to a safe workplace and the OSHA law requires employers to provide their employees with safe and healthful workplaces.

C. Our intention is to provide a place of employment free of recognized hazards.

D. This commitment to providing a safe workplace requires that safety be fully considered in all phases of operation.

E. It is the duty and responsibility of every employee of the facility to give their full support to this program.

F. The OSHA law also prohibits employers from retaliating against employees for exercising their rights under the law including the right to raise a health and safety concern or report an injury.

G. Our goal is to ensure that employees are protected from unsafe acts and conditions which might cause illness, injury, or financial loss to them, fellow workers, or others. This will be accomplished by:

1. Operating under the belief that accidents can be prevented
2. Working safely and understanding that complying with management developed safe work practices is a condition of employment
3. Developing and implementing written safety procedures
4. Training and orienting employees in safe practices, methods, and procedures
5. Providing appropriate safety equipment and requiring its proper use at all times
6. Striving to eliminate all accidents by providing knowledge, skill, and direction on an ongoing basis
7. Providing timely information to our employees on good health and safety practices
8. Requiring management personnel to hold all employees accountable for creating a safe and productive work environment
9. Not condoning any unsafe acts by employees

H. Repeated or willful violation of safety policies and/or procedures will result in discipline up to and including suspension or discharge.

PROCEDURE

A. General job safety orientation is provided through Computer Based Training (CBT) during initial employee orientation and annually through refresher training. This safety orientation is general in nature and does not cover the unique, or specific, hazards associated with specific departments and/or processes.

B. Department level safety orientation will be conducted and documented by department management as soon as reasonable based on the employees work schedule.

1. The job safety orientation will be unique to each department, and possibly job title, because the hazards of the job and the safety procedures to be followed will vary depending on where the individual works and their assigned task(s).

2. When similar processes exist in the organization, the provided safety information, orientation, and training will be standardized when practical.

C. The documented safety training will be completed by the supervisor and employee and sent to Human Resources to file in the employee's record. Human Resources will maintain a suspense file for new employees to ensure the job safety orientation is completed by department management and returned for file.

D. Employees and management will work together to identify potential hazards associated with job tasks and develop recommendations for safer job completion.

JOB SAFETY ANALYSIS

A. The primary method to accomplish a workplace hazard assessment and prevention planning will be through a Job Safety Analysis (JSA).
B. There are four basic steps to performing a Job Safety Analysis:

1. Select the job to be analyzed

2. Break the job down into a defined sequence of steps or tasks
3. Identify the potential hazards of each task
4. Develop preventative measures to reduce or eliminate hazards

C. Selecting the job to be analyzed sounds simple, but it is a vital consideration when employers have limited time and resources to analyze all of the various jobs associated with their operations. In addition, job tasks often change with the introduction of new equipment, supplies, processes, or work environments. Generally, JSAs should be prioritized using the following criteria:

1. Jobs with the highest frequency or severity of incidents and injuries
2. Jobs with the highest *potential* for injury or illness
3. Newly implemented jobs and processes where hazards have not yet been fully identified
4. Recently modified jobs and processes
5. Non-routine jobs where workers may not have high awareness of hazards

D. Before discussing job task breakdown, it's helpful to first draw a distinction between "tasks" and "jobs" when discussing JSAs.

1. "Tasks" are the individual steps or functions that are required, in sequence, to complete a multi-step work process, or "job." To perform a thorough and accurate JSA, each job must be broken down into a clearly defined sequence of individual tasks.

2. Management should avoid defining individual job tasks too narrowly or too broadly. Generally speaking, a job should contain no more than 10 individual tasks.

3. If your JSA exceeds this number, consider separating the job into two or more separate phases.

E. Job task breakdown is typically accomplished through direct observation, with at least one management team member or direct supervisor familiar with the job recording the series of individual tasks as they are performed by an experienced employee.

1. Observation of an experienced employee helps ensure that job tasks are performed in the proper sequence with a high level of precaution, helping to identify unforeseen hazards more easily.
2. Once the observation is complete, participants should convene to review the findings and ensure that all steps were sufficiently identified.

F. A number of questions should be asked to assess the potential hazards in performing individual job tasks. Proceed through the sequence of job tasks one at a time and answer questions such as:

1. Are there any pinch points or potential for body parts to be caught between moving parts?
2. Does the equipment in use present any potential hazards?

3. Is there a potential for slips, trips or falls?
4. Is there a risk of injury due to excessive strain from lifting, pushing or pulling?
5. Is there a risk of exposure to extreme heat or cold?
6. Does the task expose employees to excessive noise or vibration?
7. Is there potential for exposure to toxic/hazardous substances, harmful radiation or electrical hazards?

G. This list is by no means exhaustive and the questions asked should reflect the unique potential hazards and work environments associated with each job. Employees performing the tasks for which the job safety analysis is being conducted should provide input and insight to the hazard identification process and strive to consider every possible outcome in the performance of each task.

DEVELOPING PREVENTATIVE MEASURES

A. There are four common strategies used in developing preventive measures for hazards associated with job tasks. They are listed here in order of priority.

1. **Eliminate the hazard** — Select alternate processes, modify existing processes, use less hazardous substances, modify the work environment or modify equipment.

2. **Contain the hazard** — Prevent contact or proximity to hazards using machine guards, enclosures, safety mechanisms and other engineering controls.

3. **Revise work procedures** — Eliminate hazardous tasks where possible, change the sequence of tasks or add additional steps where precautionary measures are appropriate.
4. **Reduce hazard exposure** — Minimize instances of hazard exposure, make use of personal protective equipment (PPE), and provide injury and illness treatment (e.g. first aid, eyewash stations, medical facilities).

B. These hazard prevention measures are listed in order of priority, with hazard elimination widely considered to be the most effective, longest-term solution to improving job safety.

C. Hazard Control Measures Information obtained from a job hazard analysis is useless unless hazard control measures recommended in the analysis are incorporated into the tasks. Managers should recognize that not all hazard controls are equal. Some are more effective than others at reducing the risk. The order of precedence and effectiveness of hazard control is the following:

1. Engineering controls.
2. Administrative controls.
3. Personal protective equipment.

Engineering controls include the following:

1. Elimination/minimization of the hazard—Designing the facility, equipment, or process to remove the hazard, or substituting processes, equipment, materials, or other factors to lessen the hazard;
2. Enclosure of the hazard using enclosed cabs, enclosures for noisy equipment, or other means;
3. Isolation of the hazard with interlocks, machine guards, protective barriers, or other means; and
4. Removal or redirection of the hazard such as with local and exhaust ventilation.

Administrative controls include the following:

1. Written operating procedures, work permits, and safe work practices;
2. Exposure time limitations (used most commonly to control temperature extremes and ergonomic hazards);
3. Monitoring the use of highly hazardous materials;
4. Alarms, signs, and warnings;
5. Buddy system; and
6. Training

Personal Protective Equipment—such as respirators, hearing protection, protective clothing, safety glasses, and hardhats—is acceptable as a control method in the following circumstances:

1. When engineering controls are not feasible or do not totally eliminate the hazard;
2. While engineering controls are being developed;
3. When safe work practices do not provide sufficient additional protection; and
4. During emergencies when engineering controls may not be feasible.

REPORTING

Any injury, no matter how slight, must be reported at once to a supervisor and appropriate treatment administered if requested. Refer to policy IV-53, Work Related Injury or Illness for more information.

RESPONSIBILITY

Employees and management have a responsibility to work together to eliminate or reduce workplace hazards to help keep everyone safe and reduce worker injuries and illnesses.

REFERENCES

A. OSHA Job Hazard Analysis, Publication 3071, 2002 (Revised)

B. Maryland Occupational Safety and Health Act, July 5, 1973 (38 FR 17837), State Plan Certification, February 5, 1980 (45 FR 10337), and 18(e) Final Approval, July 18, 1985 (50 FR 29220)

C. The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Environment of Care, Standard EC.02.01.01, The hospital manages safety and security risks.

RELATED POLICIES

HR, III-13, Mandatory In-Services
HR, IV-53, Work Related Injury or Illness
HR, V-11, Departmental Standards of Conduct

General Employee Safety Rules

These general rules should be followed regardless of job title and they are for the safety of patients, employees, and visitors. Failure to perform your job in a safe and efficient manner can cause severe injury to yourself, your fellow employees, and/or patients.

1. Any on duty injury, no matter how slight, must be reported at once to a supervisor and appropriate treatment administered.
2. Proper shoes and clothing must be worn by all employees. If specific safety shoes and/or clothing is required for a specific duty, then appropriate safety foot wear and/or clothing will be worn while working.
3. Machinery or equipment will not be operated, adjusted, or repaired except by staff that are trained and authorized.
4. Equipment must be checked before using and defects should be reported immediately.
5. Good housekeeping is the responsibility of each employee and all work areas will be kept clean.
6. Using, possessing, or being under the influence of alcohol or drugs on facility property is dangerous and prohibited.
7. When lifting materials or transferring/lifting patients, proper procedures will be followed. DO NOT STRAIN. Use proper body mechanics and, if needed, use appropriate lift equipment.
8. Employees are to be aware of their nearest fire extinguisher location and its proper use.
9. All ladders, regardless of their height (with the exception of stepladders), must have non-skid feet.
10. All power sources are to be locked out prior to electrical equipment maintenance.
11. Any cords with exposed wires must be reported immediately.
12. Universal precautions will be followed at all times.
13. All spills will be cleaned up immediately by the employee who first sees the condition. Never leave a spill unattended.
14. Push (do not pull) all rolling items such as carts and chairs from the end or back. Avoid having your hands where they can strike door frames or other objects.
15. Floors will be mopped on only one side at time. WET FLOOR signs must be posted and removed immediately once the floor is dry.
16. Employees will not stand on any object other than an approved stepstool or ladder designed for that purpose.
17. Keep guards on power equipment such as saws, food choppers, grinders, and slicers in place at all times.
18. Never leave cabinet drawers or doors in a position where they will create a hazard.
19. Electrical cords will not be left across hallways, stairs, or doorways.
20. All electrical cords will be maintained in good condition. If a cord is frayed, a plug loose, or the grounding pin on a plug is broken, do not use it. Report it immediately to your supervisor.
21. The use of any extension cords should not be permitted in patient care areas. Submit a facility's engineering work order for needed power receptacles.
22. Injection needles will be disposed of in the proper container and not in the regular trash.
23. Razors and other sharps will be disposed of in sharps containers.
24. Report any condition or practice that might cause an injury or damage equipment.

DEPARTMENT: Meritus Medical Laboratory and MSOM

NAME: Blood and Body Fluid Exposure Management

POLICY NUMBER: SOP ADM GL 100

ORIGINATOR: Quality Assurance Coordinator

EFFECTIVE DATE: 04/18

SCOPE

Meritus Medical Center Laboratory Staff and MSOM students that registers, collects, and/or tests blood associated with a blood or body fluid exposure associated with a needlestick.

PURPOSE

To establish a uniform system for the registrations, collection, testing, and reporting of persons sustaining exposure to blood or other body fluids via needle stick, other percutaneous injury, mucous membrane exposure (e.g. splash to eye or mouth), or contact with non-intact skin.

POLICY

A. SPECIMEN

Specimens that will be collected and received in the lab will be the following:

Source	Exposed
Gold Top SST for Hepatitis and HIV testing	Gold Top SST for Hepatitis and HIV testing
Lavender Top EDTA or white top for Hepatitis C testing*	

*Specimen must be centrifuged and aliquoted within 24 hours

Specimens may be kept at room temperature for up to 72 hours or refrigerated up to 14 days.

PROCEDURE

A. PROCEDURE – MERITUS Student or EMPLOYEE SEEN IN EMERGENCY DEPARTMENT

Step	Action
1.1	Laboratory receives notification by administrative nursing supervisor (ANS) or Emergency Department (ED) at extension 8708 that exposure protocol has been initiated.
1.2	Source and Exposed completed paperwork is hand-delivered or sent through the pneumatic tube system to the emergency department STAT lab (EDSL) Note: Paperwork should include the following: Source Informed Consent (Appendix A), Source Testing Worksheet (Appendix B), and Exposed Informed Consent (Appendix C)
2.1	Laboratory Technologist/Technician/Lab Assistant/Client Support Representative in the EDSL register the source and exposed through a confidential process utilizing steps 2.2-2.3
2.2	Exposed Employee Registration and Requisition: In EPIC a. Select Requisition Entry

	b. Select Merits Employees for submitter c. Enter Patient Name as written OCC0000 S F/M last 4 will be SS# d. Look up key and enter info from C, SEX, DOB and click FIND PATIENT e. Then enter SS# if provided if not enter 000000000. f. Click new g. Authorizing provider Johnson,Gaylen h. Enter Diagnosis codes on paper Z77.21, Z57.8 i. Click on procedure box and enter EXPOSURE pick EXPOSURE aka exposure needlestick panel SOURCE. (LAB1840) j. Enter specimen source k. Click on Create specimen and enter date and time collected l. Receive specimens. m. Print and Label specimens
2.3	Centrifuge and take to appropriate departments for testing.
2.4	Physician will order exposure labs for source patient in EPIC. Lab orders will appear on phlebotomy handheld device for collection.
2.5	Phlebotomist must be notified by phone of exposure source patient name and room number to obtain specimen collection Note: Records should be checked on the Source patient to determine if appropriate specimens from previous collections could be utilized
3.1	Specimens collected and labeled with patient medical record number and name created with confidential registration
3.2	Send Specimens, consents and order sheets to laboratory in Suite #230
4.1	Scan consents and order sheets into the appropriate confidential record under media manager.
4.2	Send original consent and order sheet to Employee Health

B. PROCEDURE – EXPOSED Meritus EMPLOYEE or Student SEEN AT HEALTH @ WORK

Step	Action
1.1	Laboratory receives blood and completed exposure paperwork on exposed employee through courier delivery from Health @ Work (H@W) to the Core Laboratory Note: H@W treats Meritus employees and non-Meritus employees for exposures. Paperwork will indicate if employee is a Meritus or a non-Meritus employee. Note: Paperwork should include the following: Exposed/Source H@W Laboratory Order Form
1.2	Source: a) Source is an inpatient of Meritus Medical Center: Follow step 2.2 thru 4.1 above in Procedure Section A. Consent forms will be sent to the Core Laboratory through the pneumatic tube system from the ANS. b) Source is an outpatient: Source is instructed by H@W to have blood collection at Robinwood Patient Service Center (HLR), but could present at any PSC location. Source will present with completed H@W paperwork.

	Note: If exposure occurs at a collection site during business hours, the source should be asked for consent to test and specimens collected prior to source leaving the establishment. c) Specimen should be collected and labeled with patient name, date of birth, and social security number.
1.3	Source specimens and paperwork are delivered to the Core Laboratory through pneumatic tube system from Robinwood or delivered by the courier service
2.1	Client Support Representative in the Core Laboratory registers the outpatient source and exposed through a confidential process utilizing steps 2.2-4.1 above. Inpatient source registration must be performed by physician treating the patient.

C. Procedure – Non-Meritus/First Responder (EMS, Police, etc.) Employee seen in Meritus ED

1.1	Enter under Requisition Entry and choose the appropriate Physician office or police etc. If not found use General non participating client. Follow all steps as indicated above 2.2 -4.1 Confidential naming convention is not required for non-Meritus employees or exposures to First Responders in route to Meritus.
1.2	Consent forms for exposed should still be obtained by ED and sent to Laboratory. Ordering physician will be Ali, Mohammed Source may not be available for registration or collection.
1.3	Specimens can be ordered under patient ED account for appropriate billing.

MERITUS HEALTH

DEPARTMENT:	Employee Health
POLICY NAME:	Pre-Placement & Annual Employee & Student Screening: Vaccine-Preventable & Communicable Disease
POLICY NUMBER:	
ORIGINATOR:	Employee Health, MSOM, Infection Prevention and Control
EFFECTIVE DATE:	6/99, Revised 12/2024

SCOPE:

This policy applies to employees, medical staff, MSOM students, other students, and contractors

PURPOSE

The intent of the policy/procedure is to prevent and/or control vaccine preventable and communicable disease in Meritus Medical Center (MMC) staff, volunteers, consultants, physicians, contractors or any patient contact personnel. The goal is the prevention of transmission of disease to MMC patients and to ensure safety for the MSOM student, faculty and staff.

POLICY

A. Employee Health: The screening of all new staff and physicians, provision of vaccine, screening, referral for treatment if necessary, and post exposure evaluation for communicable disease as needed for all MMC staff, volunteers, consultants, physicians, contractors or any patient contact personnel and to screen all MSOM students pre-matriculation to MSOM school

B. Managers/Directors/Supervisors:

1. Staff will not be allowed to work without completion of all required screening by Employee Health.

2. All contractors and students must include verification of vaccination and TB Screening status to Human Resources before entry/work within any MMC facilities.

C. Pre-Employment & Pre-Matriculation Screening: All students & staff are required to comply with the following requirements to protect themselves and patients. At the discretion of the VP, Human Resources and Chief Quality Officer, during a State of Emergency, some of the titers/immunizations except for TB screening may be waived and/or delayed in order to meet emergency staffing needs. Those which may be waived (for temporary staff only) and delayed (for temporary or permanent staff) are: Rubella (German Measles, 3-day Measles), Measles (Rubeola, Red Measles, 7-day Measles), Mumps, Varicella (Chickenpox) and Tdap.

1. TB Screening

a. Baseline testing for M. tuberculosis Infection

1) All newly hired employees
2) All newly appointed medical staff members and allied health professionals
3) All new Auxiliary members
4) Students and contractors are required to submit evidence of testing according to the contractual agreement

b. There are two kinds of tests that may be used to determine if any of the above personnel have been infected with TB bacteria: the Tuberculin Skin Test (TST) or TB blood tests.

1) Tuberculin Skin Test (TST)

a) Two-step testing will be performed on HCW's (Healthcare Worker's) whose initial TST results are negative.
b) The second TST will be administered 1 week after the first TST result was read. A second TST is not needed if the HCW has a documented TST result from any time during the previous 12 months
c) The standard 5 IU (0.1 ml) dose of PPD will be used for the Mantoux test
d) Pregnancy or previous BCG vaccination are not contraindications for TST
e) TST must be read by designated, trained personnel on the second or third day after injection.
f) Interpretation of TST results will be according to current CDC guidelines based on risk factors

2) TB Blood Testing

a) Blood test with positive results will be reviewed by Health at Work physician with follow-up based on current CDC Guidelines

2. Rubella (German Measles, 3-day Measles)

a. Proof of disease through blood test positive for rubella antibody OR
b. Two doses of live rubella virus vaccine on or after one (1) year of age
c. Vaccine Exemption may be granted for staff who presents a written statement from a licensed physician indicating that immunization against rubella is medically contraindicated or detrimental to the person's health. If this is a temporary exemption is must state the date when the person may receive the vaccine.
d. Healthcare workers who refuse vaccination:
   1) Exposed HCW's will be furloughed during their incubation period, and if they contract the disease, during the contagious period
   2) In event of a community outbreak they will be furloughed for the incubation period after the last known case within the community (determined by notification from the Health Department)

3. Measles (Rubeola, Red Measles, 7-day Measles)

    a. Proof of disease through blood test positive for measles (Rubeola) antibody OR
    b. Two doses of live measles vaccine on or after one (1) year of age
    c. Vaccine Exemption may be granted for staff who presents a written statement from a licensed physician indicating that immunization against measles (Rubeola) is medically contraindicated or detrimental to the person's health. If this is a temporary exemption is must state the date when the person may receive the vaccine.
    d. Healthcare workers who refuse vaccination:
        1) Exposed HCW's will be furloughed during their incubation period, and if they contract the disease, during the contagious period
        2) In event of a community outbreak they will be furloughed for the incubation period after the last known case within the community (determined by notification from the Health Department)

4. Mumps

    a. Proof of disease through blood test positive for Mumps antibody OR
    b. Two doses of live mumps vaccine on or after one (1) year of age
    c. Vaccine Exemption may be granted for staff who presents a written statement from a licensed physician indicating that immunization against mumps is medically contraindicated or detrimental to the person's health. If this is a temporary exemption is must state the date when the person may receive the vaccine.
    d. Healthcare workers who refuse vaccination:
        1) Exposed HCW's will be furloughed during their incubation period, and if they contract the disease, during the contagious period
        2) In event of a community outbreak they will be furloughed for the incubation period after the last known case within the community (determined by notification from the Health Department

5. Varicella (Chickenpox)

    a. Proof of disease through blood test positive for Varicella antibody OR
    b. Two doses of Varicella vaccine on or after one (1) year of age
    c. Vaccine Exemption may be granted for staff who presents a written statement from a licensed physician indicating that immunization against varicella is medically contraindicated or detrimental to the person's health. If this is a temporary exemption it must state the date when the person may receive the vaccine.
    d. Healthcare workers who refuse vaccination:
        1) Exposed will be furloughed during their incubation period and if contract disease during the contagious period
        2) In event of a community outbreak they will be furloughed for the incubation period after the last known case within the community (determined by notification from the Health Department)

6. Tdap

    a. Proof of one-time dose of Tdap vaccine- after Tdap Health care providers should receive Td boosters every 10 years for future immunizations.
    b. Vaccine Exemption may be granted for staff who presents a written statement from a licensed physician indicating that immunization against Tdap is medically contraindicated or detrimental to the person's health. If this is a temporary exemption is must state the date when the person may receive the vaccine.
    c. Healthcare workers who refuse vaccination:
        1) Exposed HCW's will be furloughed if they contract the disease during contagious period or until five days of effective therapy
        2) In event of a community outbreak they will be furloughed for the incubation period after the last known case within the community (determined by notification from the Health Department)

7. Hepatitis B

    a. Proof of Hepatitis B immunity through:
        1) Antibody testing showing immunity to disease
        2) Documentation of completion of Hepatitis B Vaccine series
        3) Signed declination form if Hepatitis B Vaccine refused

D. Periodic Screening

1. Tuberculosis (See TB Control Plan) – Annual symptoms questionnaire is completed as classified as "low risk".
2. Influenza (See Influenza Policy/Procedure)
    a. All health care workers are required to receive annual Influenza Vaccination
    b. Exemption approval of influenza vaccine is required for medical or religious reasons. See Influenza Vaccination policy for further information.

REFERENCES

A. Control of Communicable Disease Manual 20th Edition, 2014. Report of the American Public Health Association. David L Heymann, M.D., Editor.

B. American Academy of Pediatrics. Red Book: 2021 Report of the Committee on Infectious Diseases. Pickering LK, ed. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics;

C. Elizabeth A. Bolyard, RN, MPH, Ofelia C. Tablan, MD, Walter W. Williams, MD, Michele L. Pearson, MD, Craig N. Shapiro, MD, Scott D. Deitchman, MD, and The Hospital Infection Control Practices Advisory Committee CDC Special Report Guideline for Infection Control in Health Care Personnel 1998 http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf

D. Epidemiology and Prevention of Vaccine-Preventable Diseases. The Pink Book 2021. https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html

Appendix A

Vaccine Preventable Disease: Immunization of Healthcare Personnel
April 2017

Summary: This document utilizes/summarizes the 2006 Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) on Influenza Vaccination of Health-Care Personnel, 2011 Center for Disease Control, ACIP and HICPAC Recommendations for the Immunization of Health-Care Workers and the 2006 CDC and HICPAC Guidelines for Infection Control in Health Care Personnel. The focus is on the protection of staff at risk for exposure to and possible transmission (to patients) of vaccine-preventable diseases. The maintenance of immunity is an essential part of prevention and the optimal use of immunizing agents that safeguards the health of the workers and protects patients from becoming infected through exposure to infected workers. The American Hospital Association, Center for Disease Control, ACIP, HICPAC, CMS and Joint Commission all endorse the concept of immunization programs for hospital personnel (paid, unpaid, contracted).

Background:

Ensuring health care workers are immune to vaccine preventable disease is an integral part of a successful Employee Health and Infection Control programs. The prevention of illness through a comprehensive personnel immunization program is far more cost effective than case management and outbreak control for any health care system. The national guidelines by the U.S. Public Health Service's Advisory Committee on Immunization practices have detailed vaccines to include in any health care immunization program based on:

1) The likelihood of personnel exposure to vaccine-preventable diseases and the potential consequences of not vaccinating personnel
2) The nature of employment (type of contact with patients and their environment) and
3) The characteristics of the patient population within the health care organization.

The following vaccine preventable diseases are those that may occur in the community or within the health care organization and affect both staff and patients. These can be prevented within the Meritus Health System through a program that requires a review for all staff, volunteers, students and other contracted staff of their immunization and/or disease status.

1) **Hepatitis B** has caused an estimated 100 to 200 annual deaths in health care workers due to occupationally acquired infection. The Hepatitis B vaccine can prevent transmission of Hepatitis B and is recommended for all health care workers with known or potential risk of exposure to blood or other potentially infectious materials. The OSHA bloodborne pathogen standard mandates the vaccine be made available at the employer's expense with post-vaccine serologic screening to determine whether response has occurred. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS which states:
   1910.1030(f)(1)(i)

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
1910.1030(f)(1)(ii)

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
1910.1030(f)(1)(ii)(A)
Made available at no cost to the employee;
1910.1030(f)(1)(ii)(B)
Made available to the employee at a reasonable time and place;
1910.1030(f)(1)(ii)(C)
Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and 1910.1030(f)(1)(ii)(D)
Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).
1910.1030(f)(1)(iii)
The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

2) **Diphtheria**: This is currently a rare disease in the United States however there have been increasing epidemics in Russia and Europe (at least 20 of the cases in Europe were imported from other countries) and some United States citizens visiting overseas. This is an illness that requires a booster every 10 years for adults however the estimate is that anywhere from 22% to 62% of adults lack protective antibody levels. This immunization is recommended in conjunction with the tetanus and pertussis vaccine.
    a) In the event of exposure to the healthcare worker antimicrobial prophylaxis should be administered in addition to nasopharyngeal (NP) cultures and monitoring for signs and symptoms for seven (7) days. If workers become ill or have positive cultures they are out of work until completion of therapy and must have two negative (2) NP cultures at least 24 hours apart completed no sooner than two (2) weeks after completion of therapy.
3) **Measles (Rubeola):** Nosocomial transmission of measles virus has been well described in the medical literature. Measles remains an important infection worldwide, and the availability of an effective vaccine has significantly reduced cases. Endemic measles essentially has been eliminated in the United States, but the ease of global travel still allows imported measles cases. Until global elimination of measles is a reality, healthcare providers should be aware of the clinical manifestations of measles, means of diagnosis, and methods to limit transmission The prevention of the transmission of measles within a health care system to or from health care personnel is the documentation of measles immunity in staff along with adherence to airborne precautions for suspected and proven cases of measles. It needs to be noted that measles is frequently misdiagnosed during the prodromal stage and is highly transmissible during that time.
    a) In event of exposure to measles the non-immune healthcare worker will need to be excluded from duty from 5 days after exposure to 21 days after the **last** case of measles.

b) Personnel who become ill are out of work until 7 days after appearance of the rash or until acute symptoms subside, whichever is longer.
c) In event of an outbreak prompt administration of vaccine is necessary to halt disease transmission for staff without documentation of measles immunity. Immunity documentation consists of positive titers and/or two doses of Measles Vaccine at or after 12 months of age.

4) **Pertussis:** Nosocomial transmission of *Bordetella pertussis* has involved both patient and staff with non-immunized or partially immunized children at the greatest risk. Pertussis is highly contagious with secondary attack rates that can exceed 80% in households. The prevention of pertussis is the documentation of pertussis vaccination along with early diagnosis and treatment with implementation of droplet precautions.
   a) In event of an exposure a course of antimicrobial prophylaxis is recommended for persons exposed with unknown vaccine history. Work restrictions are not required unless the person becomes ill, is should be noted that communicability starts at the onset of the catarrhal stage where the symptoms are very non-specific such as runny nose, general malaise, etc.
   b) Personnel who become sick are to be out of work until completion of 5 days of antimicrobial therapy.
5) **Rubella (German Measles):** Nosocomial transmission of rubella has occurred to health care personnel as well as patients and visitors. The occurrence of Rubella in the United States is low however the diagnosis of rubella can be difficult as rubella is usually a very mild disease, lasting only a few days with 30% to 50% of cases subclinical or unapparent. The risk is to the unborn child with disease transmission to the pregnant women during the first trimester that can and does result in miscarriage and/or multiple birth defects. Ensuring immunity among all health care personnel is the most effective way to eliminate nosocomial transmission as the disease can be transmitted 1 week before to 5-7 days after rash (with many persons with no apparent rash).
   a) In the event of an exposure non-immune staff must be excluded from work from day 7 after exposure to 21 days after last known case.
   b) Personnel who become sick are to be out of work until 7 days after the start of the rash.
6) **Varicella (Chickenpox):** Nosocomial transmission of varicella is well recognized with sources for exposures that have included patients, health care personnel and visitors as well as children of staff. The complications from varicella increase with age with more that 50% of the varicella related deaths occurring in adults. The prevention of transmission of varicella is through the documentation of varicella immune status and appropriate contact and droplet precautions for persons with known/suspected diagnosis of varicella.
   a) In the event of an exposure non-immune staff must be excluded from work from day 10 after exposure to day 21 (28 if received VZIG).
   b) Personnel who become sick are to be out of work until all lesions are dry and crusted.

Discussion/Recommendations:

The following recommendations are for vaccine-preventable diseases for Meritus Healthcare System employees, volunteers, students, contracted persons:

1) ***Immunizations***
   a) **Hepatitis B-FEDERAL REQUIREMENT:**
      i) Documented immunity OR
      ii) 2 doses 4 weeks apart

iii) 3rd dose 5 months after second
iv) Serologic blood testing 1-2 months after last dose –
(1) No immunity 1 additional dose with follow-up testing
(2) If continued negative immunity repeat series and testing
(3) If remains negative then no further vaccinations OR
v) Declination allowed by law however employee may rescind declination and request vaccination at later date

b) **Pertussis, Diphtheria, Tetanus-OPTIONAL BUT RECOMMENDED:**
i) Single dose of Tdap (Tetanus, diphtheria, cellular-pertussis) vaccine for any staff that have not been previously vaccinated with Tdap

HCP should receive Td boosters every 10 years. iii). Signed exemption will require removal from work in event of an outbreak, as declared by the Health Authorities, of Diphtheria and/or Pertussis

(1) Prophylaxis for disease with vaccination may be available following exposure incidence

c) **Measles (Rubeola)-MARYLAND REQUIREMENT:**
i) Born in or after 1957 to have proof of immunity
(1) Two doses of live virus vaccine on or after first birthday or
(2) Laboratory evidence of immunity
(3) Consideration of proof for those before 1957 (studies show 5% to 9% may not be immune).
(a) If immunity not proven two (2) doses ≥28 days apart.
(4) Exemption allowed by law for medical and/or religious reasons.
(a) Medical exemption must be verified by physician
(b) Signed exemption will require removal from work in event of an outbreak, as declared by the Health Authorities, of Rubeola
(i) Prophylaxis for disease with vaccination may be available following exposure incidence upon approval by Health Authorities

d) **Rubella (German Measles)-MARYLAND REQUIREMENT:**
i) Born in or after 1957 to have proof of immunity
(1) One dose of live virus vaccine on or after first birthday
(a) NOTE: Only one (1) dose required but given usually with MMR
(2) Laboratory evidence of immunity.
(3) Consideration of proof for those before 1957 (studies show 5% to 9% may not be immune).
(a) If immunity not proven one (1) doses of vaccine.
(4) Exemption allowed by law for medical and/or religious reasons.
(a) Medical exemption must be verified by physician
(b) Signed exemption will require removal from work in event of an outbreak, as declared by the Health Authorities, of Rubella
(i) Prophylaxis for disease with vaccination may be available following exposure incidence upon approval by Health Authorities

e) **Mumps-MARYLAND REQUIREMENT FOR MMR:**
i) Born in or after 1957 to have proof of immunity
(1) Two doses of live virus vaccine on or after first birthday
(2) Laboratory evidence of immunity

(3) Consideration of proof for those before 1957
(a) If immunity not proven two (2) doses ≥28 days apart
(4) Exemption allows by law for medical and/or religious reasons.
(a) Medical exemption must be verified by physician
(b) Signed exemption will require removal from work in event of an outbreak, as declared by the Health Authorities, of Mumps
(i) Prophylaxis for disease with vaccination is available following exposure incidence upon approval by Health Authorities

f) **Varicella (Chickenpox)-OPTIONAL BUT RECOMMENDED:**
i) Two (2) doses of Varicella of vaccine OR
ii) Laboratory evidence of immunity OR
iii) Written verification of typical history of varicella disease by health-care provider OR
iv) Written verification of history of herpes zoster (shingles) by health-care provider

v) For persons without history of varicella serologic testing for immunity as 71-93% of adults without history are immune
vi) Signed exemption will require removal from work in event of an outbreak, as declared by the Health Authorities, of Mumps
(1) Prophylaxis for disease with vaccination is available following exposure incidence upon approval by Health Authorities

g) **Influenza-REQUIRED BY MERITUS POLICY:**
i) One dose of influenza vaccination annually OR
ii) Exemption for religious or medical reasons
(1) Exemption requires use of mask for staff within 6 feet of patients during the "Flu Season"

2) **Proof of immunity:** The requirements are to have an official immunization record with dates of vaccination OR lab reports showing positive immunity to Pertussis, Measles, Rubella, and Chickenpox. The allowing of verbal history (except with Varicella) is not permissible, Varicella can be verbal history with use of titer for staff that has negative history of disease.
3) **Waiver/Declination:** If choose to sign declination/exemption:
a) They may request the vaccine at a later date and revoke the waiver/declination
b) They sign that they will be removed from work in the event of an exposure or community outbreak. This is done on their PTO time. However, if employee becomes ill and can show exposure was within the workplace they may be eligible for Worker's Compensation.
4) **Implementation:**
a) **New Hires:** All new hires will be required to present proof of immunity to Measles, Rubella, Chickenpox and Pertussis prior to start date.
i) If employee unable to present proof then titers will be done with vaccines offered or waiver/declination for non-immune persons PRIOR to their start date.
b) **Students:** Inclusive in contract with Meritus Medical Center
c) **Current Staff:** Notify all staff of new procedures along with rationale of need to ensure their protection as well as the protection of our patient, staff and the community. This notification shall include how they may be able to obtain their immunization records or

titers such as OB/GYN offices as rubella done prior to deliveries, school records as all schools and universities have required these immunizations since the late 1980s. Phase in over one (1) year period with staff required to set an appointment with Employee Health during the month of their hire date. At the time of their initial contact for they will again be given information on where they may be able to locate their immunization records. At that time they can present their immunization records or other proof of immunity for measles, pertussis, rubella and varicella.

i) If unable to provide records then complete serological testing with follow-up for non-immune staff or offering vaccination or have signed waiver/declination.

REFERENCES

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3. Shapiro CN. Occupational risk of infection with hepatitis B and hepatitis C virus. Surg Clin North Am 1995;75:1047-56.
4. http://www.ncbi.nlm.nih.gov/pubmed/21531693
5. Mortimer EA Jr. Pertussis vaccine. In: Plotkin SA, Mortimer EA Jr, editors. Vaccines. Philadelphia: WB Saunders; 1994. p. 91-137.
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7. Deen JL, Mink CA, Cherry JD, Christenson PD, Pineda EF, Lewis K, et al. Household contact study of *Bordetella Pertussis* infections. Clin Infect Dis 1995;21:1211
8. http://www.cdc.gov/flu/healthcareworkers.htm
9. APIC Text Of Infection Control And Epidemiology- 4th Edition

VACCINE	INDICATIONS	REQUIREMENTS
Hepatitis B	1) All Healthcare workers with potential risk of exposure to blood or body fluids 2) Postexposure Protocol for employees with exposure to blood or body fluids with no documented immunity to Hepatitis B	1) Documented immunity – Serologic testing **OR** 2) 2doses 4 weeks apart with 3rd dose 5 months after 2nd dose 3) Serologic blood testing 1-2 months after last dose a) If positive no further follow-up b) If negative 1 additional dose, repeat testing c) If continues negative repeat series and testing d) If remains negative no further vaccine **OR** 4) Signed declination 5) Postexposure – Se Bloodborne Exposure Control Plan
Tdap-Tetanus, Diphtheria & Acellular Pertussis	All Healthcare Workers*	1) 1 dose if not already documented, regardless of dose of last Td 2) Booster every 10 years with Td **OR** 3) Signed declination
MMR-Measles, Mumps, & Rubella	All Healthcare Workers*	Persons born after 1957 1) Documented immunity – Serologic testing **OR** 2) 2 doses after 12 months of age at least ≥28 days apart **OR** 3) Signed declination
Varicella-Chickenpox	All Healthcare Workers*	1) Documented immunity – Serologic testing **OR** 2) 2 doses 4-8 weeks apart **OR** 3) Verification by Physician of a) Varicella Disease OR b) History of Herpes Zoster (Shingles) **OR** 4) Signed declination
Influenza	All Healthcare Workers*	1) 1 dose of influenza vaccine annually **OR** 2) Signed declination

*Includes fulltime, part-time, contracted, LIPS, students, volunteers

DEPARTMENT: Meritus Family Medicine Residency and MSOM

NAME: Resident/Faculty, student Well-Being and Fatigue Services

POLICY NUMBER:

OWNER: Meritus Residencies and Meritus Medical School

ORIGINATOR DATE: 06/19; 12/24/2023

SCOPE

Meritus Residency Programs and Meritus School of Osteopathic Medicine

PURPOSE

Meritus Residencies and the Meritus Medical School will build its physical environment, its gatherings, its communication strategies, its schedule, and its curriculum in such a way as to maximize opportunities for each member to thrive and to minimize pressures to conform to social habits that are not healthful.

POLICY

A. In the current health care environment, residents/fellows/faculty/student members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with MSOPTI, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

B. It is recognized by Meritus Residency Programs and by the Meritus School of Osteopathic Medicine that residency and medical school can be a time of intellectual and physical stress. Meritus Residencies and Meritus School of Osteopathic Medicine will build its physical environment, its gatherings, its communication strategies, its schedule, and its curriculum in such a way as to maximize opportunities for each member to thrive and to minimize pressures to conform to social habits that are not healthful.

C. All program staff and faculty maintain an awareness of the stressful nature of the residency, the medical school and are prepared to offer help for students/ residents/fellows/faculty who may manifest psychiatric, economic substance abuse, marital, or social difficulties. Meritus will provide a continually updated and available written list of how to access the many resources available to residents/fellows/faculty. This list will include names, titles, roles and responsibilities, and contact information.

D. Services: Students/ Residents/Fellows/Faculty will learn about the high-quality health care available to them and will have help enrolling during new employee orientation, their first day on the job.

A. Employee Assistance Program

1. The Meritus Employee Assistance Program (EAP) is a confidential service available to all Residents/Fellows/Faculty and is easy to use. Trustworthy counseling services include relationship, workplace, and resources pertaining to personal growth, healthy lifestyles, and family matters 301-766-7600 or 1-800-635-2774 meritushealth.com.

2. MSOPTI Resident Helpline: MSOPTI Residency Training Programs are committed and in support of MSOPTI residency training sites to provide quality graduate medical education. Residents training at MSOPTI sponsored residency programs can utilize the MSOPTI e-mail *HELPLINE* resource to communicate issues to the (MSOPTI) Designated Institutional Official (DIO) office.

4. Because your concerns are our concerns, residents/fellows are encouraged to ask questions, raise important training or compliance issues, report duty hours and working environment infractions, and/or identify areas for improvement. All reports of possible Resident Duty Hours and Working Condition infractions will be investigated by our office to ensure appropriate follow-up and resolution. If you are not comfortable in using the MSOPTI HELPLINE, you may communicate your concerns in writing, or by calling our office during normal work hours Monday-Friday, 8:00 a.m. – 4:30 p.m.

   MSOPTI DIO Office
   c/o WVSOM
   400 Lee Street North
   Lewisburg, WV 24901
   (304) 647-6343

B. Wellness

1. Meritus will promote efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships. Also, there will be efforts to promote workplace safety data and address the safety of residents/fellows/faculty members. Residents/fellows/faculty will be given reasonable opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

2. Meritus will encourage students/residents/fellows/faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence. Also, provide access to appropriate tools for self-screening.

3. Meritus has a dedicated Well-Being Program Specialist, Jordan Manley to serve all employees and may be contacted at (301) 790-8863. This department creates and distributes a bi-monthly Wellness E-Newsletter and maintains a Wellness Library. Please go to the Meritus link listed below to find information on everything from healthy recipes to walking maps to community health events.

   https://hub.meritushealth.com/employee%20resources/employee-wellness

C. Fatigue Information

1. Fatigue in a resident or student can be identified either by the resident him- or herself, a fellow resident, student or a faculty member.

   a. In either case, when recognized, the resident or student may be offered time for rest, especially if he/she has been on duty for more than 15 hours continuously. In this case, appropriate patient handoff must occur before respite time begins.

   b. In the case of fatigue due to unexpected duty as in the case of labor and delivery management of a continuity patient prior to a call, a resident may discuss this with his/her Residency Coordinator, Program Director (PD) or Assistant Program Director (APD).

   c. The team should work to develop a solution, which may include a call switch or coverage of a portion of a call by another resident as long as this does not cause a duty hour violation for the covering resident.

   d. When creating the night float, call, and clinic schedules, the Residency Coordinator, PD or APD also assign a backup resident who is available for coverage in these situations.

   e. A backup resident can also be assigned to assist a resident on inpatient hospital duty who is overwhelmed with an unexpected increase in patient volume or acuity.

2. The following resources are for your assistance:

   a. Call Room in Suite 200 in Robinwood. You may use this space to take a nap prior to driving home.

   b. Remember that we are all here to help one another. Do not hesitate to ask or receive help from your co-residents and supervising physicians. Everyone benefits when we are all at our best.

   c. Safe Ride Home- A "Safe Ride Home" policy addresses the situation in which a resident is excessively fatigued upon completion of his/her duty.

1) If a situation arises in which a resident or student is unable to safely drive home at the end of his/her shift due to extreme fatigue or a late hour, the resident or student is encouraged to take a nap prior to driving home if possible given the physical location and access to a secure location for sleeping.

2) In the absence of sleeping as an option, the resident or student should contact a local taxi company/uber for a safe ride home.

3) The resident should keep the receipt from the ride and bring it to the program office within 15 days of the ride for reimbursement of 100% of the fare.

4) The receipt must be accompanied by a description of the circumstances that caused the fatigue and required the use of the safe drive home.

d. The program offers this service as a way to encourage a resident who is fatigued and may be unsafe to drive home.

1) They should obtain a cab ride/uber home and these costs will be reimbursed.

2) The resident holds the responsibility in knowing when he or she needs to utilize this service.

3) The system is not to be abused and must be utilized when necessary.

D. Resident Advising

1. In PGY1, the academic advising sessions will be assigned an academic advisor.

2. This one on one mentoring will provide a forum for the resident to actively engage in the processes of identifying strengths, deficiencies, and needs for assistance while receiving and giving feedback about their educational and clinical experiences.

3. The academic advisor is an advocate for the resident in navigating challenges, and a mentor for self-reflection and self-assessment.
4. The educational philosophy of this program focuses on collaborative partnerships and teamwork between faculty, clinical staff, residents/fellows, and patients, and this collaborative approach will be modeled by the advisor in these sessions.

5. This longitudinal academic advising relationship will also provide support and guidance for the resident to develop and maintain life-long learning skills and habits.

E. Balint Groups

A Balint group will be offered every 3 months.

1. Balint groups consist of medical and mental health professionals interested in improving the clinician-patient relationship.

2. They meet regularly to focus on specific cases to improve treatment.

3. They do not do treatment planning but increase the thoughts and feelings available to the clinician under challenging circumstances.

4. The group process supports divergent thinking. Regular participation helps develop intuition and empathy.

5. The aim is to make the group a safe place, where confidentiality is observed, and members feel free to talk about their feelings and their work (including their mistakes).

6. The leaders will discourage unwanted and intrusive questions about the presenting doctor's personal life and history.

7. The group is not a therapy group, although its effects can be therapeutic.

F. Schedule

1. Meritus Residencies will adhere to guidelines regarding vacations, days off, shift length, and work hours per week.

2. Frequent check-ins will be conducted by faculty and administrative staff on what is and is not working with the schedule, and residents/fellows will be encouraged to think about and discuss where to prioritize their efforts, how much help and rest they need, and how schedule adjustments could be made to improve their well-being.

G. Food and Drink

1. The Robins Cove, which offers breakfast, lunch, and dinner daily places emphasis on whole, healthy ingredients. Residents have a food allowance of $100.00 per month.

2. There is always a vegetarian option.

3. Water will be the primary and default beverage offered at all gatherings.

4. There are many hydration stations located throughout the hospital and clinics where residents will be working.

5. The Residency Coordinator will keep a list of food allergies and dietary restrictions of all medical students, residents, faculty, and relevant staff, and update annually.

H. Physical Environment and Activity

1. Meritus is a tobacco-free campus

2. Residents will have a dedicated lounge area for relaxing and having informal meetings with each other to discuss cases, vent and take creative play breaks.

3. When feasible, walking meetings will be held

I. Mental Wellness

Mental well-being will be supported in an integrated fashion with the Meritus Medicine Residency Programs, which includes a behavioral health expert.

J. Financial Wellness

Residency curriculum will contain education regarding financial well-being, including debt management strategies, retirement savings, and short and long term planning.

K. Spiritual Wellness

Chaplain services are available 24 hours a day, along with a team of trained multi-denominational volunteers. Meritus is an inclusive workplace where all faiths are respected and valued. Residents/fellows/faculty/students may request and will be provided reasonable accommodation for their religious or spiritual beliefs and practices.

L. Other Services

1. Residents/fellows/faculty/students may schedule meetings with a representative from the Human Resources Department if further clarification or consultation about benefit options are necessary.

2. Meritus Medical Center maintains policies regarding physician impairment, harassment, and accommodation for disabilities. These policies apply to residents/fellows/faculty within graduate medical education, and the Office of Graduate Medical Education is charged with ensuring compliance.

RELATED POLICIES

ADMN 0170 - Use of Tobacco Products on Meritus Center Property

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